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To

Dr. Ravi Narayan,
St. John Medical College,
Bangalore- 560 034

From :-

Virinder Singh

Virinder Singh, Convener, FAIR,
Deptt. of Pol. Sc. Arts Block IV
Panjab University Chandigarh-160014

Researchers' Day, 1981

Dear Sir,

Last year Federation of Associations of Indian Researchers, (FAIR) christened the anniversary of Sir C. V. Raman, Nov. 7 as "Researchers' Day" and had decided to celebrate it to highlight the state and problems of research all over the country. With its motto, "Research with Dignity for Human Progress", FAIR is marching ahead towards the restructuring and reorientation of research-policies and research-activities. In 1981, Researchers' Day will be devoted to the discussion of some important issues which are going to be taken up at the National Convention of Researchers on "RESEARCH, FREEDOM AND SOCIAL PROGRESS IN INDIA", to be organised on 6—8 March, 1982.

On the occasion of Researchers' Day 1981, we invite you to advise us regarding the Conference. We will highly appreciate if you send us a writup for inclusion in the Souvenir which will be issued to mark the occasion,

with regards.

Dated 1st November, 1981.

Your Sincerely,

Virinder Singh

Virinder Singh, Convener, FAIR,
Deptt. of Pol. Sc. Arts Block IV
Panjab University Chandigarh-160014

National Convention ON "Research, Freedom, and Social Progress in India" 6—8 March, 1982

ISSUES FOR DISCUSSION :—

A. Research and Socio-Economic Development :—

- i) Reorientation of Research for Industrialization.
- ii) Fabrication of indigenous technology through research.
- iii) Research and Agricultural Development.
- iv) Research in academic institutions and its relevance for industrial development.
- v) Impact of Research on Indian People.
- vi) Research Policy and Social change.
- vii) Research and Socio-Economic Development.
- viii) Meaningful research in social sciences.

B. Policy and Planning of Research in India :—

- i) Indian Research Services (IRS) as a means to stop brain drain and improve the quality of research.
- ii) Comprehensive Research Policy suited to the needs of India.
- iii) Rational utilization of the limited research allocations.
- iv) Planning of research and the status of researchers.
- v) Neglect of research in Social Sciences & Humanities.

C. Organisation and Management of Research :—

- i) Role of Research Development Councils—CSIR, ICMR, ICAR, ICSSR, NCAER, NCERT, ICHR, etc.
- ii) Need of a National Information System for efficient conduct of research.
- iii) Participation of researchers in Policy Planning and Decision making Bodies.
- iv) Research in the Universities and the role of University Grants Commission.
- v) Bureaucratisation of Research Institutions.
- vi) Research as Faculty Improvement device.
- vii) Time—bound schemes and the quality of research.

D. Freedom and Research :—

- i) Institutionalized Research and Academic Freedom.
- ii) Government—sponsored research & Academic Freedom.
- iii) Senior—Junior Relationship and Academic Freedom.
- iv) Socio—economic status of researchers and Academic Freedom.
- v) Constitutional Guarantees for Academic Freedom.
- vi) Conceptual slavery, Borrowed Methodology & Academic Freedom.

ANNUAL REPORT OF THE OKHLA NEIGHBOURHOOD COMPREHENSIVE
HEALTH AND WELFARE PROJECT
FOR THE YEAR..1973

This is the second year of the Project executed to provide Comprehensive Health and Welfare Services with the participation of the following agencies:-

- I. Holy Family Hospital Community Health Department acting as the nucleus for the Community Health Component of the project.
- II. Holy Family Hospital Outpatient and Inpatient for the referral services,
- III. Holy Family Hospital Nursing School for training programme of Nursing Students in Community Health Department.
- IV. Dr. Zakir Hussain Memorial Welfare Society acting as the nucleus for the Welfare and Social programmes of the project.
- V. Jamia School of Social Work for training programmes of Social Work students.
- VI. Don Bosco Technical and Training School for educational and referral services.

With the Coordinated efforts of the above agencies the activities of the project were aimed at:

- a) Neighbourhood development and
- b) Total family care through integrated health welfare and educational services.

These aims are being achieved by developing a coordinated programme for families of the Neighbourhood in terms of Social, Recreational, Educational, Economic and Health activities.

The Programmes have been made possible through the assistance of the following agencies:-

- i) Zentralstelle für Entwicklungshilfe EV., Germany for the major portion of the activities,
- ii) OXFAM for referral and family Welfare Counselling programmes,
- iii) Catholic Relief Services for Nutritional Supplements,
- iv) Holy Family Hospital Ladies Auxillary through its generous grants;
- v) Indo German Social Service Society for the legal holders share of the project;
- vi) CARITAS for Doll Production Unit;
- vii) Delhi Administration,
- viii) Delhi Municipal Corporation,
- ix) Central Social Welfare Board,
- x) New Delhi T.B. Centre,
- xi) UNICEF,
- xii) Other referral hospitals and agencies in the city,
- xiv) National programmes in the area.

The activities of the Project during the year 1973 have been highlighted in the subsequent pages.

The first portion of the report covers the programmes under Community Health Component and the second portion covers the Welfare and Social programmes.

COMMUNITY PARTICIPATION - A PROBLEM
IN A SEMI-URBAN HEALTH PROGRAMME

by

Dr. Marie Tobin,
Director of Community Health Department,
Holy Family Hospital, New Delhi-110 025.

A project entitled "An Experience of the Okhla Neighbourhood Comprehensive Health and Welfare Pilot Project (ONPP)" was started in 1972 and based on already existing health and welfare activities. It was a joint effort of various agencies involved in these activities. The objective of the Pilot Project was neighbourhood development and total family care through integrated health and welfare and educational services.

An evaluation of the project was carried out in December 1974, covering all fields of endeavour. This paper deals specifically with the findings related with Community participation. Analysis of the Pilot Project, showed that while some health targets were achieved, the project did not achieve effective community participation. Factors contributing to this were nature of the service community, poor organisation and administration, inadequate understanding of the Project by field staff and beneficiaries, and lack of commitment of the staff to the project.

Recommendations have been made for consideration by the Project holders in extending the programme for another two years. Some fundamental questions will be posed on the basis of the experience of ONPP.



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New Delhi - 110001
Phone : 384544 P.P.

(A Group of young Volunteers)
Registration No. S/8276

Vol. 2 No 1

QUARTERLY NEWSLETTER

1979

Dear Friend,

We do hope you all received our new year greetings and good wishes. Since we sent the last Newsletter to you, we have made a marked progress towards achieving our goals.

During December '78, January '79 we have diligently worked out an annual plan of action for 'Prerana' and are determined to work hard and keep the set schedules. A brief outline of the plan is given below for your reference:—

Sl. No.	Programme	Activity	Time Target 1979-1980	Sl. No.	Programme	Activity	Time Target 1979-1980
A.	Physical Development	(i) Level Playground	October '79	D.	Recreation	(i) Balwadi ½ day/week	July '79
		(ii) Ventillation (10 Houses)	October '79			(ii) Age group 7-14 yrs. Twice/week	June '79
		(iii) Levelling approach Road.	December '79			(iii) 15-30 yrs. (Males) 2/wk to be raised to 4/wk.	July '79
B.	Education	(i) Adult Literacy	June '79			(iv) 15-30 yrs. (Females) 1 hr/twice wk.	June '79
		(ii) Adult education (Family life education)	June '79			(v) 60 yrs. Balwadi Storey telling Sessions-once/week	July '79
		(iii) Balwadi Extension to 66 children (Review curriculum)	July '79			(vi) Feature Filming Once/6 months	June, December '79
		(iv) Contact neighbouring schools for admission	June '79			Sports cultural day once/ 6 months	July, January '80
		(v) Coaching Classes	July '79			Annual Function once/year	December '79
		(vi) Library	May '79			Painting competition once/6 months	July, '79 January '80
C.	Economic	1. Village Level				E.	General
		(i) Raise income by Rs. 40/- per month for 20 families.	September '79	(ii) Formation local committee.			
		(a) Duster making (10 families.)	May '79	a. Village Level	May '79		
		(b) Dairy farming piggeries	July '79	b. Mahila Mandal	June '79		
		(ii) Local Savings Co. op.	February '80	(iii) Appointment of Full time field worker	June '79		
		(2) Central fund 15,000/-	December '79	(iv) Full time Ext. Worker	April '79		
		(a) Sale of accumulated material of Production Centre	July '79	(v) Field Volunteers raised to 15 regular ones.	June '79		
		(b) Raise 100 new sponsors	June '79	(vi) Accounts Audit.	May '79		
		(c) Donation through banks	July '79				
		(d) Annual Fund Raising	December '79				

In our planning, we have been very realistic and kept the availability of various resources in mind. We invite your observations and suggestions on the same. Following is a brief programme report for you—

A. Educational Programme

- a. *Balwadi* (i) Most of the 33 children now in a Balwadi II are being motivated to join the class I in the neighbouring Municipality Schools. New admissions will now be taken for Balwadi I. The children from the neighbouring village 'Dairy' will also be given more opportunities for availing of these services. If needed, a new Balwadi may be started in the 'Dairy' area itself.

(ii) The Balsevika has been given a salary raise and will now receive Rs. 210/- p. m. on the expiry of the probation period on 31st April 1979.

- b. *Adult Education* : A group of 40 women (ages between 15-45 years) have got together under the banner of 'Mahila Mandal' and have elected their own executive committee of 6 women. Following this, a full time lady worker was appointed as 'Gram Sevika' (Village level worker) to work towards the women's progress. She is well qualified with two years training in tailoring and embroidery after having done her higher secondary. She has already won the hearts of the ladies and is working six hours per day in small batches of women. The present emphasis is on literacy (Numbers and Hindi letters) and stitching-tailoring with the ultimate objective of adding many more dimensions to the programme such as—Health, Family Planning, Child development, Nutrition, recreation etc. Two sewing machines have been provided by 'Prerana' for use by the women who do not possess any machines—those who do own one, get their own machines. In the joint meeting held by the women, they decided to pay a fee of Rs. 3/- P. M.. Keeping the provision of concessions and freeships as and when required.

B. Economic Programme

- a. *Poultry, Piggery, Dairy* : Various efforts at motivating the really poor and needy families to embark on scientific poultry farming (with the

generous co-operation of the department of Animal Husbandry/Govt. of India) have met with strong resistance. With the exception of Dairy farming, the two former trades are viewed as 'low' and so much taboo is attached that social ostracization is proving a big hurdle towards making this program a success. However endless efforts are on to motivate, and educate the villagers.

- b. *The Floor Mops* : The floor mops weaving is scheduled to re-start from the 1st of May 1979 and the villagers are eagerly looking forward to it. Your help in marketing of the same will go a long way in supplementing the family Incomes of the really ready families. In this area we request you to buy your yearly stocks (or in monthly instalments) from us. We do assure you of good quality products and will keep the price as near the market rates as possible. Please do write to us at our office address and let us know of your requirements.

C. Recreation Programme

A formal children's club has been formed with a total membership of 25 children. This club has local leadership and get together 3 times per week. They have even created a Central fund by charging a nominal 0.25 paise fees per month per member.

D. Health Programme

Continues to run smoothly as before; however due to various unavoidable circumstances, the proposed new dimensions to the health programme have not yet been added.

E. Miscellaneous

- a. *Survey* : The long overdue survey of the village was completed and the data is being processed. It shall be presented to you in our subsequent issues.
- b. *Sponsorship Drive* : With the appointment of another full time worker and raise in the salary of the Balsevika, it has become imperative that we immediately contact a large number of sponsors who would be willing and regular in their contributions. We have now two categories of sponsors:—

- (i) Educational sponsors—for Balwadi children.
- (ii) General sponsors—for overall village development programmes.

For both the above we issue sponsorship cards. Whereas we welcome sponsors in both the categories, our need at the moment is greater in category two i.e. the general sponsors. If you are interested or you know of anyone else who is, please write to us immediately.

We are happy to inform you all that the Principal and staff of 'Janaki Devi College' New Delhi, have

actively associated themselves with our programme and we are working out joint programmes with them. We are thankful to all the staff members and specially the Principal and field volunteers who have offered support in the sponsorship and women's development programmes.

That is all for this newsletter. We must also inform you that in an executive council meeting held recently, it was decided to change the earlier decision and bring out half yearly Newsletters instead of quarterley ones. This has been necessitated due to various practical problems.

We send you our best wishes.

In the recent executive council elections held at New Delhi, the following new members were elected unanimously—

1. Miss Geeta Verma	President
2. Mr. Shailendra Mehra	Vice-president
3. Mr. Ashraf Ali Khan	Treasurer
4. Mr. Abrar A Khan	General Secretary
5. Mr. Surendrajeet Raj	Joint Secretary
6. Mrs. Archana Prabhakar	Executive Member
7. Mr. Arun K. Arora	„
8. Dr. Gopal	„
9. Mr. K.K. Sharma	„
10. Miss Kiron Wadhwa	„

How you can help Prerana to help the needy :

AS A VOLUNTEER

AS A MEMBER

- (a) Fee for employed-Rs. 5/- registration fees plus Rs. 20/- annually.
- (b) Fee for unemployed Rs. 5/- registration fees plus Rs. 10/- annually.

AS A SPECIALIST

By offering your most solicited advise in the organisation for effective running of the different welfare activities.

AS A DONOR

- (a) By donating in cash.
- (b) By donating in kind—articles like medicines, books, play material, clothings, building material, furniture & transport facilities for volunteers etc.

AS A SPONSOR

By contributing a minimum sum of Rs. 5/- per month for the various village development projects for which we issue sponsorships cards.

WE AIM

- To work for the needy community in order to help them to help themselves.
- To put into practice professional knowledge and skill; philosophies and ideologies of the contemporary social work.
- To organise programmes for child and family welfare; health and hygiene; welfare of youth and aged; education and recreation; and training-cum-production centre as per the needs of the community.
- To seek the fullest community participation by way of time, money and energy—even at the cost of a slow rate of progress.
- To make the 'loose ends meet' by making available to the needy the already existing resources in the society.
- To involve ourselves in such research designs and experiments which shall open new and more effective vistas for helping the needy community.
- To provide a field work area for training of the personnel of professional courses.

Dear Friend,

Due to certain unavoidable delays the Vol. 2 issue no. 1 & 2 could not be brought out in time hence we have brought out a combined issue. The 'Prerana' news since Jan., 78 is as follows :—

1. Educational Programme :

i. It is a pleasure to inform you that 26 children studying in Balwadi II have been successfully motivated to join Class I in the Corporation School situated approximately 1 mile from the village. These children had successfully completed their 2nd year in Balwadi. We are now busy enrolling new children for Balwadi I, for this purpose motivation through 'home visits' is being conducted.

ii. We are happy to have a large number of sincere and regular sponsors for the Balwadi functioning who promptly and punctually send the sponsorship subscription. Our humble request to those who have either discontinued or been irregular to kindly get in touch with us.

2. Health and Hygiene

i. Regular weekly health clinics are being held alongwith informal health education.

ii. Education regarding planned parenthood and the advantages of small family home is imparted to the women and menfolk informally during their visits to the clinics or otherwise during home visits.

3. Drainage System :

We are happy to write that as planned earlier during the year we have been able to complete the project of the installation of a low cost drainage system in the

village. With the principle of community participation in mind, the village leaders were involved from the early stage with the engineer, the supervisor and Prerana volunteers in the planning and implementation of this project. Each house hold contributed a sum of Rs. 20/- or labour in lieu of the same. We have still to recover this amount from 15 defaulters who have failed to pay due to various reasons. In total approx Rs. 1200/- were collected from the village and Prerana pooled in the rest i. e. Rs. 3500/- The drainage system in itself has stood the test of the heavy rains which flooded Delhi and near by areas during the recent monsoons. It has certainly proved, it's efficiency and the villagers are generally satisfied by the same.

4. General :

i. Santnagar Clinic : Due to various unforeseen problems—transfer of local volunteers and doctors the group has decided to close down the clinic at Santnagar. As had been mentioned in the earlier newsletter, this clinic was still in the experimental stage.

ii. Adoption of adjoining area :

It was being considered quite seriously for some time to expand the work area from Sarai Sohla alone to near by villages such as Nangal Dairy. They are much more heavily populated areas, Dairy in itself has a population of approximately seven thousand. Efforts are on to explore the possibilities of starting projects in the Dairy area first.

For this purpose discussions with the local formal and informal leaders are being held. Already some children are availing the 'Balwadi' services and we have occasional patients during the Doctors Sunday visits.

iii. Adult Education :

We are very seriously considering the possibilities of starting this much needed programme by combining the population of 'Sarai Sohal' and 'Dairy' villages. With the current emphasis by the govt. on this programme and the possibilities of getting grants for the same Prerana is making serious efforts to start this project.

iv. Animal Husbandry :

As per our projected plan for 1978, the Deptt. of Animal Husbandry, Govt. of India was contacted to explore the possibilities of starting such projects 'Dairy Farming' 'Poultry' and 'Piggeries' in the village. Three officials from this Deptt. visited the village talked to the villagers and assessed the total situation. However no decision has yet been taken in this regard.

How you can help Prerana to help the needy :

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AS A MEMBER

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- To provide a field work area for training of the personnel of professional courses.

PRERANA

703

A GROUP OF VOLUNTEERS

(DELHI - 2)





a group of volunteers
14-Copernicus Lane
New Delhi-110001

Phone : 383826 P. P.

Registered under Societies Act vide
Registration No. S/8276.

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a group of volunteers

HOW IT CAME TO BE :

Prerana took birth in September 1974 when a small group of trained social workers inspite of their job commitments, family responsibilities and social obligations were able to find sufficient time, energy and resources to work for the downtrodden sections of the society this was made possible solely because of the overpowering and genuine desire and spirit of the group to help the needy and also because of the continuous enthusiastic encouragement they received from their family members, friends and teachers.

SOMETHING ABOUT THE APPROACH :

Let it be very clear that 'Prerana' is not a charity giving organisation with a view to put into practice the professional knowledge and skill of the contemporary social work, 'Prerana' has organised the welfare programmes in such a way so as to secure maximum community participation by way of time, money and energy. 'Prerana' has therefore organised realistic and economical welfare activities at the level of the community's existing living patterns. The already existing resources in the community have been fully tapped. Also with the principle of making the loose ends meet, 'Prerana' has made available to the needy community the already existing resources in the rest of the society. To ensure community participation local committees of active individuals are formed for each programme with a few overall incharges. The involvement of 'Prerana' also in these committees is to act as catalysts—a precipitating factor and guide. All this has of course involved endless patience and a very slow rate of progress, but then social change cannot be brought about over night. Again, in all the programmes, with a purpose of developing in the people a sense of participation and dignity, a minimum monetary contribution has always been encouraged.

The first step was the selection of 'Anant Ram Dairy' urban slum comprising of approximately 600 Jhuggies (5,000 population).

Here, keeping in view the felt needs, the following welfare programmes were started :—

1. Creche, 2. Balwadi, 3. Evening educational classes, 4. Recreational activities, 5. Health and Hygiene programme, 6. Adult literacy.

All these programmes were functioning quite effectively till ultimately under the 'Resettlement of slums' scheme, this slum was removed to trans Jamuna area, Prerana had to thus quit this site of work.

THE TIRING SEARCH FOR APPROPRIATE WORK SITE

Then began the endless task of looking for another site of work. 'Laxmi Bai Slum' was visited but ultimately given up due to certain unfavourable conditions. Later in collaboration with Lajpat Bhawan, work was also begun at 'Indra Labour Camp' Lajpat Nagar. Beginning was made in the areas of Adult literacy and Health and Hygiene. A camp was also held between N.S.S. (Dayal Singh College) Lajpat Bhawan and Prerana. However, work had to be given up here too, again due to the resettlement scheme and certain other problems.

FROM SLUM TO VILLAGE

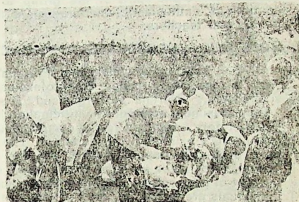
It was during the demolition of the slums that the residents of this particular urban village approached Prerana for help, realising the extreme state of neglect of this village, 'Prerana decided to adopt this site inspite of the fact that it is very far away from the residences of the volunteers.

This small village (with app. 500 residents) is situated on Delhi-Najafgarh road over an area of app. 1 sqr. mile. There is a heterogenous mixture of various castes like Lohars, Gujars, Harijans, Brahmins etc.

The following activities have been started since October 1975 :

1. Medical Programme : With the enthusiastic cooperation of All India Institute of Medical Sciences, Prerana has been able to hold :

- a) Regular fortnightly health clinic with special emphasis to gynaecological problems in the village.
- b) Immunisation against typhoid.
- c) Health educational classes for a group of educated (at least middle pass) boys.



A VOLUNTEER DOCTOR PAYING A HOME VISIT TO AN INVALID PATIENT



THE YOUNG ONES OF THE 'BALWADI'

2. Educational Programme :

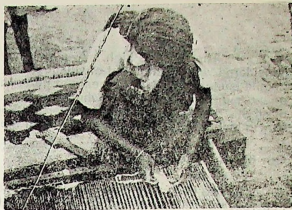
- a) **Balwadi** for preschool age children, under this 44 children are securing educational & recreational help from a trained Balsevika. The salary of the teacher and other recurring expenses are being taken care by : (i) Contribution of Re. 1/- p. m. by each parent (ii) sponsorship scheme here interested individual contributes Rs. 5/- per month per child. Prerana has been able to raise above 55 regular sponsors.

YOU CAN HELP US BY ARRANGING FOR MORE SPONSORS.

3. Evening Education : Or after school education. This programme has yet to gain momentum.

YOU CAN HELP US BY GETTING US IN TOUCH WITH ACTIVE VOLUNTEERS.

4. Production Centre: With the idea of providing opportunity of eco. growth for local women and young girls this programme was started. In this the raw material coarse cotton threads obtained at a comparatively lower price as a waste product from a factory is used by the women to weave colourful 'Daries' or rugs of various sizes and shapes. More and more women are getting involved in this programme and receiving training at the hand of a local woman who is an expert in this art. Later on it was discovered that quite a few women are experts in weaving colourful fans. This area of their existing art was tapped and more than 20 women (& trainees) are involved in producing fans.



PRODUCTION OF TRADITIONAL HANDICRAFTS BY THE LOCAL WOMAN

YOU CAN HELP US IN THE SALE OF DARIES AND FANS AND PROVISION OF RAW MATERIALS AND DYES.

5. Recreational Centre : Under this programme quite a few children and young men collect for a few hours in the evening & play various indoor & outdoor games. This programme again has to be organised in much better way with the help of active volunteers. **YOU CAN HELP US BY DONATING PLAY MATERIAL.**

6. Construction of the Chaupal and school rooms : It has been a matter of pride and success for Prerana that with its consistent and patient efforts & motivation, the community's enthusiasm about building of a chaupal and two school rooms became extremely over powering so much so that the villagers themselves were able to raise funds exceeding Rs. 1,500 entirely on their own where as Prerana contributed a sum of Rs. 500/- cash and kind. Not only this, two villagers donated large piece of land, doors, windows for this purpose. The rest of the required material was happily brought by them, and most of men, women and children all enthusiastically got together and



gave 'Shramdan' towards this cause. Indeed this programme helped to develop a healthy spirit of cooperation & mutual respect. Prerana naturally was involved in all the activities of Shramdan. Two rooms are already ready and the final touching is being given.



FROM BARREN TO THE BLOOM

The spirit is high. A slow and steady progress is on way & Prerana is considered very much a part of village now. They are invited to many village functions, people come to them in moments of personal distress & happiness to share. They are no more guests or outsiders who have come to help. This is the biggest achievement of all the bondage of mutual understanding & belongingness which will go a long way in helping towards the betterment of the community.

Our plans for tomorrow :

A. We have been very fortunate to get the understanding & valuable support of the Federation of Railway officers Association. In collaborations with this organisation we hope to start in near future.

- i. Another higher class under the educational programme.
- ii. Improve the drainage system of the village with the help of skilled personnel.
- iii. Clean & construct the village well. a much needed task.

B. The leaders of another village 'KANJHAWLA' have approached Prerana and are very keen that we should start two balwadis in their village. Ground work has been done and the feasibility of the programme, keeping in mind the large distances, financial implications, time shortage is being worked out.

We call ourselves 'Prerana' because it is the most befitting term spinning together our philosophies, aims, objectives and approach. For Prerana means 'MOTIVATION', the basic principles of contemporary social work. We aim not to make needy communities dependent upon us but—'TO HELP THEM TO BECOME SELF SUFFICIENT'. We propose to start various activities, get the community fully involved in its administration, functioning of various programmes and get them directly in task with the available resources and thus gradually withdraw when we feel that community can stand on its own feet and help itself. This is our ultimate objective and final success. It may sound to you as an 'Utopian Concept' but we feel after three years of practical experience that it is possible—even though it will take a long time and endless patience.



MOTIVATION—THE ONLY ANSWER

We seek your cooperation to help those who are lost and crushed. They need a helping hand, to pull them up so that they can again stand-walk and run.

उद्देश्य-हीन जीवन "जीना" जीना नहीं समय नष्ट करना है। जहाँ कोई उद्देश्य नहीं, वहाँ उत्साह भी नहीं। और जब उत्साह नहीं, तब सफलता मिलना भी संभव नहीं। अतः हर एक मनुष्य अपने जीवन में एक उद्देश्य, एक ध्येय लेकर चलता है। वह उद्देश्य क्या हो? कंसा हो? यह हर प्राणी की अपनी बुद्धि, शिक्षा, वातावरण व परिस्थिति पर निर्भर है। क्या किसी अधिकांश लोगों का जीवन रोज की आवश्यकताओं के लिए धन जुटाने के प्रयास में ही बीत जाता है पर अभाव फिर भी दूर नहीं होते। धन जीवन की एक महत्वपूर्ण आवश्यकता जरूर है पर लक्ष्य नहीं। साधन है साध्य नहीं। हम इससे आगे भी कुछ सोच सकते हैं, कर सकते हैं। जिसे शिक्षा की सुविधा मिली है, जिसने कुछ ज्ञान प्राप्त किया है, उसे कम से कम एक बार यह विचार अवश्य करना चाहिये कि वह अपने जीवन में ऐसा लक्ष्य बनाए जिससे उसे जीवन को पूर्णरूप से जीने की अनुभूति हो।

परोपकार एक गुण है। कैसे करें? यह सवाल उठाना स्वाभाविक है। गरीबों की पिछड़ी हुई वस्तियों (स्लम) की व गावों की दुर्दशा देख कर मन तो बहुतों का पिघलता है, पर उनके लिए वे भी कुछ कर सकते हैं यह सब नहीं सोच पाते। एक विचार उठा, गरीबी बुरी है, ईश्वर किसी को गरीब मत बनाना, बस सोचा और भूल गए। लेकिन कभी कभी कोई धाण ऐसा भी आता है जब विचार अंकुर विकसित होकर विचार वृक्ष बन जाता है। कुछ ऐसा ही हुआ मितम्बर १९७४ में दिल्ली समाज कार्य विद्यालय में प्रशिक्षित सामाजिक कार्यकर्ताओं के मन में जो अंकुर फूटा उसे उन्होंने दबाया नहीं बल्कि उसे साकार करने का दृढ़ निश्चय किया। कुछ करने की प्रेरणा ने 'प्रेरणा' नाम धारण कर के जन्म लिया। एक स्वरूप बन गया और कार्य शुरु हो गया। सद् इच्छा सदैव भावना तथा मेहनत से जो भी कार्य शुरु किया जाय उसमें सफलता अवश्य ही मिलती है। सबसे पहले रामाकृष्णापुरम् की पिछड़ी वस्ती (स्लम) में काम शुरु हुआ छोटे वृक्षों के लिए 'क्रेष' और बालवाड़ी आरम्भ हुई, डाक्टरी सहायता दी गई। आजकल पालम के पास सराय सोहल नामक गाव में कार्य चल रहा है।

भारत में, जो वस्तियों व गावों की दशा है, वहाँ पर यदि काम आरम्भ करते ही उमका प्रभाव खोजना शुरु कर दिया जाय तो वह ऐसा ही होगा जैसे सागर में एक बूंद टपका फर उस का सागर कर अमर दूढ़ना। पहले से ही अनेक करोड़ों रूपयों के अनुदान से चलने वाली सस्याए हैं, यदि उनसे मुकाबला शुरु कर दिया जाय तो यह अपने लक्ष्य से हट जाना होगा।

प्रेरणा का उद्देश्य इस "दोड़" में पड़ना नहीं है बल्कि जहाँ काम शुरु किया है, वहाँ के लोगों को अपने पैरों पर खड़े होकर अपने सीमित व उपलब्ध साधनों से स्वयं अपनी आवश्यकताओं को पूरा करना सिखाना है। उन्हें इतना आत्म निर्भर बनाना है कि यदि प्रेरणा के कार्यकर्ता वहाँ न भी जासके तब भी वह काम चलता रहे।

प्रेरणा का मूल मंत्र व प्रमुख अवधारणा है—दान या भीख न देकर, लोगों को अपनी आवश्यकताओं व क्षमताओं का भान कराना, ताकि वे अपनी मदद स्वयं कर सकें। दान लेकर आदमी में हीनत्व की भावना पनपती है तथा वह दूसरों के आसरे बैठ रहा है, स्वयं उद्योग नहीं करता। दान से बनी चीज की न उसे कद्र करनी आती है न वह उस की परवाह करता है। जब साथ में उस की अपनी मेहनत, अपना पैसा लगता है, तब ही वह आगे भी उसकी रक्षा करने के लिए अग्रसर रहता है। खून पसीने की कमाई कोई यूँ ही नहीं लुटा देता। जहाँ काम आरम्भ किया है वहाँ के लोगों के साथ मिल कर, उनके धर्म व आर्थिक सहायता से जो योजना चलाई जाती है वह अधिक स्थायी होती है। अब तक दोनों स्थानों में इसी प्रकार कार्य शुरु हुआ।

प्रेरणा के पास उत्साह है काम करने की लगेन है, कुछ अनुभव भी है । धीरे-धीरे अनुभव बढ़ जाने पर काम और भी सफलता से बढ़ सकेगा ।

भारत जैसे गरीब देश में तो समाजिक कार्यकर्ताओं के लिए हर चप्पा चप्पा कार्य क्षेत्र है । वस्तियों में गावों में जीवन की साधारण व आवश्यक सुविधाएँ तक उपलब्ध नहीं है । ऐसी स्थिति में सुधार लाने के लिए, जीवन स्तर ऊँचा करने के लिए, जो भी प्रयास किया जाये, उस नए कदम का हर तरह से स्वागत है । कार्य होता जब दिखाई देने लगता है, तब अन्य लोगों से भी सहायता मिलने लगती है । आशा है ऐसी सहायता से प्रेरणा अपने कार्यों का विस्तार कर सकेगी ।

मुझाव बहुत है । मुझाव देना सरल भी है । परन्तु किसी भी मुझाव को कार्य रूप देने में श्रम लगता है और धन भी ! अतः शुरु में सीमित पर स्पष्ट कार्य लेने में कार्य अच्छा चलता है । एक गांव के ही कच्चे रास्ते को ठीक करना, बच्चों का स्कूल चलाना, डाक्टरों सहायता देना, स्त्रियों से हस्तकला का कार्य करवाना, इतने काम के लिए ही काफी समय धन तथा जन शक्ति की आवश्यकता है । इनका स्थापित हो जाना और चल निकलना अपने आप में ही एक बहुत बड़ी उपलब्धि है । मेरी शुभ कामनाएँ सदा ऐसे कार्य कर्ताओं के साथ हैं ।

श्रीमती मंजुलता सिंह
सदस्य-प्रेरणा

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Our Sponsors Write.....

It is not difficult to identify a philanthropist who would happily bear all the expenses of running a 'Balwadi' in a needy community. But our aim as professionals was quite different—we preferred to involve a larger number of individuals who were keen to help their less fortunate brethren by contributing a monthly sum of Rs. 5/- per child out of their humble earnings.

This involvement created an awareness in a large section of the community regarding the need of well organised welfare programmes and also provided opportunity to help the needy.

Following are the views of some of our sponsors regarding PRERANA, Balwadi, and its functioning :

- a) "The urge for doing something noble by way of serving others in distress is often inborn but one does not often get an opportunity for putting these ideals into practice for, unless well organised social services are available, it becomes a cry in wilderness ; individual efforts often get bogged down by red-tapism, oppositions etc. In this context the 'Sponsorship' scheme organised by 'Prerana' of bringing together like minded donors for one single purpose—namely education of deprived children offers an excellent opportunity. Moreover, what like most is, that under this scheme the donors get an opportunity to communicate directly with the recipient....."

Hari Ram
Indian Bank,
Kashmere Gate, Delhi.

- b) "Prerana is doing remarkable work by providing services like Balwadis, Health and Hygiene programmes, recreational activities, production centre etc., to the needy communities keeping in view the ideal of making them self reliant.

It has exceeded in its achievements as compared to its modest expectations and has effectively utilized the professional knowledge and skill, philosophy and ideology of contemporary social work. The sponsorship scheme gives an excellent opportunity to the people who want to participate in such programmes but have financial and other limitations such as those of time and energy. My best wishes for a bright future"

—Arsinder Singh Kohli
Mehrauli,
New Delhi.

- c) "I am proud of this group of dedicated young children of ours who have not limited themselves to the welfare of their families, friends and themselves— instead have reached out to those who are much more in need and distress. The excellent organisation of the 'Balwadi' and the use of ingenious ideas for its economical and realistic functioning is an eye opener to all those who are always looking around for more and more resources for setting up 'ideal' centres, laying foundations, organising expensive inaugurations and in this course lose the precious money, time and energy. May God Bless them ..."

—R. S. Verma
Retd. Govt. Official
Satna (M.P.)

- d) "When we realise that more than half the population of this country lives in villages under extremely strained and difficult circumstances ; and that illitracy is so rampant and the biggest course of the country, we begin to feel the strong need that the young and educated people should reach out for these unfortunate ones and help them out.

'Prerana' has done excellent work in this area in the village 'Sarai Sohal'. Besides the other programmes I specially appreciate the way they meet their financial needs of 'Balwadi' through 'Sponsorship scheme' whereby they involve so may persons in a good cause and also provide them opportunities for developing awareness about other needy sections....."

—Sushma Bhutani
Moti Bagh
New Delhi

- e) "Prerana through its various efforts during the past few years have proved that idealism & dedications among young people is even now not outdated. In an age of increasing cynicism it requires great determination to preserve any hope. I am reminded of 'Walter Ben jamin' who wrote during the dark years of world war II —

"It is for the sake of those-without Hope that hope is given to us."

—M. A. Abdul Rasheed
Aligarh

More than sixty sponsors are contributing regularly for the functioning of Balwadi. We are grateful to each one of them individually.

कुछ गाँव वालों की ओर से

हमारे गाँव सराय सोहल का मुआवजा सन् १९१४ में ही दे दिया गया था। इस गाँव की आवादी तकरीबन ५५० है जिस में ज्यादातर आवादी हरीजनों की है और निर्बल वर्ग के व्यक्ति भी हैं। जब कि कमजोर वर्ग के लिये इतना कुछ किया जा रहा है। हमारे गाँव में कुछ भी नहीं था न विजली, न पानी, न सड़क, न पक्का खरन्जा और न ही स्कूल या दवा की व्यवस्था। गाँव के लोगों ने ये सहूलियत प्राप्त करने के लिये काफी दौड़ धूप की मगर नतीजा कुछ भी नहीं निकला आखिर लोग हार कर अपने मुकद्दर को कोसने लगे।

ऐसी स्थिति में तकरीबन एक साल पहले आशा की एक किरन "प्रेरणा" के रूप में दिखाई दी। कुछ पहेलिये लड़के और लड़कियाँ आए, उन्होंने गाँव को अच्छी तरह से देखा लोगों से बातचीत की और कहा

"हमारे पास पैसा नहीं है पर हम आप लोगों की सहायता आप से मिल कर करना चाहते हैं" और पूछने पर बताया कि बच्चों के लिये स्कूल और किताबें खोलने के लिये सामान मरीजों के लिये दवा, बेकार लड़कियों और औरतों के लिये सिलाई, कटाई इत्यादि का इन्तेजाम हो सकता है। गाँव वाले घबराए, कहा "हमें तो कच्चे माल बाजार, टीचर आदि का कुछ पता ही नहीं है"—"प्रेरणा" ने जवाब दिया हम आप को रास्ता बतायेंगे आपके साथ चलेंगे आप सब बस मेहनत के लिये तैयार होजाए।

कुछ लोगों ने विश्वास किया और कुछ ने मजाक उड़ाया कि भला कोई हमारी पैसे के बिना कैसे मदद कर सकता है, और कोई हमारे दुख में क्यों मदद करेगा ? पर इनके द्रष्ट संकल्प में एक ऐसी ज्योती थी कि सबको प्रभावित करती थी और आखिर गाँव वालों ने कुछ करने की खाहिश जाहिर की और कमर कस ली। उसी दिन से प्रोग्राम बन गया और प्रेरणा के मेम्बर वारिश, आँधी, गर्मी और जाड़े का ख्याल किये बिना हर इतवार को आजाते हैं इस पक्के नियम को देख कर गाँव वालों का हीसला बहुत बढ़ा।

स्कूल की जगह की ज़रूरत जब महसूस हुई तब गाँव वालों ने चन्दा इकट्ठा करके पूरी मेहनत के साथ प्रेरणा की देखरेख में दो कमरे बना डाले। अब वहाँ चालीस से ज्यादा बच्चे पढ़ते हैं। एक ट्रेन्ड टीचर भी नियुक्त कर ली गई है। खर्चा गाँव और प्रेरणा मिल कर चलाते हैं, और एक रुपया माँ वाप देते हैं, और प्रति बच्चा पांच रुपया प्रेरणा इकट्ठा करती है। जल्दी ही दूसरी टीचर का भी इन्तेजाम हो रहा है। जो लड़कियाँ घर पर बेकार रहती हैं, और जिन गरीब औरतों को पेशे की ज़रूरत थी, उन के लिए अब काम ही काम नजर आता है। कोई रंग विरंगा पंखा, वन्धनवार कोई बढिया नमुने की दरौ और गन्नीचा बनती हैं, औरतों और कमजोर आँख वालों के लिए शान्दान बनाने का काम भी दिया जाता है।

डाक्टर लोग भी नियम से आते हैं, और हमारे गाँव के विमार लोगों की मदद करते हैं, दवा भी देते हैं, अधिक बीमार लोगों को अस्पताल भेज देते हैं। गाँव वाले भी अपनी हैसियत के हिसाब से थोड़े बहुत पैसे देते हैं, जिन से उन को यह नहीं लगता कि वो भीख ले रहे हैं।

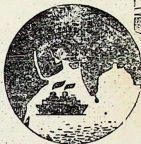
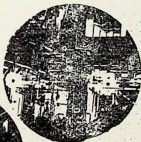
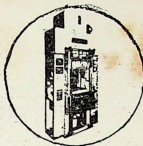
हम अभी पूरी तरह से आत्मनिर्भर नहीं हुए हैं, पर हमारी हालत में बहुत सुधार आया है। जब भी हम हिम्मत हारे हैं 'प्रेरणा' ने अपनी अटूट मेहनत और लगन से हमें सहारा मिला है हमारी आर्थिक हालत भी कुछ सुधरी है।

प्रेरणा के हम सदा आभारी रहेंगे कि उन्होंने हमारे साथ मिल बैठ कर हमारी मदद की और वह भी नए ढंग से। हमारा अपने आप में आत्मविश्वास बढ़ा है और हम कभी कभी ऐसा महसूस करते हैं कि एक समय ऐसा जरूर आएगा जब हम अपने पैरों पर स्वयं खड़े हो सकेंगे। पर तब तक हम आशा करते हैं कि प्रेरणा हमें बीच में न छोड़ेगी क्योंकि अब वो हमारे गांव परिवार के एक सदस्य हैं।

कंवरलाल शर्मा
सराय सीहल दिल्ली

श्री कंवरलाल शर्मा गांव के एक वयोवृद्ध और मान्य नेता हैं जिनका गांव के सुधार और प्रेरणा की सफलता में बड़ा सहयोग रहा है।

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Started as Moulder
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1945
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1970
Formaldehyde Plant
1971
International Division
1972
R & D Centre
1973
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Hydraulic Pressed

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No. 2502
Child Care
Delhi/Maharashtra

Mobile Creches for Working Mothers' Children, 5B Telegraph Lane, New Delhi-110001

1. Started in ? Bombay branch was opened in 1971/72.
2. Coverage. Delhi In 1975, the number of centres was 27, 12 of which were new. 2700 children were covered. Also, 17 adult literacy centres with 275 men and 75 female students were run. Bombay has 8 centres in operation. Approximately 850 children were covered.
3. Activities
 The objective is to provide facilities for construction and other women labour to leave their children in an organized creche while at work.
 - a. Creches for children under 3 years.
 - b. Pre-school education for 3 - 6 year olds (815 children in Delhi).
 - c. Primary education to prepare the disadvantaged children to enter corporation schools (175 children in Delhi)
 - d. Arts and Crafts for all children, excursions, camps, etc.
 - e. Vocational Training for older children.
 - f. Health - regular visits by doctor; immunization; maintenance of health records; (8138 children treated in Delhi; plus 2023 adults).
 - g. Supplementary Nutrition including special diets for under threes, snacks for older children.
 - h. Adult Literacy.
 - i. Community Work - mothers' meetings, including demonstrations.
 - j. Training for own as well as other institutions' staff.

COMMUNITY HEALTH CELL

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

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

4. Personnel & Training (Delhi only)
 - a. Creche workers & teachers - 105; continuous in-service training sessions - $\frac{1}{2}$ day each month.
 - b. Other staff: school supervisors - 8; art teachers - 4; doctors - 4; nutritionists - 2; education planner - 1; trained teachers - 2; research & evaluation - 6; administration - 6; carpenters - 3; adult literacy coordinator - 1; adult literacy supervisors - 3; adult literacy instructors - 21 (total 170).
7. Sponsorship/Funds. The voluntary organization is supported by a law which provides for creches and other facilities for children of construction labour with part of the cost being met by the building contractors, and part by government. In addition, the organization gets donations and raises funds.
11. Contact. Ms Meera Mahadevan, Mobile Creches, Delhi.
12. References: Annual Report for 1975 of Mobile Creche; WIO Unicef's note.

Note: Information on items 5, 6, 8-10 not available.

Voluntary Action : AVARD

Are you acquainted with "Voluntary Action"? May be not. It is AVARD's monthly journal devoted to rural development and the activities of voluntary agencies. It was started many years ago but had to suspend publication last December on account of the exigencies of the Emergency.

"Voluntary Action" resumes publication from October in a new format. It will cover a wider canvas than before, taking in the environment, appropriate technology and rural development policy in addition to reportage on voluntary action and international experience in these areas.

We hope that "Voluntary Action" will provide a link between and a common meeting ground for voluntary action groups wherever they be and whatever the scope of their activity. The object is to build a communications network that will inform and inspire all those engaged in voluntary action and rural development.

We would like to introduce new groups, describe their projects, evaluate their efforts and know of their progress and problems. Their experience would be invaluable for others who could learn from them and might conceivably have answers to their questions.

We would invite you to make "Voluntary Action" your journal. It costs no more than Rs 12 per annum inclusive of postage. Subscribe to it. Write for it. Send us a copy of your objectives or memorandum of association, your project reports, or annual reports together with full address, range of interests and areas of activity. Your seminar papers would always interest us.

We would welcome comments, rejoinders, and Letters to the Editor, or just questions that we could try and answer or get others to answer.

Would you have the time and the inclination to be a correspondent for "Voluntary Action" in your area or region? We could use such talent.

Don't feel isolated or too small or insignificant to matter. You are relevant and can more effectively become part of a larger national movement by joining AVARD, whose objectives are probably not dissimilar to your own.

Membership of AVARD costs no more than Rs. 25 per annum. The AVARD family already includes some 150 members in every part of the country. Why not join and enlarge this voluntary fraternity. Should you do so, you will be entitled to a free copy of "Voluntary Action" as well.

AVARD is in the process of setting up a documentation and information centre in Delhi with a nucleus of over 4,000 books on rural development and voluntary action collected over the past decade. You could use this or write to it for data that you require. Your participation would in any event enable AVARD to set up this Documentation Centre on a stronger foundation. In time—sooner rather than later—AVARD would like to set up or join in setting up similar regional documentation centres.

Membership is open to individuals, institutions, voluntary agencies, associations of agencies, and donor agencies.

Do join: NOW

COMMUNITY HEALTH CELL
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3-14336

CATEGORIES OF AVARD MEMBERSHIP
(Clauses 4 & 5 of the Rules and Regulations)

The Association will have the following categories of membership:

i. Organisational Member

(a) Any Voluntary Organisation or institution actively engaged in any form of rural development or contributing in any manner to the promotion of the aims and objectives of the Association shall be eligible for membership of the Association subject to the acceptance of the Executive Committee.

(b) Specialised Institutions in various social and economic fields having bearing on rural development, mainly the institutions engaged in training, research and education etc., shall be eligible for the membership of the Association subject to the acceptance of the Executive Committee.

ii. Individual Member

The Executive Committee may on its own motion admit individuals in recognition of their distinguished services in the field of rural development as Individual Members of the Association.

iii. Associate Institutional Member

Institutions which are engaged in related activities not covered by the above clauses and which are desirous of being associated with the work of the Association shall be eligible for the membership of the Association subject to the acceptance of the Executive Committee.

iv. Donor Member

Any organisation or institution paying a sum of Rs. 1,000/- or above per annum will be referred to as Donor Member. Such organisation or institution will not, however, be entitled to any special rights or privileges other than those of the membership category to which it belongs.

v. Life Member

Any institution or organisation as defined in Clause 4 (i), (iii) & (iv) paying a sum of Rs. 2,500/- lumpsum or more would be considered as Life Member of the Association.

FEE FOR MEMBERSHIP

(a) All members on enrolment shall pay an admission fee of Rs. 10/- besides their annual subscription.

(b) The minimum annual subscription would be :

(i) Organisational Member	...	Rs. 25/- per annum
(ii) Individual Member	...	Rs. 10/- per annum
(iii) Associate Institutional Member	...	Rs. 25/- per annum
(iv) Donor Member	...	Rs. 1,000/- per annum
(v) Life Member	...	Rs. 2,500/- or above in lumpsum

Membership Form

AVARD

C-6 (first floor), Community Centre
Safdarjung Development Area, New Delhi-110016

The General Secretary,
Association of Voluntary Agencies
for Rural Development.

Please enrol
(name of the organisation)

..... as a member of
Association of Voluntary Agencies for Rural Development (AVARD).

We have read the Memorandum and Rules of the Association and are in agreement with its aims and objects.

We are sending Rs.....(Rs. 10/- as admission fee
and Rs.....as annual subscription for the year.....)
through Cheque No...../Postal Order/Money Order in the
name of the Association of Voluntary Agencies for Rural Development.

Name & Address of Member
(Block letters)

Signature

.....
.....
.....

Designation

Enrolled under Rule No. 4 of the Rules of the Association as per Resolution No.....of the
Executive Committee Meeting held on.....

General Secretary

Subscription Form

Voluntary Action

C-6 (first floor), Community Centre
Safdarjung Development Area, New Delhi-110016

The Editor,

I/We wish to subscribe to "Voluntary Action", AVARD's monthly journal.
My annual subscription of Rs. 12 is enclosed...Cash /Cheque/Postal Order.

Name/ :

Name of association/
Voluntary agency :

Postal address :

Telephone, if any :

Telegraphic address :

Names and addresses of others who would be interested:-

1.
2.
3.

I will be able to write occasionally.

I will be glad to be a regional/area correspondent for "Voluntary Action."

I enclose herewith/shall send you some literature about my organisation.

AVARD

**Association
of Voluntary
Agencies
for Rural
Development**

**A 1, KAILASH COLONY
NEW DELHI 110048
TELEPHONE : 619125
GRAM : VOLUNTARY/NEW DELHI**

THE Association of Voluntary Agencies for Rural Development (AVARD) was created in 1958 to meet the need for a federation to solve problems faced by voluntary agencies within the country. As in the context of India's needs the number of such developmental agencies is small, AVARD was also expected to help formation of such voluntary agencies.

Starting from 1958, AVARD has enlisted 129 members spread wide over the country. These members, which are all engaged in various aspects of rural development work, come from almost all states including the till-late difficult areas like Nagaland, interior of Bihar, Orissa and Madhya Pradesh. The members of AVARD represent varied interests and areas of voluntary action like panchayati raj, health, family planning, adult education, training, research, teaching, rural reconstruction and development.

As a federation of voluntary agencies engaged in rural development, AVARD started its work by providing a national platform to foster understanding between grass root people's organizations. A number of national, state level and regional conferences of voluntary agencies were organized with a view to delineate the problems of these agencies. Evaluation was also done by AVARD in respect of official and non-official rural development work.

As a result of these conferences and evaluation, AVARD felt that voluntary action in rural areas can be made meaningful only through visible development in some/all sectors of economic life of communities. And since there is sheer lack of relevant skills and crucial resources at the local

level, AVARD resolved to fill up this gap through its own efforts of mobilising men and resources. For this, AVARD created at its headquarters a Research and Development Cell with persons drawn from various disciplines. However, all through AVARD has felt that local communities have to be made self-reliant to attend to their own needs, the help of AVARD acting only as a catalytic agent.

ASSOCIATION FUNCTIONS

AVARD acts as a clearing house of information for its members. It keeps them informed about the activities and areas of operation of different member-agencies. It brings to their notice any assistance, both public and private, which they can avail of. AVARD as an associated body attends to problems referred to by its members and helps solve them. Its suggestions are always available at short notice to them as well other bodies engaged in similar work. AVARD helps develop areas of cooperation and understanding among voluntary agencies, groups and individuals. Strengthening of existing agencies, and fostering development of new agencies are the important aims of AVARD. To promote the cause of voluntary action, AVARD brings out a monthly journal entitled "Voluntary Action".

ORGANISATIONAL STRUCTURE OF AVARD

To fulfil its manifold objects; AVARD's structure is presently being streamlined. When this process is complete, AVARD would have the following units, each with its own programme, the General Secretary on behalf of its Executive Commi-

the co-ordinating all these activities to fulfil overall objects :

- 1: Overall Direction
- 2: Social Action
- 3: Evaluation, Clearing House and Publication
- 4: Planning, Research and Technical Consultancy
- 5: Appropriate Technology
- 6: Experimental Projects

INTERNATIONAL COOPERATION

The role of voluntary agencies for social welfare is known and spreading all over the world. AVARD wants to be a co-partner in such a social change. For this, it keeps itself informed about activities of such bodies abroad. It wants to establish contacts with international bodies/agencies working in relevant areas. As per its faith that people-to-people help and cooperation is a good adjunct to inter-government help for a healthier international order, AVARD would like to share whatever experience and competence it has gathered with neighbouring countries.

RESEARCH, TRAINING AND DEVELOPMENT

The rural scene differs from place to place. AVARD's activities of planning and development provide it with opportunities to research into the unfolding socio-economic situations. Its studies on the Panchayati Raj in the initial stages of this experiment, its evaluation of youth and women's programmes and its directory on bio-gas illustrate this point.

70.5

Unlike academic institutions, AVARD believes in action-oriented research and planning. Work in these areas has been designed taking into account the recommendations of a number of regional conferences of voluntary agencies, special youth conference and other seminars, which AVARD has conducted, as a result of which a clear idea was obtained of the needs of micro situations and potential of voluntary agencies. More than a dozen such planning exercises have been completed or in process. An assurance to implement the plan prepared by it evokes generous cooperation from AVARD. Realising that the problem of planning and development in a country of India's size is stupendous, AVARD contributes its mite to expand expertise in the area of micro-level planning and execution. Towards this end AVARD has organised seminars, workshops and training programmes for the benefit of the functionaries of voluntary agencies.

To implement programmes of development in selected areas, AVARD has on its rolls part time and full time consultants, technical persons and administrative staff. A project officer is always a full time employee of AVARD. To discharge its duties efficiently, AVARD believes in building continuous rapport with local people. For this, its local member agencies play the pivotal role and to strengthen these agencies, AVARD's regional conferences have constituted state level regional committees.

MEMBERSHIP

Membership of AVARD is open to all those voluntary organizations or specialized institutions actively engaged in rural development or in fields with a bearing on rural development. Individual membership is also extended on its own initiative. The membership fee differs by type of members—individual, associate, organizational, donor, life member etc.

FUNDS

AVARD raises its funds from admission fee, membership fee, grants, contributions, donations, service charges, sale of publications and specific contributions from donors for projects. The donors may be local, state and central governments as well as national and international, non-political welfare agencies. In case of international agencies, AVARD prefers grant in the shape of commodities like wheat and fertilizers to be routed through the normal channels of appropriate ministries of the Government of India

EXECUTIVE COMMITTEE

<i>President</i>	:	Jayaprakash Narayan
<i>Vice-President</i>	:	Radhakrishna
<i>Treasurer</i>	:	Rajeshwara Patel
<i>Members</i>	:	Balbhadra Prasad L.C. Jain K.D. Gangrade Kalipada Das Mathura Prasad Singh Tripurari Saran Sugata Dasgupta K. Viswanathan
<i>General Secretary</i>	:	A.C. Sen

AVARD'S SENIOR STAFF MEMBERS

1. S.D. Thapar	Research Director
2. R.L. Goyal	Accounts Officer
3. M.V. Sastri	Planning Officer
4. P.M. Tripathi	Project Officer
5. Rammath Rai	Project Officer
6. A.K. Sachdeva	Economic Analyst
7. B.N. Juyal	Sociologist
8. Om prakash	Geographer
9. R.P. Agrawal	Agronomist
10. T. Bhattacharjee	Civil Engineer
11. Udai Vir Singh	Veterinary Doctor
12. Vinod Kumar	Civil Engineer
13. Raman Pathik	Agricultural Officer
14. S. Chakrapani	Social Organizer
15. Satyavrata	Social Organizer

CONSULTANTS

M.J. Bhatt, Consultant Chief Engineer (Formerly Chief Engineer, Durgapur Steel Plant).

Arun Joshi, Director, Shri Ram Centre for Industrial Relations and Human Resources.

Sugata Dasgupta, Sociologist, Director, Gandhian Institute of Studies.

S.N. Ranade, Principal, Delhi School of Social Work.

K.D. Gangrade, Head, Department of Field Work, Delhi School of Social Work.

N.F. Kalkobad, Head, Department of Urban & Rural Community Development, Tata Institute of Social Sciences.

Pandit Patankar, Expert on Behavioural Sciences.

N. Krishnaswamy, Expert on Youth Programmes.

SELECTED PUBLICATIONS

1. The Musahri Plan
2. Integrated Development Programme of Bolpur Block (West Bengal).
3. Development of a Tribal Region: Banpur Block, District Puri, Orissa.
4. Rural Development Plan: Selected Blocks, Nagaland.
5. Meitei Villages, Imphal East Block, Manipur: Rural Development Plan.
6. Planning for a Debt Ridden Community : Adhaura Block, District Rohtas, Bihar.
7. History of Rural Development in Modern India (published jointly with the Gandhian Institute of Studies, Varanasi).
8. Training in Voluntary Action.
9. Introducing Voluntary Agencies in India.
10. BIO-GAS : Achievements and challenges by M. A. Sathianathan.
11. Irrigation Plan : Jaipurhat Thana, Bangladesh
12. Comprehensive Area Development—Report of a Workshop.

To,
Dr. Rajiv Antoni.

DELHI-7

N.S.S. BULLETIN

GOAL AND OBJECTIVES (AS DEFINED IN IIT NSS CONSTITUTION)

The goal of NSS will be education through social action. The purpose will be (1) to enrich the student's personality and deepen his understanding of the social environment in which he lives. To develop in him an awareness and knowledge of social reality. (2) to arouse in him a concern for the well being of the community. To make him resource-full and to have him utilize the resources for the well being of the community.



- * NSS provides experience in group living with a view to promoting better realisation of the importance of team work;
- * NSS undertakes and executes programmes to meet community needs;
- * NSS provides work experience as might be helpful to students in finding avenues of employment.

NATIONAL SERVICE SCHEME

COMMUNITY HEALTH CELL
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BANGALORE - 560 001

N. S. S. ORGANISATION
Outgoing Office Bearers (1975-76)

Staff :-	Dr. H. L. Sathi	<i>Programme Coordinator (Admn)</i>	<i>Maths Deptt.</i>
	Dr. O. P. Sharma	<i>—do— (Field Activities)</i>	<i>—do—</i>
	Dr. S. K. Suri	<i>President, Publicity and orientation Committee</i>	<i>Chemistry</i>
	Dr. L. D. Abuja	<i>President, Blood Donation and Institutional Visit committee</i>	<i>Chemistry Deptt.</i>
Students :-	A. R. Bhagat	<i>General Secretary</i>	<i>Aravali.</i>

Blood Donation and Institutional Visits Committee

Sachchidanand Tyagi	Secretary (second semester)	<i>Shivalik</i>
Vipin Sharma	Secretary (first semester)	<i>Jwalamukhi</i>
A. K. Bhagat	Executive	<i>Vindhyachal</i>
Vijay Aivalli	Executive	<i>Vindhyachal</i>

Camp Committee

Raj Kumar Jain	Secretary	<i>Jwalamukhi</i>
K. P. Singh	Executive	<i>Nilgiri</i>
R. S. Bhargava	Executive	<i>Nilgiri</i>
S. K. Jain	Executive	<i>Jwalamukhi</i>
Yogesh Andley	Executive	<i>Nilgiri</i>

Publicity and orientation Committee

R. C. Awasthi	Secretary	<i>Vindhyachal</i>
Rakesh Kathuria	Executive	<i>Kumaon</i>
Y. N. Chandna	Executive	<i>Jwalamukhi</i>

In coming office bearers (1976-77)

Staff :-	To be Announced	<i>Programme coordinator (Admn)</i>
	To be Announced	<i>Programme coordinator (Field activities)</i>
	To be Announced	<i>President, blood donation and institutional visits committee</i>
	To be Announced	<i>President, Publicity and orientation committee</i>

Students

Ajay Kumar	<i>Genl. Secretary</i>	<i>Vindhyachal</i>
------------	------------------------	--------------------

Blood donation and institutional visits committee :-

Vijay Aivalli	Secretary	<i>Jwalamukhi</i>
Koushikes Saha	Executive	<i>Aravali</i>
Yogesh Andley	Executive	<i>Nilgiri</i>

Camp Committee:-

S. R. Kale	Secretary	<i>Nilgiri</i>
A. Pandey	Executive	<i>Jwalamukhi</i>
Reuben Marandi	Executive	<i>Jwalamukhi</i>
Sunil Kumar	Executive	<i>Karakaram</i>
Vinod Aggarwal	Executive	<i>Aravali</i>

Publicity and orientation committee

Y. N. Chandna	Secretary	<i>Jwalamukhi</i>
Manmohan Singh	Executive	<i>Aravali</i>
Sanjeev Sareen	Executive	<i>Aravali</i>
Shailendra Jain	Executive	<i>Jwalamukhi</i>

ANNUAL REPORT 1975-76

It has been an era of changing directions in the NSS. An era of Achievement.

New Activities arose and goals were redefined. The following is a brief of activities under various headings.

LONG TERM CAMPS

A long term camp at village Ayanagar was the first activity of the year. It was a ten days camp devoted to health nutrition and sanitation needs of the village. Help of Lady Hardinge Medical College was taken. All praise is due to Dr. (Mrs) Bhardwaj and her students for making the camp a success. About 1300 Villagers were motivated and vaccinated.

Student Youth :	Non Student Youth
Male : 21	Male : 2
Female : 27	Female : 2

In July 1975 a comprehensive Tree Plantation Drive was organised in IIT Delhi. Some trees were obtained from MCD & some from IIT Nursery. 95 students took part and 792 trees were planted out of which more than 600 have survived and are thriving.

The second long term camp was held in village Rajokri in December 1975 in collaboration with Indian Council of Social wel-

fare. The president of the Council, Shri Kailash Chandra gave all help in carrying out various projects in the village. Through his good offices the students of Bharatiya Mahila Vidyalaya and Kalindi College joined hands with us to help us put up an all-round development project in the village. They made it easier for us to put our ideas across to the women folk of the village. Their workshops on food health, nutrition, embroidery and sewing were commendable and benefitted about 150 women.

The boys arranged various lectures and film shows on khadi and Village industries. Three persons were selected for cottage industry and work on their respective proposals is in progress. A family planning education programme was launched. We got through 25 cases of sterilisation which is a good figure for our first effort in this direction. A model drain about 250 feet, long was constructed near the school. The labour was provided by the boys and material by the panchayat.

STUDENT YOUTH	TEACHERS	
I. I. T.	35	4
Kalindi College	22	1
Bharatiya Mahila Vidyalaya	10	1

BLOOD DONATION & INSTITUTIONAL VISITS COMMITTEE

Three Blood donation days were held on 12-8-75, 13-8-75 and 19-2-76. They created one record after the other. The present one day Blood Donation Record stands at 186 units.

First Aid classes were held with the help of St. John's Ambulance Association of India. Thirty students took part in this.

Visits to Blind School were continued as before. Mr. A. K. Bhagat added a new dimension to the service of the blind by preparing tape recorded lessons for them. Some blind persons presented a good musical recital in a classical music evening organised in IIT. For the first time an antiadulteration cell was set up which picked up samples from various shops all over South Delhi. Through the Indian Council of social welfare the samples were analysed by the National Institute of Nutrition at Hyderabad and some were found adulterated. The Corporation has been requested to take suitable action.

CAMP COMMITTEE

Week-end visits to Ayanagar and Gwalpahari were held:

AYANAGAR : Children's classes were held to help them get on with studies.

GWALPAHARI : One well was made pucca. The bridge was repaired and made safer. A comprehensive survey of the Village was carried out. The village youth were provided with facilities to play volley-ball. The library set up by IIT was given a face lift (an almirah was added to it and 120 more books were placed in it). Various film shows on Khadi and Village Industries were arranged. An estimate of the area of land to be levelled was prepared.

LITERACY

Under Mr. Rakesh Kathuria's pioneering effort literacy work again began to look up. He organised on a fairly regular basis literacy classes for mess staff and villagers from Ber Sarai and Katwariya Sarai. 25 persons were benefitted.

PUBLICITY & ORIENTATION COMMITTEE (P O C)

The POC had a very successful year under Mr R. C. Awasthi. It organised an orientation programme in September 1975 which was attended by 122 boys and 66 girls. No less than seven teachers were involved. The Director General of Youth Services, Lt. General Candeth remarked that it was a pity that few institutions hold so well organised orientation programmes.

A charity show was organised on September 29. The total earnings were Rs. 5300-Rs. 2500/-were donated to the flood relief fund of Indian Red Cross and rest was set aside for various welfare schemes under NSS.

In the previous semester the POC gained a camera and two projectors. With these it shall grow more capable of carrying out its functions in the coming year.

PLANNING FORUM :

This committee was appointed on an ad hoc basis sometime in September 1975 with Mr Ajay Kumar as Secretary. The activities which were carried out under the banner of this committee are as follows :

A questionnaire was formulated for purposes of survey. Mr. Kale & Mr. Wakhlu put in commendable work in the formulation. The results of the survey are presented elsewhere in this bulletin. Various books on

village industries, dairy and agriculture were added to the assets of NSS. Printed matter on National plans was obtained from the planning Commission and circulated amongst NSS members. Mr Ashok Ahuja, Mr. R. P. Gupta and Mr. R. C. Awasthi were quite of some help in suggesting various engineering projects capable of being taken up by final yearites in their course work.

GENERAL

Space has been acquired for setting up an NSS activity centre. It shall include an office, store, lecture room and a library on national plans, agriculture, village industries and general social welfare.

NEW TRENDS

For the first time ever a design group was taken to the village by Prof M. C. Chaturvedi. The boys were asked to study the problems and to work out optimum solutions.

In December 1975 a group of boys was sent to District Shabdol, Madhya Pradesh. The project was to.—

- (a) Study forest and power resources of the region with a view to devising ways of effective use of these resources for area development;
- (b) study the effects of Orient paper Mills, Amlai on the environs and to find out ways to eliminate harmful effects and to conserve forest and water resources.

It was very encouraging to note the proceedings of the Indian Science Congress at Waltair. The emphasis on use of technology on rural and Indian needs was in the eyes of the NSS group a very desirable step. As stated earlier a list of engineering projects was drawn up and circulated to the senate. This was taken up in the Deans' meeting. A proposal is under way to introduce a 3 credit

one semester course on NSS in second year. Also projects on rural needs shall be offered to final yearites as course work. For bringing about this change credit is due not only to dogged pursuance by the NSS group but also largely to the interest shown by Director IIT & Dean of students and no less to the dynamic effort put in by our programme coordinators.

A long term camp was planned to be held in May. For this a training was proposed to be carried out in April 1976, on village industries & agriculture. Special thanks are due to Dr. A Rama Rao of Khadi & village Industries Commission, Dr. M. S. Swaminathan, Director General of Indian Council of Agricultural Research for help in providing excellent training in their respective fields.

Last but not the least I thank all the office bearers who have helped this organisation rise to greater heights. Just as they have been wishing the organisation success in every breath of their lives, the organisation wishes them success in every breath of its life.

ADARSH RATTAN BHAGAT
General Secretary NSS

1975-76

VIVEKANANDA SAYETH

How can they preach of love who cannot bear another man to follow a different path from their own? If that is love, what is hatred?

* * *

I do not trust the man who never weeps; he has a big block of granite where the heart should be.

NSS Shall Extend Maximum possible help to those interested in working on these Suggested projects the Results of which can be profitably used in Rural areas

CIVIL ENGINEERING

1. Study the construction of house from local resources. Construction of roof from vegetable waste; stronger mud wall.
2. Study of the pottery Industry run by a potter. Improvement in the potter wheel operation; study of better clays and better and efficient ways of heat treatment.
3. Study the construction of cheap road alternative to the costly metallization of roads; prevention of marsh formation on kucha roads during rains.
4. Study construction of bridges: simple designs and construction with local materials.
5. Bunds and small Dams: study of various designs which can be easily implemented with minimum materials and man-power; study of reinforcement of these structures

TEXTILE ENGINEERING

1. Vegetable dyes: extracting dyes from vegetable materials.
2. Rope from different materials available locally; using different vegetable fibrous materials for ropes.
3. Increase durability of handloom cloth Khadi

ELECTRICAL ENGINEERING

1. Windmill operated Generator : Capacity upto 3 KW.
2. Water powered 2 or 3 KW. lighting plan Using river flow or small falls in the hills

MECHANICAL ENGINEERING

1. Animal drawn Harvester :
2. Non-transport uses for bicycle mechanism Study various possibilities like spinning etc.
3. Pencil making machinery : suitable machine for a house-hold industry.
4. Suitable wheel for a Bullock cart : Improvements to increase the durability and reduce the burden on the animals.
5. Windmill Design for various ranges of wind speeds and of various power capacities.
6. Small Engine (I. C.) running on bio-gas: of different h. p. to be used for irrigation and other purposes.
7. Investigate on channels for carrying water for irrigation, methods by which seepage of water can be avoided in the channel.
8. Improvement of Rahat : smaller size of gears, less spilling back water; prevention of rusting of buckets, alternative bucket.

CHEMISTRY

1. Timber seasoning: Treatment with chemicals for protection against weather and insects.
2. Synthesising a fuel for a lamp: Substitute for Kerosene oil.
3. Equipment for obtaining drinking water Cheap apparatus to obtain drinkable germ-free water.
4. Study the possibility of strengthening of wood: Where less strength is required, wood may substitute metal pieces.

N S S A t W o r k

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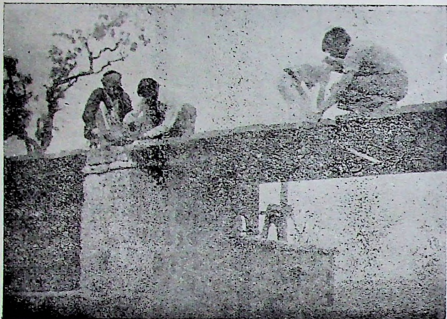


Survey Data
Being Analysed

Making the
Well 'Pucca'
Panchayat well
Gwalpahari



NSS At Work



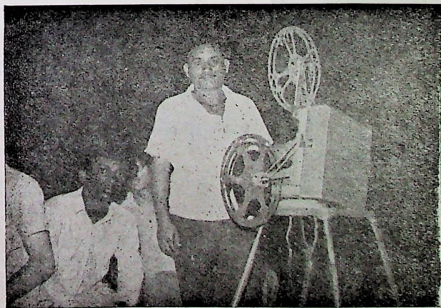
Strengthening the
Base of the Planks
Gwalpahari Link
Bridge

Survey for Land
Levelling in
Gwalpahari



N S S A t W o r k

Mealtime, Primary
School Gwalpahari



Film Show at
Gwalpahari

NSS At Work

Rajokri Project
Construction of
Model Drain



5. Pre-preparation of materials for anaerobic digestion to accelerate fermentation in Bio-gas plant.
6. Raising new materials like algae through harnessing solar energy : Increasing rate of production of algae using solar energy
7. Determination of fermentation parameters as function of (a) Temperature (b) Viscosity (c) Agitation (d) Pressure (e) Pulversing-determining particle size for solids like straw, vegetable, cay cases. Easy empirical relations between these parameters and the quantity of products (gas, fertilizer etc).
8. Maintaining proper P.H. to obtain optimum fermentation rate.
9. Chemicals to accelerate fermentation : catalyst etc.

PHYSICS

1. Solar Pump : for lifting water to small heights.

CHEMICAL ENGINEERING

1. Refining of used lubricating oil : a small equipment for refining on small scale (for a petrol pump)
2. Oil expelling machinery for
 - (a) Oil seed crops } simple in design
 - (b) for groundnuts } manually or animal
 - (c) for sunflower } driven. Study of seeds } existing systems to increase their efficiency.
3. Problem of corrosion of metallic parts in bio-gas plant.

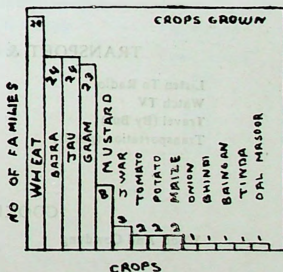
GENERAL

1. Grain Drying Equipment : A cheap equipments using non-traditional source of heat energy for faster drying.

2. Fibre waste utilization: A study of ways in which it can be used for various useful purposes.
3. Using sugar cane waste and corn stalk in any other way besides as fuel.
4. A container for grains : a substitute for jute in making sacks where jute is not grown.

Significant Details of the of the Survey

The survey was conducted in January & February 1976 in two parts (a) Population, education, transport & communication (b) agriculture. It was found in (a) only 16% of the Villagers had primary education and only 10% had middle and secondary education. (b) 33% have less than 5 acres of land where as 25% have more than seven-teen acres of land. Nearly 40% have tubewells the rest depend upon rain.



Population Analysis

				EDUCATION		
	M	F	Married	<P	M	S>
0-5	46	23	0	03	00	00
5-10	46	31	0	36	01	00
10-15	32	25	07	22	09	02
15-20	37	18	28	05	10	14
20-25	29	22	42	00	13	07
25-30	29	12	38	00	03	10
30-35	13	13	24	01	01	04
35-40	12	07	17	02	02	02
40-45	08	07	13	00	00	01
45-50	08	02	10	02	00	00
50-55	06	06	12	02	01	00
55-60	01	01	02	00	00	00
60-65	03	02	05	01	00	00
65-70	02	04	06	00	02	00
70 =	03	03	05	01	01	00
	<u>275</u>	<u>176</u>	209	<u>75</u>	<u>43</u>	<u>40</u>
	451		209		158	

TRANSPORT & COMMUNICATION

Listen To Radio	35%
Watch TV	10%
Travel (By Bus)	75.5%
Transportation (goods)	40% (Camel)
	15% (Truck)
	7% (Cart)

COOKING FUELS

Wood And Cowdung	100%
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LAND HOLDINGS

Land Holdings. (in acres)	R. Fr/ interval	(Total Land) No. of families	R. Fr/ interval	(Cultivable Land) No of families	R/Fr interval	(Irrigated Land) No of families
0-2.51		4	(0.144)	11	(0.234)	13
2.51-5.01	(0.096)	8	(0.040)	3	(0.072)	4
5.01-7.51	(0.036)	3	(0.053)	4	(0.038)	2
7.51-10.01	(0.096)	8	(0.053)	8	(0.018)	1
10.01-12.51	(0.024)	2	(0.013)	1		—
12.51-15.01		—	(0.013)	1		—
15.01-17.51		—		—		—
17.51-20.01	(00.48)	4	(0.027)	2	(0.018)	1
20.01-22.51	(0.024)	2	(0.027)	2	(0.018)	1
22.51-25.01	(0.012)	1		—		—
25.01-27.51		—		—		—
27.51-30.01	(0.012)	1		2		—
30.01-32.51	(0.012)	1	(0.027)	2		—
Total		34		30		22

AVERAGE YIELD OF CEREALS

Average yield is in maunds/Bigha (multiply by two
to get quintals/acre)

Yield	Frequency (Families Having The AV. Yield)	R. Frequency Class Interval
0-1.1	14	.609
1.1-2.1	5	.218
2.1-3.1	1	.0435
3.1-4.1	1	.0435
4.1-5.1	2	.087

Analysis for Means of irrigation used by the farmers

Means of irrigation	No of Families
1. Tubewell	15
2. Rain	16
3. Bund	6
4. Well	1
5. Peraan wheel (Rehat)	3
6. Hand pump	1

Majority of people use tube well and depend on rain.

AGRICULTURAL PRACTICES

	Yes	No
1. Fertiliser used	23	10
2. Insecticides	4	22

3. Agricultural Advice	4	29
4. Machinery (Do not include tube well)	5	28
5. Soil testing	1	32

Livestock Distribution

Goats	108*
Buffaloes	78
Cows	99**
Camels	9
Sheep	0
Horses	0
Hens	0
Oxen	49

*Two families own 30 Goats each

**One family owns 30 Cows.

Projects on The Run

Our studies of Madangir revealed that most dwellers were originally such residents of villages as had either lost their economic base in the village or being economically weak had been lured into the city by its seeming economic benefits. The shortage of space in the city led them to temporary crowded colonies. Originally these colonies were near the residences of well to do middle class. Slowly and slowly as these colonies became an eyesore, they were shifted to Madangir. *The various eminent social workers whom we met in Madangir, told us that the shifting to sites such as Madangir where these people became out of touch with the middle class is against the interest of uplift of these people.* Living near the middle class, they had to buy standard stuff from standard shops; their children studied in better school; the young and the growing learnt manners and customs from them; the municipality paid quicker attention to their complaints. In the present set up has created a psychology of

second grade citizenship and these settlements are fast becoming dens of thieves, gamblers, drunkards, thugs, rebels etc.

We decided to strike the problem at its grass roots by striving to provide suitable employment to people in villages. The beginning was to be made in Gwalpahari.

As figures elsewhere in the bulletin will show, the average yield in Gwalpahari is very low. The reason is improper irrigation due to undulating terrain. Various land development agencies were contacted. *Sh. A.D. Malik, Chief executive councillor and chief Small Farmers Development agency promised help.* He sent three men to survey the area and estimate costs of levelling. The estimate costs in a few cases turned out to be higher than the cost of the land itself. In order to reduce the costs involved we requested *M/s. Kirloskar Oil Engines to provide us a tractor free of hire charges, for that part of the land*

which could be levelled by a tractor. *Mr. B.S. Sohal, the sales manager has assured us a tractor sometime in mid July, 1976.*

The Deputy Director of Agriculture has agreed to provide a model farm in the village. The farmers desiring to have it on their lands shall apply to the Agriculture Deptt. Haryana. The labour shall be provided by the owner, seed and fertilisers by the government. The produce shall be the property of the owner. As a result of downstream seepage, there are minor rivulets on the other side of the bandh and the grass surrounding these has hardened..... The agricultural scientists whom we took to the village have advised that after cleaning and lining, the rivulet be led into a reservoirs. Along the rivulet on the sides of the reservoirs and bandh, eucalyptus be planted, thus providing stability to the soil and softening the grass. The only snag in the scheme is that the villagers would destroy the plants as they fear that if a forest grows on the village land, the land would be taken over by the forest deptt. To allay their fears it is proposed that a written assurance be given to the sarpanch of the village by the officials concerned and a copy of the relevant papers be kept with the patwari. Also the income from the eucalyptus complex would go to the panchayat and the panchayat would be made responsible for maintaining the trees.

With the help of Khadi and Village Industries Commission, one case has been pushed through to the stage of procurement of loan for setting up an oil ghani.

For rapid development of the village it is a must that proper road communication should exist between it and its neighbouring areas. Though a bridge has been built between the two Gwalpaharis, it does not fulfil the requirements. It should be strong en-

ough to bear a car or a normally loaded bullock cart, but weak enough to desist a person from trying to take across a truck or a heavily loaded cart. The railing should be such as to provide ample safety but discourage children from climbing on to it for fun. The link between Mandi and Gwalpahari was studied by civil engineers. It is proposed to install a pipe bridge to keep the link intact during monsoon. The water would pass through the pipes whereas the carts would go over them.

The socio-economic condition of the Harijans is quite backward. There are eleven families of Jatav Harijans and three of Bhangies. The former make their living by working as labour on the lands of others, the latter by cleaning, sweeping etc. *As they are highly economically dependent upon others they often have to do 'Begar' (work without payment). Even the Harijan Panchayat Member has to do 'Begar.'*

Sometime in 1970 or 1971, some of the common land of the village was distributed by the villagers amongst themselves. In the process, the Harijan families also got two acres of land each. The ownership papers of the land have not yet been given to these people. To legalise the distribution the higher caste people of the village took some applications from Harijans and some from their own kinsmen and filed a petition in a court of law asking for grant of ownership. The court upheld the distribution and decreed that ownership be given to all concerned. The court order is still to be carried out. The land given to Harijans is of a very poor quality and requires extensive preparation. Talks with various Harijan welfare boards are in progress to help these people.

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Outline of the course on Technology and Rural Development

Syllabus :

Level	=	200
Credits	=	3(3-0-0)
Prerequisite	=	Nil

Contents

1. Agriculture : size of the farm; Productivity, crop pattern, fertilisers and pesticides, storage and marketing.
2. Khadi and Village Industries : Subsidiary and off-section occupations, Khadi, Handicrafts and village industries.
3. Civil Engineering : Surveying and levelling, common building materials, Brick industry and Pottery, Rural housing, location of underground sources of water, laying of water courses, soil conservation, soil testing, Bunds and small dams, General thumb rules for estimation and costing.
4. Textile Engineering : Weaving, spinning and dyeing; Khadi industry, fibre industry, coarse cloth from jute and other fibre.
5. Energy and Ecology : Energy resources-renewable and non-renewable; Energy-Ecology considerations-avoiding imbalances with nature; harmony between man and nature; pollution and pollution control.
Sources of Rural Energy : Manpower; animal power hydro power, bio-gas; solar energy; wind energy, rural electrification; (design and development of appropriate technology for same)
6. Humanities and Social Sciences :
Sociology : Caste, untouchability, social security, population, family planning, public health, family and marriages.
Psychology : Crime, Beggary, Illiteracy, Poverty, Women and their problems.
Political Science : Community Development and Rural Administration, Rights and Duties of Governmental functionaries.
Economics : Banking and Financing in Rural areas-the traditional approach and the recent changes, Analysis of the implementation programme.

INDIAN INSTITUTE OF TECHNOLOGY
HAUZ KHAS, New Delhi-110029.

'INTEGRATED RURAL DEVELOPMENT PROJECT'

Background and Programme Proposals

Concept

The concept of Rural Development has taken new dimensions since the 1976-77 Budget speech of the Union Finance Minister, Shri C. Subramaniam, A special paper on 'Strategy For Integrated Rural Development' was presented to the Parliament along with the budget documents and a sum of Rs. 15 crores was earmarked for such efforts. Resource inventories and action plans are being prepared (and looked after by Dr. M.S. Swaminathan) for the 19 selected districts in different states. This gives a hope and satisfaction to those who had felt so much the need for such a programme.

This, of course, is a beginning. Yet certain things have to be examined from the very beginning itself. The programme of rural development has found its place since the very conception of our first development plan. The distinction is rightly made that "the new programme sets out concrete lines of action and programmes of development, which are being pursued with a sense of urgency and with clear cut time schedules, attempting a balanced and integrated pattern of resource use, by harnessing the potential of science and technology, while the earlier programmes have often been marked by a fragmented and compartmentalised approach in formulation and a 'top-down', inflexible one way system of implementation! But to us youngsters this really does not satisfy. Before going further, let me give our background and the workdone.

Background

There is always at all times, a young generation aspiring to achieve new ideals in all spheres of life, If rightly led and channelised, this youth spirit can transform itself into something very constructive and meaningful, otherwise if left to degenerate due to lack of opportunities, proper guidance and motivation would lead to frustration.

The present disparities existing in the society, particularly between the urban and the rural areas motivated some younger scientists in various institutes to come together, discuss and evolve a proper plan of action so that their energies, experience professional background and skills find a right application for the benefit of those who deserve the most. Naturally the first step was to go to villages and see for themselves the conditions existing, to understand the process of development, the bottlenecks of the programmes and to find a practical way out. This they tried to do through their institutions, within the available facilities and framework. The last three years experience has given some insight into the problems, how to

tackle them and the changes required for further development. The question was not obviously to satisfy the individuals' urge to do something but how could the fate of more than five and a half lacs of villages of India improve and the 80% of its population becomes a part in the mainstream of national life and national development.

As is now accepted, the State programmes of rural development so far failed to provide the impulse for sustained growth or for broad-based development. In the voluntary fields, the Gandhian institutions trying to keep the legend of constructive work of preindependence period, have probably accepted the failure to take up the challenge and are just maintaining their existence. Several new voluntary organisations and rural centres have come up recently initiated by young enthusiastic persons with the background of modern science and technology. They may differ with each other in approach and strategy but have the common objective and concern for the rural poor. These in themselves may be some very good examples of city youths going to rural areas for development activities, but these are examples in isolation and exception which can not be followed in general and thus fail to become a process.

Then there were some new and encouraging developments. Organisations like Council of Scientific and Industrial Research, Department of Science and Technology, Indian National Science Academy and Indian Science Congress Association were showing increasing interest in the matter and were taking up various projects. CSIR had started adopting districts for rural development work in various states. INSA under the Chairmanship of Dr. D.S. Kothari, started a small working group to discuss about the problems of utilizing science for the benefit of the rural population. ISCA had chosen "Science and Integrated Rural Development" as the focal theme for its 63rd Session held at Waltair in January 1976 and developed 'An agenda for action'. This showed a new trend that the scientific community was feeling its social responsibility and trying to find a suitable way out to apply itself to the work of Rural Development. All these efforts are well received by the Government which had shown great concern and will to implement them.

We had a chance to interact with these various organisations and participate in some of these developments that have taken place. We could discuss the subject quite in detail with eminent scientist like Dr. D.S. Kothari, Dr. M.S. Swaminathan, Dr. Y. Nayudamma and others. We are in close touch with the various voluntary groups working in this field. This has brought us to some clear-cut conclusions about the approach, strategy, plan of action and implementation. All this has not been sheer theoretical exercise but is backed by practical experience in some areas.

Approach and Strategy

Rural Development in India is not a question of providing some charitable services in villages through voluntary agencies or students, nor of opening extension centres of Institutes located in metropolitan cities. It is a question of development

planning which must realise that no developmental activity will have any meaning unless it has its roots in villages, its basis as the economic, social and cultural background of the people and aimed at improving the fate of the last and the weakest men in the society. Thus perhaps a total reorientation has to be brought about in all fields like Science and Technology, Industries, Agriculture, Institutes and Medical Sciences ect. This is not possible unless there is a strong committment and a will to do it at the highest circles of the State. This awareness is quite visible now. It will be worth quoting Shri C. Subramaniam here "There is no doubt, however, that a pervading and powerful rural bias will have to be injected into the existing range of institutions, extension net works, commercial organisations, administrative bodiesand scientific agencies. There are limits to which such orientation can be imparted to the existing personnel through teaching and propaganda. The problem will have to be tackled in terms of structure, economic incentives and motivation. Methods of recruitment and training, curriculum of activities, standards of performance, and systems of rewards and punishments- in a word, the entire system- will be needed to be revamped and geared with the clear message that the national leadership will brook no delay or obstruction in this regard".

The other aspect is the involvement of the youths in the programme. No government has perhaps ever succeeded to bring about a major and permanent change right upto grass root levels into the masses without a popular involvement of the people themselves. Legislation and other such measures can help implementation but will not make people accept certain things and act accordingly. It needs personal approach to convince them and convey the message to their hearts. Youths can only act as agents of this change and carrier of this message. Their idealism enthusiasm and energy has to be properly harnessed and channelised.

The strategy obviously has to incorporate these elements of giving a reorientation to the existing system, involving people at all levels and enthusing youths with the idea of taking up the challenge. We have started research, academic and educational institutes as they are the reservoirs of youths' energy and rational intelligentsia. It is a very right approach to take up one or more districts in each state, but this too may become a 'top heavy' agragement as there seems to be not much initiative coming from below. So, though plans may be prepared for all the selected districts in various states a model trial should be made in an area where some basic work has already been done and a team of young enthusiastic scientists from various disciplines is available to take up the cause in its full swing and spirit.

The approach, of course, has to be an integrated one. Life in a village cannot be seen separately in technological agriculture, health or social departments. Agriculture may be weak because of poor health of the people or say because of lack of technology available. Technology may not be introduced unless agriculture production is increased or say it may not be accepted because of some social inhibitions or some old traditions prevailing. Superstitions may not be removed without creating scientific temper and so on. So the working

team should include people from all these fields with a perfect understanding and coordination among them.

No meaning-ful/^{Change}can really be affected unless the team goes and stays in the villages. The gap between the cities and the villages has to be narrowed down. Necessary changes in structure and status have to be brought about so that more and more people opt for working and staying in villages. Also the oldest type of brain drain from villages to cities has to be stopped by creating necessary facilities and opportunities in villages.

Involvement of local people is a must. We may prepare a basic frame of working to start with but all flexibility has to be provided to account for and accomodate local conditions and requirements which we shall learn only in field operation.

PROPOSAL:

Indian Institute of Technology, Delhi has been giving increasing emphasis on the application of science and technology to the development of rural areas. The faculty members and students have shown keen interest in the venture. The students particularly, under the National Service Scheme, have done some useful work in some villages in the vicinity of Delhi.

Gawalpahari - a village on Delhi-Haryana Border and about 20 Kms. from the Institute was adopted about three years back for rural development work. Actually some more villages like Ayanagar, Rajokri, Rajpur Khurd and slum areas like Madangir had been taken up to make a comparative study, which finally led us to concentrate upon one village, Gawalpahari, to do something more constructive and meaningful and evolve a pattern of working which can be useful and multiplied by any other Institute in other villages. The approach had been different from the traditional one of putting in manual labour by the students in cleaning streets, wells or making pits etc. We stressed upon proper interaction among the students and the village community so that they understand each other and work in a coherent manner. We started from what the people felt as their basic needs, how they could be met within the existing situation and the changes required for further progress. Economic needs come first and agriculture is the base of rural economy. So we had taken up projects like land levelling, setting up a Power Chari, soil testing, bridge construction etc. Next projects on the list are Dairy Development, Dispensary, Road construction and education suited to the local needs.

It is now proposed to extend it to a project of 'Integrated Rural Development' through the joint efforts of I.I.T, A.I.I.M.S., I.A.R.I., and J.N.U. With Gawalpahari as centre, we can extend the area to surrounding villages within a distance of 10 km.

The groups from these Institutes, interested in the work of rural development are already in close contact, have exchanged ideas and discussed the proposal in detail. They all agree with the approach. It is needed to plan and organise it properly. Special emphasis should be given to women and children in the villages. Institutions like Lady Irwin College and others which have some experience in the field may be associated. Organisations like I.C.A.R., C.S.I.R., D.S.T., and Department of Rural Development should provide the necessary guidance and patronage.

This experiment may be a model trial, for the plans, being prepared for the 'Integrated Rural Development' Programmes. We have the team of Young Scientist from these different fields who have shown their dedication through their work and are prepared to take up the challenge. The strong commitment, background, understanding and team work will prove a break through towards this new approach of rural development. One successful experiment will create great enthusiasm among others to take up similar projects. All the Institutes involved bring institutes of national importance, their initiative will bear a great impact on others and

create a sense of obligation to involve themselves to carry the work to larger effects and multiplication throughout the country. These institutes may also take the initiative to organise other institutes in their respective fields and mobilise the youths to take up the cause of rural development.

PLAN OF ACTION:

This meeting should, if all else is agreed upon in principle, prepare a plan of action for work in the area. A meeting of the Heads of these institutes may later on be convened and a concrete plan of action be submitted for their consideration. If accepted and approved by the various institution, we can go ahead with the formal organisation and start the implementation.

The participating institutes should define their roles clearly and take up various 'Tasks' in the area according to their background, manpower and other facilities available. Work of all the institutes has to be closely coordinated, sublimated and integrated with each other. Though details can be chalked out by each institutes, following may be considered as the salient features of the programmes of each institute:-

1. TECHNOLOGY:

Need to open up non-agricultural pursuits in the rural areas is very obvious. Land-man ratio is already such that engaging more workers on land, except for special purposes and on special occasions may not prove very productive. Agriculture, itself can be made highly remunerative by linking it with broad consumer market through the medium of agrobased industries. This may also serve as alternative job market for the educated urban as well as rural youth. I.I.T. should, therefore, take up a practical programme of Rural Entrepreneurship forming cooperatives in villages with a view to utilize the skills already available in the form of art through the induction of modern scientific technological tools available.

2. HEALTH:

Traditional structure of health services in the village has collapsed under the systematic approach of modern medicines. The modern medicines on the other hand cannot provide its curative services to such a large number of villages. Preventive approach to health care has, therefore, to be emphasised. The health services have to be linked with agriculture such that the productive capacity of a farmer is not affected by the delivery of health services. A net work of health services has to be provided in the village exactly where the people work. Hospital oriented approach could be discouraged. This can be done by permanent stay in the village of a team of Doctors and para professional health workers which should be derived not only from the department of community medicine, instead members from different departments must be involved to give a rural bias to their programmes. Whether the coordination of this team can be done by the department of community medicine or a special cell has to be opened for this purpose, remains to be seen by the respective Institute. This team shall have yet another

contd....

important task of training local youth to give a meaningful impetus to the health services. The whole programme is anticipated to ultimately provide alternative system of health services which could also be followed elsewhere.

3. AGRICULTURE:

Advice, demonstration and services in agriculture are necessary for the farmer to adopt modern agricultural practices. To achieve this a team of agricultural scientist should establish a rapport with the villagers, win their confidence and help them to increase their production. The extension division of I.A.R.I. has already such programmes in villages. New manpower and facilities should be mobilised for this programme. A team of younger scientist is already showing great enthusiasm and interest and a programme can be organised and planned by the Pusa Institute.

4. SOCIAL SCIENCES:

Change of attitudes and way of thinking is important. Social norms and social behavior determines to a great extent the acceptability of a new programme. This will require a basic study and understanding of existing conditions. Survey work will have to be carried out to know the various aspects of the rural life. Malady-Remedy analysis would have to be made to identify the problems and suggest right type of solution within the existing situation or the new measures necessary to be taken up. Centre for Regional Development and Planning of J.N.U. can play an important role in this direction. Centres like 'Studies in Science Policy' can provide with more intensive data and background and help in evolving right type of strategy for taking science to villages.

5. ORGANISATION:

i). Working Groups: From each institute, there will be a working group staying in the villages. These will consist of atleast two younger scientists and a senior scientist from each institute. These will be the permanent links of their institute in the area. Academic and financial arrangements have to be made for their stay and working in the area by the respective institute.

ii). Operational Base: As suggested in 'A note on Integrated Rural Development' (ICAR) it is quite realistic to set up a Rural Science and Technology complex in a village in the project area that will serve as the base from which several of the key operations will be conducted. The complex may house the following:-

- a). Accommodation for the working and the visiting groups.
- b). Service and training cum demonstration centres for Health, Agriculture and Technology.

iii). Cells: Each institute should have a cell consisting of younger and senior scientists derived from different departments of the Institute.. The Cell may have some permanent positions. The functions will be

- (a) to provide technical expertise in different disciplines to the working group in the village.
- (b) to provide necessary facilities from the institute for implementation of various projects in the villages.

- c) to work for the involvement of different departments, students and staff in the programme.

iv). Coordination Committee: A coordination committee consisting of two younger scientists and one senior scientist, at least one from the working group, from each institute should be formed. The headquarters could be at IIT Delhi with its Director as the Chairman of the Committee. (e) It will look after the preparation of the programmes and their implementation. It will maintain liaison with administrative and financial bodies which have to be involved in implementation of the projects. It will also maintain links with similar other experiments going on in different rural centres.

v). Advisory Committee: An Advisory Committee consisting of the different Heads of the Institutions, representatives of Department of Rural Development, C.S.I.R., I.C.A.R., D.S.T., Financial Body and the local District authorities may be constituted to guide and provide patronage to the programmes.

FINANCES:

- (1). S.T. Complex:
 - (a) Land - to be donated by village.
 - (b) Stones - to be donated by village.
 - (c) Labour - to be provided by the students and villagers.
 - (d) Construction material - to cost 10,000/- - Joint Pooling.
- (2). Working Group:
 - (a). Institutes will finance their stay and activities.
- (3). Projects: to be financed by different institutes, DST, CSIR, DRD, ICMR.
- (4). Cell: financial arrangement to be made by respective institutes.

RAJENDRA PRASAD
I. I. T. DELHI.

*2 objectives - (1) - Training ✓
(2) - Rural development
Community need (full need).
old Community development
- Permitta
P. finance -
L. Village Education
Training ?*

PROPOSAL FOR ANANDGRAM - 'THE JOY VILLAGE'

A Cultural Village Complex for Itinerant
Performing Artists and Traditional Craftsmen

- A. A Statement on Alternative Resettlement
- B. Background
- C. The Cooperative
- D. Anandgram
- E. Budget
- F. Appendix

Bhule Bisre Kalakar Sahakari Samiti

C/O Rajeev Sethi
Flat 4, Shankar Market
New Delhi 110001 India
tel. 45107

April 10, 1978

RESETTLEMENT : OUR ALTERNATIVE

A statement from the people of Shadipur Depot Jhuggi Colony,
New Delhi, May 1976

We are, all of us - traditional puppeteers, singers, bhopas balladeers, jhoola-wallahs, animal trainers, jugglers, circus artists (nuts), toy-makers, wood-carvers, peep-show wallahs, street entertainers, etc.

Nowhere else in the country is there to be found such a close and compact community of professional performers and craftsmen; nowhere in the country would such a community be as extensive or contain quite such a variety of skills.

We are mostly itinerant but we need a base which we can call our home.

We began to migrate to this city 20 years ago; and 10 years ago we came together as a community in an area of 3 acres in Shadipur Depot. We are now about 150 families. This has become our home; and it has developed in such a way that strangers to the city, and indeed, many city-dwellers themselves, would not have believed possible.

We have preserved our rural life-style intact even as we respect and observe the civic laws of the city.

Indeed, we have become an integral part of the city's varied culture. Anyone who needed our skills knew at once where and how to contact us. Traditional artists who visited this city were able to locate us with ease. We can honestly say that we feel our community has benefited the larger community of the capital.

We have entertained foreign dignitaries as we have the man in the street. We have given their children toys to play with. Our decorative crafts have reached the homes not only of Delhi's citizens but of the world.

We feel that our community of 150 families represents a major crafts industry of the capital.

We find we are now being moved to resettlement colonies such as Sultanpuri and are scattered far away from one another. This spells the break-up of our community and our way of life.

How can we organize in the future as we have so far ? How will those people who draw on our professional skills find us when they need us ?

For sometime now we have been thinking among ourselves about a small but permanent theatre where we would have regular showings of our puppetry and other performing arts both for the citizens of Delhi and for those visiting from abroad.

Side by side with this, we feel we should benefit from having a sales-outlet that we could manage ourselves without intervention or financial under-cutting by middlemen.

We feel it may benefit the Government to build a Culture and Tourist Centre and yet with very little outlay; for where else would it find such skilled and centralized human resources ?

Maybe you, the Government can help us to organize ourselves as responsible citizens with land to live and work on. The question of resettlement itself would be not problem for us; but please let this not interfere with our aspirations !.

We, the undersigned, are willing to surrender the land-allotments given to us as separate members in favour of an area where we can live and work side by side.

Signed by 138
Heads of families
May 1976

ANANDGRAM - 'THE JOY VILLAGE'.

A Cultural Village Complex for Itinerant performing Artists and Traditional Craftsmen.

B. Background.

Less than a decade ago, residents and visitors who cared to walk the streets of an Indian city could easily find a peep-show wallah gladly showing all comers his picture scroll of "twelve-maund washer-woman", or chance upon a magician holding audiences spell-bound with his clever showmanship and street 'hypnosis'. The passerby could also witness an animal trainer convince his monkey to take a bridge, watch his dog leap through a wheel of fire, or see the 'bhalluwallah' asking his bear to ride an onlooker's bicycle.

A family of acrobats whose children would put a professional gymnast to shame could be found looming over the heads of a standing crowd gathered for a 'Tamasha'. One could easily locate jugglers performing in an open square or a puppeteer performing his traditional ballad plays with hilarious comic interludes. A 'behrupia,' the street impersonator, would arrive in a market square and create a spontaneous crowd of laughing shoppers.

Street urchins would shout and run in delight as the familiar sound of drumming announcing these wandering performers was heard approaching the neighborhood. The more well-to-do will remember how the puppet-show wallah always turned up to erect his little stage in time for the children's birthday party.

Nowadays, we see fewer and fewer of these 'pilgrims of joy'. Decades ago they left their villages to come to the cities in search of new patrons. Now they have started to leave again: "Life is not what it used to be. . . . Too many rules and regulations."

One of the definitions of beggary in the Bombay Prevention of Beggary Act of 1959, which is still in force in Delhi, is "Soliciting or receiving alms in public places - under any pretence such as singing, dancing, fortune-telling, performing or offering any other article for sale."

No one has cared to allot special places around Delhi, in parks, open grounds or mohallas, for instance, where these professional street artists can earn their daily bread with dignity.

Today, puppeteers and ballad singers wait in abject lines outside development agencies for contracts to do message-loaded 'folk dramas'. Others have deserted the street and the courtyards altogether, preferring

to be called "stage artists", because prestigious academics have made them self-conscious about their 'art'. Too many have been forced to compromise traditional expression with the vulgar requirements of the drunken rich at weddings and qawwali evenings straight out of Bombay films.

Most continue to join the wretched stream of the unemployed.

It is not that these performers have lost either a sense of discernment or their native skills. It is a question of survival - for the performers themselves and their timeless craft.

The result is confusion, lack of direction, and a debilitating sense that their skills are no longer of use. Perhaps, too, those who are concerned to see the city grow have not yet gauged the potential of such communities.

The wandering performing artists of this country must number in thousands, There has never been any census and nor have they been identified as a special group. Most of them have never benefitted from any development programme of the Government or other agencies for professionals. They remain scattered and forgotten, wandering from place to place and living wherever they can pitch up a ragged ten and put three stones to mark their hearth.

C. The Cooperative Society of Neglected and Forgotten Artists.

One hundred and fifty families of Delhi street performers had somehow managed to survive as a village community until their Shadipur Depot Jhuggi Colony was bulldozed. Many have returned to Shadipur to camp in makeshift tents or on the open ground, but there is a constant threat of harassment from the police and others without a vision. Under the current resettlement schemes of the Emergency resettlement, they will be evicted yet again and dispersed to far-flung colonies unless another alternative is found.

Resettlement itself is not under question, but how to make it work better, both for the Government and the people, is the main purpose behind this proposal.

In June 1977, to unite against impending dispersion and for recognition as traditional performers and craftsmen, the squatters of Shadipur Depot and elsewhere - the puppeteers, singers, magicians, acrobats, jugglers, musicians, toy and instrument makers, etc. - banded together to form India's first "Cooperative Society of Neglected and Forgotten Artists", the Bhoole Bisre Kalakar Sehakari Samiti.

The Cooperative is being registered as an Industrial Cooperation under the Cooperative Registration Act of India. The members are required to pay Rs. 50/- as share capital and Rs. 10/- as member entrance fee. Only traditional performing artists and craftsmen can become members of the group. The members are selected by a Selection Committee composed of the performers themselves. The office holders are elected by members. There are no outside patrons of Board of Directors. Those professionals interested in helping the Cooperative are called Friends, and receive Rs. 1/- honorarium. The Cooperative, however, can hire the services of any outside person according to the wishes of the Managing and General body.

The Cooperative today has about 60 members who have been selected and another 30 associate members who have paid their share capital. There are many more who have filled their forms and are collecting money to become members.

The members have already earned more than four times their share capital.

What the Cooperative has done so far :

June 1977

After holding several meetings with Government officials, media people, etc. for almost six months, the group finally decided to form themselves into an Industrial Cooperative. All other forms of Cooperatives could not cover the professional aims of our proposed members.

A unique function was held on the lawns of Smt. Kamala Devi Chattopadhyay's residence in the presence of about thirty guests and 150 performing artists.

July 1977

26 puppet shows sponsored by the Sangeet Natak Academy were distributed for Rs. 75/- each. The shows were performed in Public Hospitals, schools, and houses for handicapped and the aged. At the hospitals the members were also helped to get their medical examinations.

The Cooperative provided transport fees to groups who went for subsequent check-ups.

August 1977

The National Institute of Design contracted the Cooperative to perform in the Theme Pavilion of the Agri-Expo. A repertory of twelve types of shows was prepared and members earned from Rs. 50/- to Rs. 150/- each depending upon the programme required by the client.

January 1978

In the fall of 1977, the Guardian newspaper of U.K. wrote a one-page article on the functions of the Cooperative. As a result, the BBC sent a film production team from its World About Us series to film a 50 minute colour documentary on the social history of the group, and the formation and activities of the Cooperative. The film is to be released in May 1978, and the Cooperative will receive a free print. Each member of the Cooperative earned Rs. 75/- from the film, and about Rs. 10,000/- was distributed to other performing artists from outside. Delhi.

The Cooperative participated in the PATA Conference by staging a most unusual fair for the Taj Group of Hotels, . The show was held at the construction site of their forthcoming hotel in New Delhi. Every member, including associate members, received Rs. 125/- from the show. About 30 non-member performing artists from outside the Cooperative were also employed.

May - December 1978

A book on the tales of wandering performing artists and traditional craftsmen is being prepared for publication.

A format for puppet-training workshops is being prepared for educational institutions and development agencies.

The main task for the Cooperative is to start building Anandgram, the cultural village complex described in this proposal.

D. ANANDGRAM - " THE JOY VILLAGE "

Recently, it has been a felt need that Tourism should also emerge out of its 'Five Star' western-oriented culture. Tourism itself is changing its value-patterns and shows an inclination to step out of highways, cabaret lounges and plush bars frequented largely by the local nouveau riche.

The New Tourist is here for more than a comfortable visual experience. He wants, however idealistically, to get into the 'soul' of the place: "The Real India". Too many already have been tempted to drive cadillacs into the village to catch a glimpse of "the vanishing past". Others have virtually converted villages into show-laces for tourist where the villagers themselves can be hired to demonstrate 'culture'. Needless to say, this is as damaging as it is unrealistic.

Yet the need for a 'rural experience' cannot be overlooked. We need to create an ethnic environment where professional showmanship is a way of life.

Anandgram, which is to be the pioneering project of the Bhoole Bisre Kalakar Cooperative will be a Cultural village complex to permanently house the families of the members. To be situated on ten acres of land in convenient relationship to the city, Anandgram will include a complex of indigenous style habitat for 150 families, several courtyard theatres, a folk arts museum with special emphasis on puppetry and theatre crafts, and common facilities for handicrafts such as woodcarving, embroidery, pottery, straw-work, and the construction of toys and musical instruments. The Cooperative will promote these and other traditional skills through training courses and experimental workshops for popular performing arts. It will also maintain a hostel for itinerant folk artists that visit the capital from different regions of India. The complex will house a research component for indigenous cosmetics and homemade medical remedies. The complex will consist of market squares with craft shops and retail and wholesale outlets along with several street stalls for ethnic foods and spices. There will also be other community facilities to make the village more self-sufficient and self-sustaining.

The visitor to Anandgram, whether a tourist or a resident, will gain an immediate experience of the craft process. In addition, the complex would provide a ground for popular media that could actively feed the entertainment and information industries. Their skills already reach about 30,000 people a day, in and around Delhi.

Offering a continuing carnival of ethnic jhullas and other amusement circuses and a variety of lesser known performances, Anandgram will be an effective catalyst for the permanent reintegration of India's traditional popular folk performing artists and the urban community.

The most important factor to keep in mind at present is the urgency with which the project must proceed before the scattered and individual families begin to send down roots wherever they have been displaced to, and before they leave their Delhi base. At the moment, the people are ready to build. One hardly experiences such initiative for self-help housing.

E. BUDGET.

The project will be implemented in three stages :

- A. Phase One - Preparation of a Comprehensive Scheme and Site.
- B. Phase Two - Workshop for Review and Presentation of Scheme.
- C. Phase Three - Construction of Village Complex.

This proposal requests initial funding for pPhases One and Two. Phase One will cover expenses incurred in locating a suitable building site and developing the comprehensive building plan. Phase Two, to begin after the completion of the comprehensive plan, is a special workshop on indigenous building techniques and human settlements to be held in Delhi . Professionals such as Dr. Hassan Fathy will be invited to analyse and review the work done. The workshop may be coordinated with organizations such as the National Institute of Design Ahmedabad and the All India Handicrafts Board. The purpose of the workshop will also be to prepare a multimedia portfolia for the presentation of the plan to prospective funding organizations and other interested people.

Cost estimates for Phase Three, the construction of the complex itself, 'will be determined after completion of Phases One and Two.

Phase One - Location of a Suitable Building Site and Preparation of
Comprehensive Building Scheme.

Duration : 3 months.

1.	<u>Salaries for Design Team</u> - Architect, Civil Engineer, Design Consultant, Draftsmen, Graphic Designer, Master Masons, Theatre Expert, Crafts Consultant, Copy Writer, Secretary, Accounts Officer, Community Representatives, Project Coordinators :	Rs. 43,000
	(The above does not include Govt. Rep. Delhi Administration Tourism, Education, Culture, University etc.)	
2.	Rental for Office/Shed :	1,500
3.	Office Facilities and Supplies :	1,200
4.	Telephone, Postage, Telegrams :	3,000
5.	Model, Blueprints, Drawing Equipment for Exhibit of Plan :	5,000
6.	Display for Exhibit of Plan :	3,000
7.	Transportation :	6,000
8.	Miscellaneous and 10% Contingency :	7,300
	Subtotal	Rs. 70,000

Phase Two - Workshop and Presentation.

Duration : 15 days, New Delhi.

1.	Travel Grants and Per Diems for Dr. Hassan Pathy, two other international experts, & 15 professionals from India :	Rs. 80,000
2.	Rental of Workshop Premises :	5,000
3.	Honorariums to Performing Artists and Professionals to be included in the Presentation (about 80 people) :	15,000
4.	Mobile Stage Sets, Theatrical Props, Costumes, etc.	15,000
5.	Telephone, Postage, Telegrams, Stationery	1,500
6.	Transportation :	2,500
7.	Miscellaneous and 10% contingency :	11,000
	Subtotal	Rs. 130,000
	GRAND TOTAL	Rs. 200,000

76-9

YOUTH TIMES

1978 OCTOBER 1-15 □ RS. 1.50 □ A TIMES OF INDIA PUBLICATION
THE YOUNGER WAY TO GROW



**RAJEEV SETHI:
THE GRASSROOTS MAN
THE FRINGE PEOPLE**

Our bodies ourselves

(Continued from page 17)

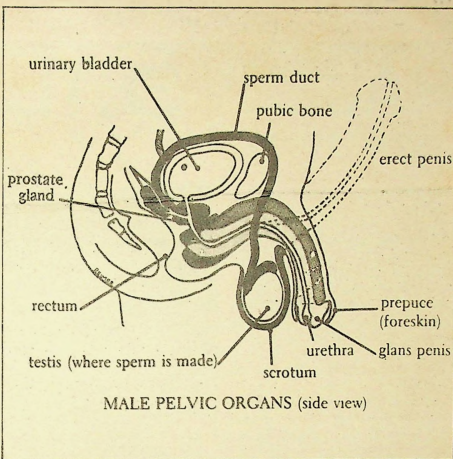
From there they are carried to the prostate gland which secretes a thick, milky fluid that mixes with the sperm to make semen.

Sexual stimulation leads to erection of the penis caused by a supply of blood being sent to the tissues of the penis which consequently grows firm and erect and increases in diameter and length. A mature man's penis when erect can measure anywhere from 4.5 to 8 inches in length. Its angle ranges between 20 and 40 degrees to the vertical, exactly corresponding to the angle of the vagina.

Ejaculation occurs when an erection culminates in a series of quick, short spurts of semen. Almost immediately afterward, the erection disappears although it may linger for up to five minutes or so.

"Puberty for me meant suddenly getting very interested in girls and masturbating a lot. I had my first ejaculation while masturbating. I must have been 13 or 14 at that time. Since my parents had explained the physiology of sex to me long before, I knew that what was happening to me was quite normal. It only meant that an already enjoyable activity was even more fun though a little messy. Even when I had wet dreams and messed up the sheets and my clothes, my parents were very understanding so that I never felt ashamed or embarrassed."

The first ejaculation in a man's life corresponds in degree of importance to a woman's first menstruation. It may occur at night during a dream in which case it is termed a nocturnal emission or wet dream. It may also occur during masturbation. This illustrates an important point about



male sexual response. Erection and ejaculation can be brought on not only by direct physical manipulation of the sexual organs (masturbation, foreplay or sexual intercourse) but also by a purely mental phenomenon—a dream or a fantasy. In the first case it is regulated purely by nerve impulses in the spine, in the second it is the brain that stimulates the spinal nerves which then cause the erection.

Whether caused by thoughts, dreams, physical manipulation or simply by the early morning need to urinate, most adolescents as well as adult males have erections frequently. If the erection does not end in ejaculation the blood flooding the veins of the penis is simply re-absorbed into the circulation system of the body. Even if the erection does end in ejaculation this does not mean that the body is wasting energy and thus becoming weakened. Ejaculations are the body's normal way of getting rid of excess semen. There is no such thing as having too many ejacula-

tions because the body knows its own limits and erection will simply not be possible if that limit is reached.

A few months after their first ejaculation young men begin to find that their voices are breaking and becoming lower in tone. This is caused by a sudden and rapid increase in the size of the voicebox and is a part of the general growth spurt. Around this time facial hair also begins to make an appearance, but as with every other aspect of puberty, there is no hard and fast rule as to timing or rate of development. If it is remembered that there is great variation from individual to individual and that there is no particular norm, the changes of puberty will cause less anxiety and concern to young people who are afraid to 'fall behind' or 'race ahead' of their contemporaries.

Readers may send in queries which will be answered by a panel of doctors.

RAJEEV SETHI: ANANDGRAM

The grassroots man

BY AMAN NATH

BETWEEN the inspired and the uninspired, the difference is perhaps only a spark. The inspired do not have to work from borrowed flint, they generate their own energy and keep themselves charged.

To say that Rajeev Sethi is definitely 'inspired', is not to say that he has never floundered. In fact, the strength of his inspiration lies in his return to a direction of his choice, after a short detour. In his capacity as a creative person he was carried away to Paris at an early age, just as pretty girls get picked for air hostesses and models, or socially smart young men find themselves in tea tasting.

Paris had perhaps been a dream, like it is for many creative people. For good oriental talent it is not always difficult to become easily 'picturesque' in the West or go even further and border on the 'purple'. For a while, Rajeev did fall into these categories. However, Pierre Cardin was not a bait that held him too long. Rajeev was able to see through the Paris scam. And so the *massara* and the *haute couture* did not drown him. Fortunately, he could enter his dream and follow it himself.

He made a trip home amidst the confusion and contradictions of 'making it big' in the West or coming back and 'contributing' to India. I had occasion to meet him then.

In June 1971 I wrote to an undecided Rajeev in Paris: "It's only when the breeze has blown us West/We see our dusty India/ Brass-belled and jewelled and haloed in its *Bandhani*.../Our teeth are made of ivory", we say/ 'The

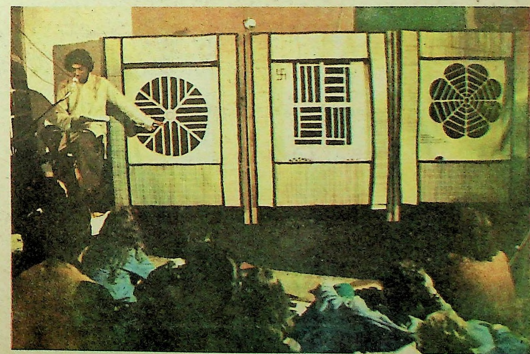


AN INNOVATOR IS NOT SOMEONE WHO IS LESS THAN AN INVENTOR, MORE THAN A DISCOVERER. HE IS NOT ONE WHO TALKS OF EVOLUTIONARY OR REVOLUTIONARY CHANGE. AN INNOVATOR IS SOMEONE WHO BRINGS ABOUT CHANGE. HE TAKES A SIDE STEP FROM THE MAINSTREAM AND, AFTER A FRESH LOOK AT THINGS, REMOULDs THEM. WHATEVER HIS/HER FIELD BE, THE INNOVATOR'S WORK IS A REFRESHING WHIFF, A BREATHER.

THIS COLUMN IN *YOUTH TIMES* WILL NOW BE A REGULAR FEATURE TO PUBLICISE THE WORK OF 'YOUNG INNOVATORS' IN VARIOUS FIELDS. SO THAT THE WINDS OF CHANGE ARE ENCOURAGED TO BLOW, SO THAT WE REMAIN YOUTHFUL.



Rural arts and crafts have through the years remained unchanged. Could fresh patterns be evolved, innovations made to give new life to the old art forms? The search has led Rajeev Sethi to an exciting experiment.



Rajeev Sethi with the Bhopas (top); at one of his expositions (above).

synthetic West is lame'. It was not, by any means, a new dilemma, but time has shown that the answers that Rajeev was considering were certainly a rethinking on some of India's basic cultural problems. By the end of 1971, having seen his India from a distance and getting the necessary perspective to acknowledge and admire it, he was back.

Nevertheless, till 1975, he remained involved in several programmes that kept taking him around the world. As the Design Consultant to the Secretary General of the United Nations World Population Conference and on special appointment to several national and international agencies dealing in subjects ranging from habitat to the emancipation of women, Rajeev conceived and executed some of the most unique media presentations seen at international developmental congresses. World Press and Television have covered his projects as some of the most original communication efforts made by a designer from this part of the globe. But though Rajeev had found a base at home, he still felt he needed a full time involvement in his own country, to "take my time off from this international circus".

Today he is the nucleus of several projects in the country which he described and discussed with *Youth Times*.

Kashmir's Crafts

1. First, there is Kashmir, changeless as its mountains and lakes; its tourist's image perpetuating our notions of tradition. "Kashmir has been sitting so smugly thinking that its exotica will sell", said Rajeev, "but one of these days the exotica will fall on its face". This is what provoked him to accept the challenging job of a design consultant with the Kashmir Government. Challenging, because it is not always easy to break through the traditional designs of a people in-

involved in age-old crafts. "One has to work patiently with craftsmen, learning from each other, convincing them slowly that new designs can mean a wider market. But it's not always easy to be patient. Imagine the God-fearing Shias turning out pin-ups in walnut wood or, for that matter, Omar Khayyam with his wine goblets," Rajeev makes his point smiling. "They are ignoring the extreme restraint of their tradition."

"The pity", Rajeev explains "is that the craftsmen have been separated from their buyers. Under royal patronage, they kept in direct touch with the users of their crafts. Later, with the arrival of the British, the missionaries, or even the Indian Civil Servants' wives, the consumers remained close to the craftsmen. Victorian forms did infiltrate, but at least there was a change, a progression. Now design is a totally static concept, The term *chaloos* craftsmen is easily accepted."

Rajeev has sat through Kashmir's snowy winters, working and designing with talented traditional craftsmen. This has resulted in some fine wine glasses in *zangalu* and *chikri* wood which have a very contemporary look. Or buckles, brooches and pill boxes that can interest the jet-set.

Extensive travel in the lesser known places of Kashmir helped Rajeev trace out several traditional patterns from old turbans and dresses, quaint paisleys, designs from the old silk routes and of the colonial period, all of which can be reincorporated in today's fashion mainstream. "As much as Rs. 10 lakhs of material travels out of Jammu and Kashmir to be printed in Delhi and Bombay, while local craftsmen are turning into peons, cycle repair men or labourers in factories."

Continuing this process of updating traditional designs Sethi has also given a modern, almost futuristic look to 'Zoon'—the Kashmir Handicrafts Emporium, in Delhi.

2. The second project of our young innovator is down in the neighbouring state of Haryana. Here Rajeev worked on an ambitious socio-economic project to preserve the folk arts which are disappearing in the wake of Haryana's rapid industrialisation and its expanding urban centres.

Grassroots work

A quote on the file of the Rural Community Facility and Culture Centre reads, "Culture springs from the roots/And seeping through to all the shoots/To leaf and flower and bud/From cell to cell, like green blood/Is released by rain showers/As fragrance from the wet flowers/To fill the air. But culture that is poured on men/From up above, congeals them/Like damp sugar, so they become/Like sugar-dolls, and when some/Life-giving shower wets them through/They disappear and Melt into/A sticky mess". This goes a long way to explain why Rajeev chose to work at the grassroots rather than spend his life raising or lowering the necklines and hemlines of the Paris made-moiselles.

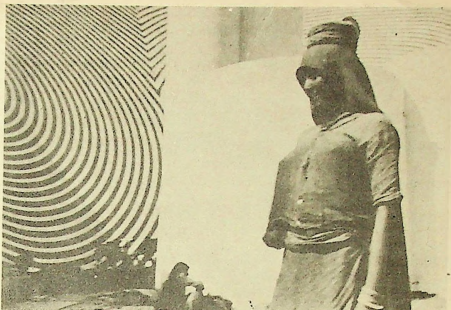
The Haryana project, located in a small village called Garhi Bohar, near Rohtak, was slowly gaining momentum when government funds were discontinued, chiefly due to the high-handed action of a single bureaucrat. He had not even offered to visit the village or listen to the villagers and the Gram Panchayat who spent months running from pillar to post to get their Centre re-opened. "Suddenly lack of finances and a lack of trust in the project's usefulness by a handful of officials, sitting far away and who have no right to run our lives, brought everything to an unexpected halt," Rajeev recalls with sorrow. "A culture that has been allowed to rot has surely got to learn to pay off the debts incurred while putting it on the right track".

For the first time in the country

a comprehensive programme to update rural cottage industry products and educate rural consumers was initiated in this manner. Craft skills that have so far catered to the cities were being re-used to suit the requirements of the rural people. While new rural products such as footwear for the farmers, *durries* etc. were being created, no finance was given to organise their production or marketing. The plan for the whole Centre, unique in its architectural concept, along with details of activities, was prepared by Rajeev. A programme that required intense inter-departmental co-operation at the field level now lies buried with some committee or the other, formed almost a year ago by Haryana Tourism.

In the absence of adequate local fairs, festivals, places of pilgrimage and congregation in Haryana, new places of interest have to be created for local people. Otherwise the obvious will happen: we will only have gatherings around the highway *dhabas*, the truck culture of Haryana.

Asked if the private sector would have been more receptive to his project, Rajeev explained that he had not intended to produce just one pilot project on donations and grants. Through his involvement with the Government, he had hoped to cover the whole state with a specific programme and then spill beyond to the rest of India. Now isolation and stagnation will once again dog the craftsmen who had revived their pride in their skill. The pieces of folk art collected or donated for their 'Dehati Kala Kendra' museum by the villagers may be fossilised in the room where they were stored. The idea of a living museum—a rural reference cell for craftsmen and consumers who have so far only relied on their oral culture—has died a sudden death. Plastic shoes, acrylic *lungis* and nylon bags will reign again while the Government moves its files from meeting to meeting, or simply sits over them.



It has been a long road for Rajeev—from Paris to Rohtak.

3. The third project in which Rajeev is involved at the moment is that of Anandgram, the 'joy village'.

So far, Rajeev's main concern had been with updating outmoded designs or preserving those that would soon be lost to us. But this project goes a step further and touches the human element.

This is a well-worked out programme to house itinerant performing artistes and traditional craftsmen in a complex within the city of Delhi. His day is now spent dealing with the many problems of the 150 families of puppeteers, singers, *bhops* (balladeers), *jhoala-wallahs*, animal trainers, jugglers, acrobats, circus artistes, toy-makers, wood carvers, peepshow wallahs, street entertainers and other similar artistes who are living in an interesting community in the jhuggi colony of Shadipur Depot in West Delhi.

Hounded by the police, legally outlawed from the street, deprived of a stage, where is so much talent to go? The idea of Anandgram has received a lot of lip service, and much solid and constant help from people like Mrs. Kamla Devi Chattopadhyay, Rajeev explains. "This is true of many new ideas in

India. But when it comes to doing something for our day to day problems most people have little time to spare."

However, several agencies and people at least admit that they are considering the proposal to house these 150 families in a single complex. Meanwhile, the families huddle together, struggle together and compose an anthem for their one and only society, which the itinerant bards sing in Rajasthani.

Speaking to Rajeev and studying his credentials, one is convinced that his efforts are not stray shots in the dark. They are a serious attempt to resolve the incongruities of India's fascinating tradition after it faced the challenge of colonisation (which polluted the purity and retarded its development and modernisation).

When Rajeev hopes that the carriers of our folk tradition and culture do not become misfits in the village or in the city, or change to alternate professions, or that the city people do not become culturally rootless under the ridiculous cover of internationalism, we can only be with him.

Or do we want the India of tomorrow to be suspended between parenthesis?

The Fringe People



At Shadipur bustee in Delhi, folk artistes and performers — jugglers, jhoola wallahs, puppeteers, magicians and many more—have organised themselves into a unique co-operative society. *Youth Times* investigates.



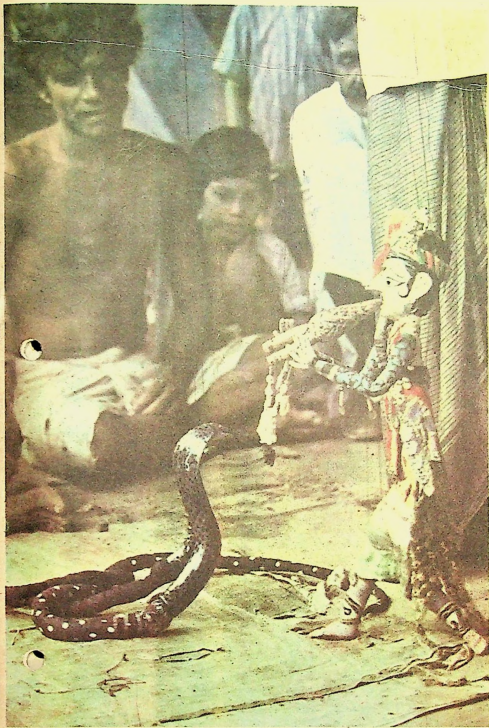
It is a long road from Rajasthan to Shadipur Depot in Delhi. But many a wandering bard, juggler, and snake charmer has travelled the dusty desert tracks to the big city. They come looking for fame and fortune; they are lucky if they find two square meals and a place to squat among kin in a settlement in West Delhi.

To urbanites there seems nothing unusual about the Shadipur basti. It's just another slum colony. But ask the children of Shadipur—you may find them half a mile from the

BY SUJATA MADHOK and
RANJANA SENGUPTA

26 *Youth Times* October 1-15 1978

*Above: A Shadipur smile.
Left: Victim of the movies—the
bioscope.*



basti—dragging brushwood home to cook the night meal with. Ask them, as we did, where to find the people who put up the “Kathputli ka natch” (puppet-shows). And they shout, “We will show you.”

They direct you to the basti, to a colony of tents in the distance, and to the settlement under the overbridge. They run, dragging thorny branches behind them. At the basti, dropping

Above: Where the puppet calls the tune. Above right: An impromptu meeting at the Shadipur Basti.

Right: A lithe little girl, acrobat Amla, does a coin trick.

their burdens they cluster about you, joined by many more children.

The elders crowd about too. An old man brings out yellowing photographs of himself staging a magic show. He thrusts a sheaf of testimonials before us—they all testify that Karim Baksh is a master magician. Among his clients have been Dom Moraes, George Fernandes, Simon Winchester of the *Sunday Times*, diplomats from various embassies and private individuals.

We question other inhabitants about their place of origin.... Jhunjunu, Sikar, Ajmer, Sirohi, Nasirabad Chhawani.... the names of all Rajasthan roll off their lips with resonance. Yes, most of them have a little land back in the village. They go home for weddings and some years in time for the kharif harvest. There is nostalgia in the voices of the older men.

Though settled in Delhi these artistes are traditionally nomadic. The puppeteers believe their ancestors were Bhatts, bards and entertainers at the royal courts of Rajputana. Under the patronage of Amar Singh Rathor some of them turned puppeteers. The pride of their repertoire is still the saga of Amar Singh. The puppeteers now carve dolls and puppets for sale. Much of their craft is exported by fashionable houses.

A Demonstration

One puppeteer gives us a demonstration. He winds the strings of a *kathputli* round his fingers and slips on a couple of bells. The puppet jerks alive, bowing and coquettishly picking at its tatty, spangled skirts.

Among the trunks, beddings and sleeping babies, there are many signs of the dwellers' occupations. A dholak (drum) lies silent next to pots and pans; a puppet's head peeps out of a box.

A brightly painted wood and tin contraption stands proudly on wheels. It's a bioscope, a kind of

peepshow. The antiquated gramophone loudspeaker on top creaks out film tunes and you see pictures through peepholes on the sides. We peeped at the garish, buxom figures of Vyjantimala and Hema Malini. The owner informed us that people prefer these to the devotional pictures of Ram and Sita which he had on show earlier.

Across the railway line a long pole used for shows lies by the ticket office. The acrobats or nats from Alwar perform for us. A young woman goes through a series of handstands and cartwheels with ease. Then she bends over backward, till her head touches the ground, and picks up with her eyelids two coins placed on the ground. Eight-year-old Amlī does the same tricks, but keeps missing one of the coins. She is made to repeat the trick till she picks up both coins triumphantly.

Real Friend

Further on, we join Rajeev Sethi, the soft spoken urbane young man who has been acquainted with the performers and their problems for the last eight years. Sethi is making efforts to strengthen a cooperative society of the artistes. Called the Bhule Bisre Kalakar Sahakari Samiti, literally the Society of Neglected and Forgotten Artists, it was established in June 1977. The spirit behind the cooperative movement, Sethi disclaims any official position on the cooperative. He calls himself "just a friend of the artists" and warmly refutes any political bias.

'Raju Bhaiya', as he is known, has established a real rapport with these people. He drags the cooperative through its teething troubles, explains its aims patiently to them and can silence their endless quarrels with a wave of his graceful hands.

And in the tightly packed basti, with its lack of basic amenities and privacy, disputes are inevitable. As Sethi takes us round we are conscious of sudden tensions and hostilities. A

dispute occurs over the location of a tent Sethi has provided for visitors and doctors. We go to the home of puppeteer Manglu Ram, the President of the Cooperative. We find only his son—today's urban dream by way of Bombay, dressed in high heeled shoes, flared trousers and shirt open to the waist. The tent is pitched over Manglu Ram's own tent.

Professional Jealousies

By now a crowd has gathered and an impromptu meeting takes place. Professional jealousies and competitiveness are obvious. Someone wants to know why five particular artists were chosen for a performance at the USIS. Sethi explains that this was just a preliminary, he is hoping to arrange a tour to the US and for it performers would be selected systematically.

He asks why two doctors who had come from the Holy Family Hospital were thrown out of the basti. The people point responsibility to a distant tent, outside which stands a *jhoola* (a roundabout with painted horses as seats). A massive woman comes out shouting, while her husband, the *jhoola wallah*, stands by sullenly putting in a word or two. She is objecting loudly to the location of a community tap near her tent. She describes the slush graphically. The crowd mutters, their comments taking on a communal colour as the *jhoola wallah* is a Muslim in a predominantly Hindu community. Sethi pacifies the woman, promising to move the tap.

There is obviously little privacy in the tents and none at all in the homes under the overbridge. Still, each household has a distinct, jealously guarded floor area and woe betide the child who ventures into a neighbour's 'home' unasked.

There is only one community tap, no sanitation; open drains and flies are aplenty. During the Emergency the basti was demolished and the people were resettled in distant places

The children run after us. We ask them if they can read, they say no....but they can sing....

like Sultanpuri. The community was torn apart and scattered.

After the Congress downfall the performers returned to Shadipur but insecurity still haunts them. They may be evicted yet again. They have preserved their rural life style within the city because they are a large group of people from the same cultural tradition. To separate them would be to destroy their way of life. To move them far out of the city would mean depriving them of their livelihood. At present they depend on street entertainment and shows at private homes besides contracts with All India Radio, the Sangeet Natak Akademi, the Song and Drama Division and various development agencies who want "message loaded" performances.

Each family manages to earn Rs 300-600 monthly, including the womenfolk's earnings from domestic chores in the homes of the well-to-do. Employment is erratic, dependant on luck and skill; there is never enough for a rainy day. Middlemen, who get them work, skim off most of the earnings.

Entertaining on the streets is a hazardous occupation. Under the Prevention of Beggary Act of 1959, "soliciting or receiving alms in public places—under any pretence such as singing or dancing, fortune telling, performing or offering any other article for sale", is an offence.

The children help with the household chores, with the babies and outside piece work. They are trained early in the traditional crafts and lend a hand in the performances. But the city neglects them as it does their elders. None of them go to school, they get none of the advantages of government funded schemes for free milk, meals and special nutrition. They are bright, eager, creative, but how far will their talents and

traditional skills take them in the city? They run after us tugging at our clothes. We ask them if they can read, they say no....but they can sing....

The Cooperative aims at substantially improving these conditions. Its plans include a cultural village complex, close to the city, to house members. The village is to be called Anandgram (the Joy Village). Besides rural style homes Anandgram is to have several courtyard theatres, a folk art museum, common facilities for crafts like woodcarving, embroidery, pottery and straw work, a hostel for visiting artists, experimental workshops for the arts, craft shops and stalls for ethnic foods and spices.

Ambitious Plans

The complex will offer tourists a "rural experience" and create "an ethnic environment where professional showmanship is a way of life". These are indeed ambitious plans. While the performers do have powerful friends, like Kamala Devi Chattopadhyay, they have far to go.

Registered as an Industrial Cooperative, by now there are 60 members and 30 associate members who have paid up the share capital of Rs 50 and the membership fee of Rs 10. Members are selected by a Committee of the performers and office holders are elected. So far the Cooperative is acting as an agency for distributing contracts such as shows at the Agri Expo last year.

But wage rates and grades have still to be worked out. These were discussed at a meeting in Sethi's Shankar Market office.

Fifty to sixty people straggled

noisily into the small flat. The packed room filled with bidi smoke and whiffs of charas. The meeting was a hubbub that lasted four hours. When Sethi asked at the beginning what they were there for, one answered, "Zameen". Land is their ultimate security. They are wary, skeptical folk.

There were prolonged arguments, on the selection of three people for training as health workers, on selecting someone to buy a medical tent and on grading of artists. Money for the tent was reluctantly fisted into a big ceramic pot. There were only four women present, dressed up in loads of silver jewellery, embroidered cholis and pink peeling nailpolish. They spoke up confidently through their "ghunghtas".

Sethi kept order with a bell. These people trust him—at least as far as they trust each other. They have still to develop the cooperative ethos, but as we leave there are glimmerings of a consensus. Gradually, perhaps, the basis for a democratic functioning will be achieved.

The Cooperative seems their only hope. It is an organised attempt at unity. But the artists will have to adjust to city life. One wonders where their search for an urban identity will lead them. Will they adapt themselves and their art to the new ways?

The content and language of their performances are not always communicable to urban audiences. If Anandgram preserves this ethnic culture intact will it not be an anachronism? Will it become a showplace of exotica, a remnant of "the glorious Indian heritage" advertised in tourist pamphlets?

Or will it be part of a living vital tradition? What will happen when the fringe people come home?

Lapland: where the Sun

BY RUPA CHINAI

SO this is the land of the mid-night sun, I thought. We were in the very north of Sweden. Having travelled across Europe, little did I know that the best was yet to come—that a cold, barren land would represent one of the most heart-warming experiences of my life.

Just above the Arctic Circle lies the tiny village of Jokkmokk. Here live the Samic people, commonly known as Laplanders. That morning in mid-March, as we headed for this village, the ground was covered in deep snow, dazzling white in the sunlight. Stately coniferous trees swept gracefully over the gently rolling countryside. Occasionally we saw the hoof-marks of reindeer. The lakes and rivers were solid ice. Once or twice we saw a lone figure out in the middle of the frozen lake, sitting patiently by the hole he had drilled in the ice, catching fish.

The Arctic Circle

As we came to the line of the Arctic Circle (there was a sign board saying so) the bus driver, sensing our excitement, obligingly stopped a few yards away, so we could actually have the thrill of walking across that famous imaginary line. Parrot fashion I had studied all about it in school, little dreaming I would myself be there one day!

A Samic village does not consist of a group of houses, but a group of families. All the houses were centrally heated, clean and homely. A few families owned cars. For the Saame their culture and way of life is tied to the reindeer, which supplies their basic needs. Reindeer skin for their traditional costumes, meat and milk for food. The bones and antlers to be turned into tools or tourist souvenirs. Almost every family had a little workshop in its



basement. They are talented in their craft, carving beautiful knives, bowls and pendants from reindeer horn.

For generations the nomadic Saame roamed with their reindeer herds in the northern regions of Norway, Sweden, Finland and Russia, unhampered by boundary lines. Although national boundaries divide them today, they still basically feel like one people, speaking the same language although the dialects differ.

The group of Asians with whom I was travelling was invited to Jokkmokk by Lars Pirak, the famous Samic artist, and his wife Astrid.



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SANJIVINI



Sanjivini—the life giver—is the name of our organisation. In the past 20 months we have helped desperate people to bring hope and meaning into their lives. People on the verge of suicide; people in severe depression; people having family problems, marital crises and adolescent turbulences; people fighting alcoholism, drug addiction, delinquency and loneliness. What we have given those who knocked on our door is a new reason to live and face their problems.

Sanjivini came into being on March 15, 1976 as a joint venture of young volunteers inspired by the Samaritans Befrienders International.

There is a growing need in India for a place like Sanjivini, to counsel and help people with everyday problems that they still shy away from talking about in a public set up. An understanding of their emotional and psychological maladjustments can avoid a crisis or suicide, but social constraints make

Often it is the client's hands—tortured and clenched—that speak more than him. The volunteers at Sanjivini know how to 'listen' to them too.

callers hesitate. To them Sanjivini offers a hand and promises to weather the storm with them.

Our clients come from all backgrounds. Apart from Delhi and its neighbouring districts they have come from as far as Nagpur, Bombay and Hoshangabad. Some telephone; others too far away, mail and share their difficulties. Mostly, they reach out in desperation after reading about us. The tremendous press coverage during our first year, helped many to

approach us in hope of a solution. We have had some 500 callers and have never turned anyone away.

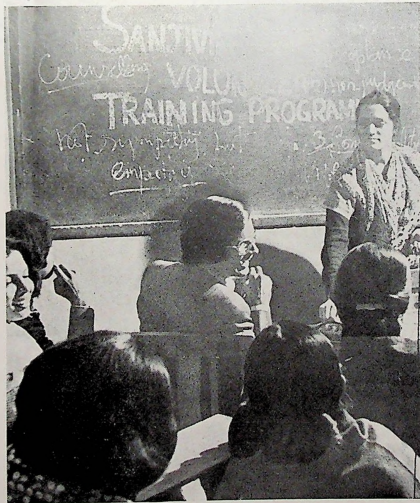
Yet we are not a charity organisation. Our help consists of being a listening post to the despairing and suicidal. Clients may remain anonymous and be befriended by phone or letters. Their problems are confidential between them and the volunteer. We respect their faith in us by keeping their counsel. We offer them friendship, a wider perspective, and a better

insight into their problems. We will be with them through all the stages of their emotional adjustment. Our services are supplemented by experienced professionals and agencies who provide the necessary treatment for those who require specialised help. Sanjivini thus plays a vital role as a 'referral' agent in Delhi and ensures that a client receives the appropriate expert treatment. We are a mediator between home and clinic.

Sanjivini is manned by a dedicated group of 40 volunteers. These ordinary men and women from all walks of life have time to spare and a keen desire to help. Volunteers need to have a special inborn skill, for listening is a difficult task. They are carefully picked, screened and trained. Four training programmes have been organised so far, to orient new volunteers into the Sanjivini 'culture' by way of lectures, role-play sessions and discussions. These are conducted by experts from related fields like psychiatrists, psychologists, counsellors, lawyers, and doctors. We counsel, receive calls, type, write, visit homes and hospitals, and are willing to do anything else our work calls for.

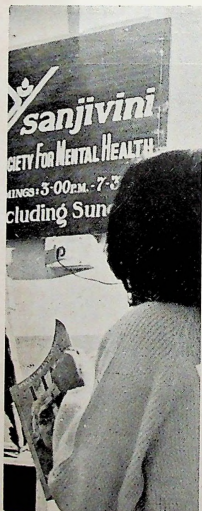
However, we are severely handicapped by lack of funds, lack of working place and

Volunteers are picked after a thorough screening and then trained in three-week sessions.



short staffing. Like all voluntary organisations our only source of income is an annual fund raising campaign. We are fighting these problems but without the support of the community our growth is impeded.

There is a reward in the act of helping a fellow human. As a client once wrote : "You have saved me from taking my life, by sharing my pain and accepting me. I have no words....."



Sanjivini—the name and place that spells hope and home for all friendless persons.

Dedicated volunteers happily do the routine paperwork that is an important part of Sanjivini's day-to-day running and well organised activities.

sanjivini in figures

Clients from March 76 to Jan. 78 : 485

Male 373,

Female 112

Maximum in age group 21-25

Daily clients average : 4

suicides in india : 1975

Total number : 42,890: per day : 117

Male : 60.8%: Female : 39.2%

Causes : Dreadful diseases : 16.4%:

Quarrel with in-laws : 9.5%

Method : Poison : 29.7%: Hanging : 20.3%

as others see us....

"People suffering from depression, marital disharmony, drug addiction, feelings of guilt or inferiority or alcoholism, will find a sympathetic listener in Sanjivini....."

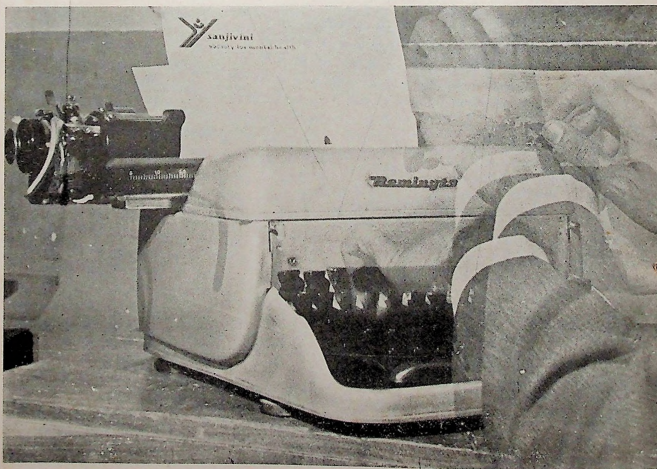
The Statesman.....23.3.76

"What impresses one about "Sanjivini" is the earnestness and the genuine enthusiasm of those working for it....."

Hindustan Times.....14.5.76

"It justifies its mythological name which saves many a precious life in desperate need of patient listening, consoling and counselling. The atmosphere of unnecessary noise and chattering, gossiping and dress exhibitionism, so common a sight in many welfare agencies was totally absent here. A welcoming atmosphere of hushed voices prevailed....."

Morning Echo.....21.1.77



we plan to have . . .

- ② larger and independent premises to have longer working hours, better facilities and more staff.
- ③ training programmes to recruit more volunteers.
- ④ a Day Centre — with occupational and recreational therapy.
- ⑤ a quarterly news letter.
- ⑥ public lectures and seminars.

you too can help . . .

- by offering your spare time and volunteering to help. If you have the quality of humility and doubt your suitability, you are probably the person we are looking for.
 - by being more 'aware' and referring any one you may meet in distress at home or elsewhere, to Sanjivini. Help us in our crisis intervention efforts. You may save a life.
 - by helping our clients in an honorary capacity if you are a professional in any field related to our work.
 - by being a friend and giving or raising money to support our work. Donations are exempted from Income Tax.
- and lastly, if you have problems which you cannot handle — do not be afraid to approach us.



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"Here lies the tragedy of our race
Not that men are poor—all men know something of poverty
Not that men are wicked—who can claim to be good?
Not even that men are ignorant—who can boast that he is wise?
But that men are strangers".

annual report

1977 - 78



The Annual Report, 1977-78
presented at the
Second Anniversary Celebrations,
presided by Dr. P. C. Chunder,
(Minister for Education and Social Welfare)
on 15th March, 1978
at Bharatiya Vidya Bhawan, New Delhi.

On behalf of all members of Sanjivini Society for Mental Health, I am happy to present to you our annual report on the occasion of our Second Anniversary Celebrations.

It seems only yesterday that many of us met on these lawns to celebrate the very first birthday of this organisation. However, these past 12 months have been filled with new experiences and challenges. Milestones which seemed beyond reach have been achieved.....yet the ultimate goal still seems far away. We have moved a little closer towards our dream of having a 24 hour crisis intervention centre with a network in every district. The small Sanjivini bud planted so recently, has blossomed into an established independent body, and has carved a niche for itself amongst the Delhi welfare organisations.

Among the events of the last year, the procurement of a maintenance grant from the government, stands out as a major step forward. With the experiences gathered in the first year, we have continued to provide satisfactory services to our clientele.

At the same time, we have been able to strike out in a new direction, and establish rapport with many social, educational and welfare organisations. One hopes that by March 1979, we will have moved even closer to our goals.

Who needs Sanjivini? Present day society is full of lonely, distressed individuals who carry a burden of guilt, shame and fear due to their problems. There is often just no one who cares enough to listen and share. Moreover, these individuals do not have the confidence to disclose their feelings to their own family and friends. They are desperate to find a solution, yet they know not where to go, whom to turn to and finally seek an answer in mental breakdown or suicide. It is tragic that society has accepted self-centredness as a norm and we are so engrossed in our own lives, that we are unable to respond to the needs of those around us.

What then does a Sanjivini volunteer do to help? A 'volunteer' means a simple, open human being with a capacity to listen and empathize. We look for ordinary people with humility who are sensitive

and understanding and only wish to join the organization to help fellow human beings and renew the spirit within them.

It is amazing how each one of us, having work or family responsibilities, still are able to give regular time, several times a week, to Sanjivini. Our ages vary from 20 to 60 and we stem from all possible backgrounds and cultures. Even diversity in profession doesn't seem to prevent us from being a well-knit family with a binding spirit. Our goal is one and devotion to the cause shines out as the common element in every volunteer. Working at Sanjivini is a rich experience; one not only gives a new life to another individual, but it also enriches oneself.

At present we have a band of 40 volunteers. The Sanjivinites are always there to help a distressed caller. The duty shifts ensure the presence of at-

least three volunteers to run the show on all days of the week. Apart from the time they spend listening to the clients in person, over the telephone or by correspondence, they also make home and hospital visits and handle all administrative duties that may crop up. Depending on his basic background and personality, each volunteer discovers the area of work which is of greatest interest to him; and therefore besides his regular work load, takes up greater responsibilities in that field. We thus have our own 'experts' in research, screening, recording and public relations, to name a few.

Our volunteers provide a vital link between home and clinic, and are stepping-stones for reaching the appropriate professionals for those in such need. Their orientation hence, has to be planned in a special way.

BACKGROUND OF VOLUNTEERS

Table I

Age Groups	Marital Status		Total
	Married	Unmarried	
20 - 25	3	24	27
25 - 30	—	8	8
30 - 35	4	—	4
35 - 40	1	—	1
Above 40	3	—	3
Total	11	32	43

Table II

Educational Status	Sex		Total
	Male	Female	
Graduate	10	12	22
Post-Graduate	8	13	21
Total	18	25	43

Training Programmes

Our training programmes are a unique feature of our working and in the past year we have been able to evolve better techniques of learning and evaluation.

In view of the kind of 'befriending' and crisis intervention we provide, we work more in terms of preparation than training. The purpose is not to make us professionals nor is it an end in itself. No human being can ever be trained for this because each person who comes in for help is different, each situation is different, each problem is different.

The implication of selection is equally important because some of us clearly, would not only make poor counsellors, but could harm both the client and ourselves. Volunteers have to be carefully hand-picked and nurtured into our style. Some people think such "Samaritans" are born not made; this may be true, but a great deal can be done in training ordinary men and women by developing their imagination, their intuition and their basic understanding of human nature. We must not forget that we deal with people who have problems, not problems who are people.

This, year our fourth programme was held in August/September and was more comprehensive and an improvement on the earlier ones. Application forms were carefully prepared to help us screen the initial lot, although selection continued right through the training session. From previous

experience, we decided to lay more emphasis on role play and discussion than mere lectures.

Experts from various related fields delivered lectures to create a basic awareness of technical facts about suicide and mental health. The remaining lectures were handled by the senior volunteers themselves, and the experiment proved really successful. They were able to create an informal atmosphere, which allowed for free discussion and participation; which in turn furnished us with excellent feed-back. Authentic cases were enacted to actually demonstrate the techniques of interviewing, telephone counselling and handling of crises. Extracts from lectures and books were also distributed to supplement the above.

A detailed list of the itinerary follows :

Lectures delivered by experts :

1. (a) Factors that lead to stress in our community.
(b) Definition of a problem.
2. Introduction and differentiation of Psychiatric disorders.
3. Counselling and approaches to counselling.
4. Referral System—Panel discussion.
5. What is a crisis ? Crisis intervention.
6. Religion, Culture and Counselling.
7. Marriage Counselling.
8. Drug addiction and Alcoholism.

Aspects handled by the Volunteers :

1. Sanjivini's role in the community.
2. Methodology of counselling at Sanjivini.
3. The handling of correspondence cases.
4. Interviewing techniques—role play and case discussions.
5. Telephone counselling and role play.
6. Work-shops.
7. Role play and evaluation.
8. Group discussions.
9. Functioning at Sanjivini.

After completion of the programme, selected volunteers are inducted into the day-to-day functioning and kept under the supervision of senior colleagues. They are carefully observed for the first few months for consistent enthusiasm, regularity and 'openness', which helps us know how good our evaluation was. It is possible for a lot of teaching to take place without any learning taking place. We therefore emphasize effective in-training wherein volunteers have ample opportunity to practice the skills learnt.

During the course of the year, we have organized several talks to add to the volunteers knowledge and keep up their interest. Learning from the rich experiences of experts in the field, exposes us

to new ideas and prompts us to improve our services.

We were fortunate to have with us :

<i>Name</i>	<i>Topic</i>
1. Cristina Ocampo Ferrer, Philippine Christian University, Social Work Department.	Group Interaction Session.
2. Roy Prideaux, H.M.I., Retired Principal, U.K.	
3. Dr. A. Venkoba Rao, Prof. of Psychiatry, Madurai Medical College.	Suicide : Some Perspectives.
4. Dr. D. Mohan, Asst. Prof. Dept. of Psychiatry, A.I.I.M.S.	Review on Crisis Inter- vention.
5. Mrs. Apostol, I.F.S.W.	Discussion on Telephone Crisis calls.

In the coming year we hope to hold at least two more training programmes, in view of the rapid expansion of our services. We propose to include several items of role-play, taped playbacks of recorded telephone and face to face sessions, work-shops and discussion groups. We are in touch with similar organisations abroad and have sought information about their methods of training and are confident of incorporating even more effective means of preparation.

To move further into the community we plan to arrange special programmes for particular groups. These would include nurses, students and teachers and other small groups of interested people in whom a general awareness of mental health may be created. Such schemes will help us in our long-term community 'out-reach' programme.

Clientele

Over 500 desperate people have sought our help since we initiated our services. Persons in an

emotional crisis and in the throes of a social crisis, those with suicidal intent or who have attempted suicide, come with problems ranging from loneliness, depression, personality disorders, marital disharmony, alcoholism, drug addiction, family and social maladjustment, to psychosis and neurosis. While life is a constant struggle for most of us, sometimes such difficulties overcome us; unless such a crisis is intervened in time the frustration may drive us to make a desperate bid for escape from life and its struggles.

AGE DISTRIBUTION OF CLIENTELE (1976-78)

Type	0 - 15	16 - 20	21 - 25	26 - 30	31 - 40	41 - 50	51 - 60	61 and above	No age	Total
Male	10	33	80	81	57	36	20	16	59	392
Female	8	28	20	16	27	12	1	—	15	127
Total	18	61	100	97	84	48	21	16	74	519

NUMBER AND PERCENTAGE OF VISITING AND CORRESPONDENCE CASES

Year	Clientele		Total number of clients
	Visiting (%)	Correspondence (%)	
1976-77	78.62	21.38	290
1977-78	88.20	11.80	229
Total	82.85	17.15	519

Clients may need anything from a one day talking-out session for an immediate crisis, to months of counselling for handling a deep-rooted personality disorder. Some are fortunate to cross the hurdle within a short period and emerge as better individuals with a well-built resilience for the future, never requiring Sanjivini again. We provide this immediate need. Others, due to circumstances and personal inadequacies need, longer therapeutic intervention as well as support during the crisis that may arise. Here we work with the clients and their environment to bring about better adjustment and acceptance. The ultimate aim, whatever the problem, is to help the person be himself and be able to cope with the stresses and strains he encounters.

Like the previous year, this annum has also shown the erratic nature of the number seeking

aid. The summer months of April, May and June brought a far higher inflow of clients than November/December, where it dropped down considerably. January has again shown a steady rise.

There is also an interesting change in the mode of contact. In our first year of functioning, due to large scale national publicity, the number of correspondence cases was very high and use of the telephone was limited. This year, however, the number of visiting clients has increased and have often been referred to Sanjivini by others, who have been helped successfully. More relatives and friends come about their dear ones who have problems and numerous institutions, schools, colleges and offices have sent distressed members.

It is interesting to note how publicity plays a lead role in determining the percentage of clients.

This year, there has been a significant decrease in the number of correspondence cases since there was more publicity in Delhi on a local basis, than on a national scale. Clients thus were mostly Delhi based and visited Sanjivini personally, or were encouraged to do so through letters.

With a regular visiting clientele, came the need to redefine our services, shifting the emphasis more towards crisis intervention and the referral of long term cases to the appropriate professionals. The emerging complex pattern demands more home visits and need to reach out into the community for further effectiveness.

Our role as a referral source is increasing and coordination with welfare institutions, hospitals professionals and para-professionals has become essential. Sanjivini is today an asset to the existing mental health services in Delhi. Statistics tell us that the capital has only one mental hospital and the remaining in-patient wards, O.P.D's and private psychiatrists can deal with only a limited number. They consider Sanjivini a welcome addition and refer to us those cases which require our kind of 'befriending' and need more than the medication they can provide. We are fortunate to have the assistance of most government hospital psychiatric departments and some private psychiatrists give free help as well. Lawyers, police officials, marriage counsellors and medicos are others on our panel.

A study was conducted to study the effectiveness of our referral system. In 1976-77 itself we

had referred 74 cases. This formed almost 30% of our clientele in that year. Considering this large number it was important for us to evaluate our referral system. A study was thus conducted to find out mainly three aspects. Firstly, whether the clients contacted the agencies they were referred to, frequency of visits made and extent of help received. Secondly, the study emphasized in finding out whether the clients had received help from any other agencies. Lastly, an attempt was made to get suggestions from the clients how we could improve our referral system. This first research attempt was made by way of a prestamped returnable questionnaire. These were posted to only 54 clients as 20 had no addresses. Out of these 23 responded with varying answers. Of the total responses, 21 of the clients had contacted the concerned agency. This speaks volumes on the motivation effectiveness of the volunteers on the clients who responded to the questionnaire. 13 clearly stated that they were helped; two clients reported complete recovery from their problem while other 4 reported partial recovery. Out of the responses not acknowledging help or gain, the reasons are attributed to personal problems and causes, non-cooperation of agency and wanting help only from Sanjivini.

It is apparent that these facilities are inadequate, however sincere the efforts of those working in the field. We hope definite steps will be taken by those concerned, to improve the existing system both qualitatively and quantitatively.

Every case that visits Sanjivini is first screened to gauge the extent and nature of his problem. In the informal and non-clinical atmosphere of Sanjivini's little office, he is made comfortable and listened to by senior volunteers. Screening helps us decipher what course of action to take. According to the language, background, sex and problem of the caller, the case is transferred to the most suitable volunteer with full reassurance about confidentiality and anonymity.

In a crisis case, of course, the question of transferring a case does not arise since immediate handling is required. Those needing the attention of experts are referred directly or often the volunteer guides the family members and gives the necessary support.

Crisis intervention is not a technique but rather a phrase, describing a certain kind of help aimed

at the fairly quick resolution of a specific crisis. It is usually the main type of help offered by non-professional helpers and self-help groups. The distinguishing feature of crisis intervention as a form of psychotherapy is its aim of achieving various well delineated goals within a short period of time. Since it is goal directed, the therapist does not attempt to deal with the person's entire personality, but only with problems currently bothering the individual.

We have had numerous clients of this category, many coming from far flung corners of India. Some cases have needed the intervention of more than one type of expertise and a joint effort has helped to combat the crisis successfully. These crises include suicidal attempts, unexpected disruptive life occurrences, bereavement, sickness or disability. Follow-up is an important facet in the handling of such desperate people.

CLIENTELE DATA—EVALUATED IN DIFFERENT CATEGORIES

Category	1976-77		1977-78		Total
	Visiting	Correspondence	Visiting	Correspondence	
Successfully Terminated	79	22	38	2	141
Successfully terminated and referred	11	—	10	—	21
Dropped	79	31	69	11	190
Referred and Dropped	6	—	2	1	9
Referred	47	8	32	2	89
Current	6	1	51	11	69

DETAILS OF TIME SPENT WITH CLIENTS

	1976 - 77	1977 - 78
Average span of dealing with visiting cases	45 days	22 days
Average span of dealing with correspondence cases	46 days	45 days
Average number of sessions with each client	5 approx.	3 approx.
Average number of sessions daily	3 ,,	3 ,,

Range of sessions of clients	: 1 - 150
Range of span of dealing with visiting cases	: 1 - 575 days
Range of span of dealing with correspondence cases	: 1 - 270 days

A glimpse at the clientele data in a comparison of the two years of our services, presents a mixed picture. Apparently this year a lesser number seem to have approached us. However, the total strength of clients has actually been more, considering a 50% back log of current cases from last year. Factually, in 1977-78 we handled 374 clients. Secondly, there is a clear increase in the number of dropped cases. Reviewing this category, we find that a fairly high percentage of cases were registered which were outside Sanjivini's perview. Again, a larger number

of them were added to the list even though the clients themselves never approached us—it was only their friends or relatives who came to seek information. In addition, the volunteers evaluation of a 'dropped' case has been subjective and coloured by their idealism. Differences can also be seen in the time spent with clients i.e. span of dealing and average number of sessions. This is a clear indication that we are moving towards short term handling of cases, which is our objective and the goal of crisis intervention.

The past year's data indicates that a large number of cases come with marital problems leading to interpersonal conflicts, family crisis, separation or divorce; sexual inadequacies, personality differences, interference by, and conflicts with the in-laws, extramarital involvements, a specific problem with one of the spouses i.e., addiction to drug or alcohol, mental illness and a physical handicap. These may be one or several of the factors leading to marital disharmony. Often partners had to be called separately and only after numerous individual sessions, joint sessions could be held to talk out their differences.

Youth comprise another major category of our clientele. Distressed students and young people between the ages of 20 to 30 come with a wide spectrum of problems ranging from loneliness, depression and severe anxiety due to broken love affairs, examinations, family conflicts, addiction to drug or alcohol, sexual problems, adolescent identity crisis to mental illness. Working with the families in such cases is important in helping them to overcome their problems.

Prognosis may be better in cases involving youth, since there is more openness and flexibility in values and attitudes. Sometimes, behavioural patterns get firmly set and then extra efforts have to be geared towards environmental adjustments, as we have found amongst many cases having marital problems.

Recently, many troubled parents have sought help for their children's problems. These consisted

largely of children with behavioural problems or cases of mental retardation accompanied by various emotional problems. Most of these clients were referred out to institutions or special educators and the follow-up and family guidance was done by our volunteers. Among the older clients, are those with pre and post retirement depression, loneliness due to inactivity and change of life patterns caused by social and biological factors, and diseases such as senile dementia and melancholia.

Another common feature seen in cases of whatever nature, is the initial visit made by a relative or friend. They come to seek information and advice, being partially involved in the problem situation, and once motivated and reassured, bring the client to us. Sometimes, they are unable or fear to approach the client, and various means have to be planned and adopted to ensure that suitable help is given to the disturbed person.

Finances and Fund Raising

One of the major accomplishments this year has been the sanction of a grant from the Department of Social Welfare. This maintenance grant is a great turning point in our growth, as it has helped us realise so many of our future plans. With this financial security, we can channelize more energy into improving our services than into worrying about raising sufficient funds to keep our centre alive.

As in all voluntary organisations, a great deal of effort has to be expended on raising the requisite

finances and fund-raising has been an integral part of our activities.

An extremely successful dance recital by Swapnashundari was organised on 23rd January, 1978. The volunteers with their tireless efforts and drive, were able to raise about Rs. 45,000/-, mostly through advertisements released in our brochure. Large contributions were received by way of donations and a major portion of this income has been kept aside for financing long-term projects. This became possible only thanks to the maintenance grant received from the Department of Social Welfare, Ministry of Education and Social Welfare.

Publicity

The publicity we have received this year, has been of a different nature from the previous year. Although fewer news items and articles were written about us, communication on a personal level has increased a great deal.

In May 1977, a popular programme "People, Places and Things", of Delhi T.V. gave a half an hour coverage about Sanjivini. In this presentation, volunteers, clients and members of the panel of experts were interviewed, and mock role play sessions to bring out the special nature of our training, were shared with the public. This feature was also shown at many other T.V. stations in India and brought a thunderous response. All India Radio has also covered Sanjivini numerous times. There were three interviews over 'Yuv Vani'

and two over the external services, both in English and Hindi.

Articles were published about us in the Hindustan Times, Hindustan, Dateline Delhi, Sun Magazine, Caravan and the Souvenir of the Indian Psychiatric Society. One advertisement was released for enrolling more volunteers and space was also donated for informing the public about our free and confidential services. Both these advertisements earned a good response and we plan to have a regular advertising campaign with the support of our generous donors.

Recently we have printed pamphlets giving an insight into how we help people; again to reach out to both new volunteers and prospective clients. Our brochure this time contained several articles by eminent professionals on various aspects of mental health, so as to create a basic awareness about this field.

In pursuance of our objective of touching particular groups in the community, we visited numerous institutions and organisations. Sanjivini volunteers were invited to deliver lectures at several of the Delhi University Colleges. These included Lady Irwin College - M.Sc students, Dr. Zakir Hussain Memorial College - Psychology Society, Delhi School of Social Work-orientation of new students and Lady Shriram College - Psychology Association.

The Rotary Clubs of Faridabad and Meerut also invited us to address their members and everywhere

there were lively discussions and a positive response. Over these past 12 months, we have been visited by many foreign and Indian professionals. These have included social workers, psychiatrists, educators and members of similar voluntary organisations from England, Switzerland, Sweden, Philippines and the States.

The post graduate nurses specialising in psychiatric nursing, came to observe Sanjivini's working as part of their training. A student from the Delhi School of Social Work was placed with us for her Block Field Work Training, for a period of 2 months. Women police trainees have also visited Sanjivini as one of the welfare agencies, they cover during their orientation.

In December, a Sanjivini representative was invited to attend a national seminar on Youth and Family Planning at Madras, and several volunteers attended the International Psychiatric Seminar held recently in Delhi.

The Future

On securing governmental aid we were able to increase our staff, which was a dire need, since the only full time employee was finding it impossible to cope with the ever increasing work load. We have employed another volunteer on a full time basis as well as a part time accountant and typist. These funds have also permitted us to start a small library for the volunteers. We shall be subscribing to national and international journals to maintain

regular contact and learn from the experiences of others.

In the immediate future, we hope to shift to larger premises which is one of our most pressing needs. While we have made excellent progress here in Bharatiya Vidya Bhawan, our expansion in terms of increased working hours, volunteer strength and clientele, will be possible only when we acquire independent, larger accommodation. We will then provide a full 12 hour service with three working shifts, everyday of the week.

With the acquisition of larger premises, we are on the threshold for the fulfilment of a long cherished dream of running a Day Centre. We hope that this will be a haven for those who need a place to spend their day, in the most constructive manner that their problems permit. These are people whom the family finds it difficult to cope with; professionals have nothing to offer beyond medical treatment; hospitals find it impossible to accept all of them in their occupational therapy centres, and for whom society can find no useful employment.

Where and to whom can such people turn? Anyone working in the field of mental health, would agree that a place for such people, is a crying need in Delhi today. Here these individuals can find friendly acceptance, some interesting and useful occupation, and a chance to interact with others all of which will help them in functioning more adequately and gain deeper faith in themselves.

We hope to materialize this plan in the coming year by recruiting the necessary staff and equipping ourselves appropriately.

Another proposal for 1978 is to bring out a quarterly journal. The objective is to publisize our activities, specially to highlight our unique method of helping people, and to educate the public about the basic mental health issues. This would be circulated among agencies and individuals working in the same field as well as other social, educational and welfare organisations in Delhi and outside.

Looking back, 1977 has exposed us to the deeper problems which most voluntary organisations must face as they grow. Unlike the first year, which was spent finding our feet, this time we have grappled with major issues in establishing ourselves in all aspects of administration including budgeting, tax exemptions, research and programming. Numerous policy decisions needed re-evaluation and all rules and regulations had to be streamlined. To maintain a delicate balance between the idealistic approach and working of a close-knit group, and the inevitable formalization of procedures, is a difficult task. For the effectual growth of an organisation like ours, the aspirations of a group spirit must blend with the changing functional needs.

Before concluding, I would like to extend our deep gratitude to all those who have helped Sanjivini. We are indebted beyond words to :

—Dr. P.C. Chunder, and the Ministry of Education and Social Welfare, for the financial support and interest in our endeavours.

—Mr. Chaya and Bharatiya Vidya Bhavan, for giving us these premises and their continous cooperation.

—All the busy professional experts, who have always found time for a Sanjivini referral and help train our volunteers.

—All the generous donors who have contributed towards our cause.

—The journalists, printers, artists and other personnel in various organisations, who have given so much at the time of need.

—And of course to the volunteer, associate and life members of Sanjivini, for sharing so much of themselves and their invaluable services.

Today, while we celebrate, over a hundred people have committed suicide in our country and three times as many have made a desperate attempt at their lives. The thought of hundreds of beings living in loneliness and fear, is terrifying. We can only accept these harsh realities and hope that this bitter truth spurs us on with added courage and determination. Let each one of us strive to help those in need in our own little way and together we may make a headway.

those who assist us

professionals

Dr. Venkoba Rao,
Professor and Head, Department of Psychiatry,
Madurai Medical College.

Dr. D. Mohan,
Assistant Professor, Department of Psychiatry,
All India Institute of Medical Sciences.

Dr. S. Dayal,
Senior Medical Officer, Psychiatric Department,
Willingdon Hospital.

Father Cassasnovas,
Marriage Counsellor, Indian Social Institute.

Dr. Mrs. V. Veeraraghavan,
Reader, Delhi School of Social Work.

Dr. H.P. Verma,
Chief Anaesthetist, Loknayak J.P. Narayan
Hospital.

Dr. A.S. Mahal,
Private Psychiatrist.

Dr. H.C. Mehndiratta,
Private Psychiatrist.

Mr. S.B. Wad,
Advocate, Supreme Court.

Dr. S.C. Malik,
Assistant Professor, Department of Psychiatry,
G.B. Pant Hospital.

Dr. R. Ray,
Senior Resident, Department of Psychiatry, All
India Institute of Medical Sciences.

Dr. N.G. Chakraborty,
Private Psychiatrist.

agencies

All India Institute of Medical Sciences

The Samaritans, Bombay

Student Counselling Centre, Bhartiya Vidya
Bhawan

Delhi School of Social Work

Indian Social Institute

G.B. Pant Hospital

Loknayak J.P. Narayan Hospital

Model School for Mentally Deficient Children
Willingdon Hospital

Institute of Criminology & Forensic Sciences

Okhla Centre for Mentally Retarded

Alcoholics Anonymous

Safdarjang Hospital

Legal Aid Centre, Bhartiya Vidya Bhawan

Yoga Centre, Bhartiya Vidya Bhawan

Charak Clinic

Old Age Society

Transcendental Meditation Centre, Delhi

Lajpat Bhawan

Rama Krishna Mission, Delhi

Sri Aurobindo Ashram, Delhi

the executive committee

Honorary General Secretary

Kiran Sharma,
Director, Sanjivini

Joint Secretary

Geeta Verma
Counsellor, Bharatiya Vidya Bhawan

Joint Secretary

Arvind Raj Arora
Deputy Director, Sanjivni

Treasurer

Rakesh Sharma,
Service

Joint Treasurer

Shailendra Mehra,
Businessman

Public Relations Officer

Jayshree Mukherjee,
Special Educator, Bharatiya Vidya Bhawan

Executive Members

Dr. H.S. Sethi,
Junior Resident, Dept. of Psychiatry, A.I.I.M.S.

Yogesh Mathur,
Personnel Officer

Ashok Poduval,
Airport Officer, I.A.A.I.

Parvinder Singh,
Bank Officer, P & S Bank

Rita Kaul,
Housewife

Geeta Rao,
Lecturer in Psychology, Delhi University.

you can help sanjivini . . .

- by offering your spare time and volunteering to help. If you have the quality of humility and doubt your suitability, you are probably the person we are looking for.
- by being more 'aware' and referring any one you may meet in distress at home or elsewhere, to Sanjivini. Help us in our crisis intervention efforts. You may save a life.
- by helping our clients in an honorary capacity if you are a professional in any field related to our work.
- by being a friend and giving or raising money to support our work. Donations are exempted from Income Tax.

and lastly, if you have problems which you cannot handle—do not be afraid to approach us.

sanjivini

society for mental health

dial : **388741**

Bhartiya Vidya Bhawan, Kasturba Gandhi Marg, New Delhi-110001

Open from : 3.00 to 7.30 p.m. on all seven days of the week and also 10.30 to 1 p.m. on Saturdays and Sundays.

76.10

the sanjivini family . . .

<i>Honorary General Secretary</i>	Kiran Sharma, Executive Director, Sanjivini
<i>Joint Secretary</i>	Geeta Verma Counsellor, Bharatiya Vidya Bhawan
<i>Joint Secretary</i>	Arvind Raj Arora Student, M.Phil., Social Work
<i>Treasurer</i>	Rakesh Sharma, Service
<i>Joint Treasurer</i>	Shailendra Mehra, Businessman
<i>Public Relations Officer</i>	Jayshree Mukherjee, Special Educator, Bharatiya Vidya Bhawan
<i>Executive Members</i>	Dr. H. S. Sethi, Student, M.D. Psychiatry, AIIMS
	Yogesh Mathur, Personnel Officer
	Ashok Poduval, Airport Officer, I.A.A.I.
	Parvinder Singh, Bank Officer, P & S Bank
	Rita Kaul, Housewife
	Geeta Rao, Lecturer in Psychology, Delhi University

just a few words . . .

to,

Swapnasundari and her troupe

The Principal, Mr Chhaya, and staff of Bhartiya Vidya Bhawan

Mrs Panna Bharatram

Messrs. Siddhomal & Sons

Weston Electronics Ltd.

Dalmia Dairy Industries

Dalmia Cement (B) Ltd.

The Britannia Biscuit Co. Ltd.

Allan Fernandes

Probir and Aruna Dasgupta

Gouri Shankar

Reboti Bhushan Ghosh

Bijon Bhattacharya

Nand Katyal

Murari Saha

Tapan Chatterjee

Subroto Roy

Jacob George, Kalpana Printing House

Radhika Shaunik, Abha Tewari and Anshoo Nath

The staff of Shri Ram Centre for Art & Culture

All the donors for their generous contributions

All the volunteers, associate and life members for their
endless efforts and unfailing spirit.

Thank you for everything

Sincerely,
SANJIVINI

those who assist us . . .

professionals

Dr. Venkoba Rao,
Professor and Head Department of
Psychiatry, Madurai Medical College.

Dr. D. Mohan,
Assistant Professor, Department of
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cal Sciences.

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Charak Clinic

Old Age Society

Transcendental Meditation Centre, Delhi

Lajpat Bhawan

Rama Krishna Mission, Delhi

Sri Aurobindo Ashram, Delhi

there are others too . . .

Bombay

THE SAMARITANS, Sevaniketan, Sir J.S. Road, Byculla, Bombay.

The Bombay Samaritans is a branch of Befrienders International formed in 1960 by Mr. Nader H. Dinshaw with a band of volunteers. They give help primarily to those who are in crisis, and offer full psychiatric treatment and counselling, free and in complete confidence. Non-professionals work in collaboration with professionals in providing crisis intervention to those in distress. Initial sessions are taken by a psychiatric social worker and a psychiatrist, and the case is later 'befriended' by a volunteer. Individual counselling, group therapy, yoga, music and games as well as a round-the-clock telephone answering service are there for those who seek help.

Bangalore

MEDICO PASTORAL ASSOCIATION, 1 Mahatma Gandhi Road, Bangalore.

This association also has a suicide prevention programme started by Dr. S.S. Jayatham in 1972. The emphasis of this programme is to educate the public to be sensitive and help those prone to suicide, and to counsel and follow up those who attempt suicide. Besides working at the centre itself, volunteers also work in the hospital setting. The education of the community through the organisation of seminars, relevant plays and publication of research materials are other activities undertaken. They have recently opened a Halfway Home for people who have attempted suicide and whose families are not able to look after them.

Sanjivini

When stones and thistles strew your path

And the going is rough.

When dark clouds gather, doubts assail,

And you've had enough.

When there is none to hear and help

There's no need to despair—

Find friendship, time and empathy,

Sanjivini will care !

Strict confidentiality,

A patient, ready ear

By trained workers who would like

To banish doubt and fear.

To help you face up to the task

This dedicated band

Gives faith and understanding

And lends a helping hand.

DELHI - 10

70.11

COMMUNITY HEALTH CELL
47/1, (First Floor) ...
BANARAS ...



VISHWA YUVAK KENDRA

INTERNATIONAL YOUTH CENTRE



Dr. Zakir Husain Opening the Kendra

VISHWA YUVAK KENDRA

International Youth Centre

The Vishwa Yuvak Kendra (International Youth Centre) is a multi-purpose youth centre set up by the Indian Youth Centres Trust. It is housed in its own building. The building of the Kendra was inaugurated by the late Dr. Zakir Husain, President of India on the 22nd December, 1968. Located in the Diplomatic Enclave, only a few yards away from the Jawaharlal Nehru Memorial in Teen Murti, it commands a panoramic view of the city. Its bold and novel architecture, the pleasing colour scheme and its clean and youthful atmosphere have won all round appreciation.

The Kendra has an interesting history. In 1959, the Executive Committee of the Indian Assembly of Youth came to the conclusion that if youth work had to be developed in the country on scientific lines, a National Youth Centre should be established, which would provide on a continuous basis, training in youth work to workers of youth organisations. The Committee also visualized the Centre as an

international meeting place for young people from all over the world. Since a Centre of this type had to have a certain permanency, it was also decided to set up an independent Trust, which would command the necessary respect and support.

Support

The project was blessed by the then Prime Minister, Shri Jawaharlal Nehru, who evinced a keen interest in its development. The Ministry of Education also agreed to provide a matching grant of six hundred thousand rupees towards the cost of the building. The Ministry of Works, Housing and Supply supported the proposal by allotting a two acre plot of land in the Diplomatic Enclave. Internationally the project was supported by the UNESCO which included it in the International Gift Coupon Schemes. Several national youth councils and National Commissions of UNESCO also expressed their support to the project. Encouraged by this wide ranging support, a Trust was set up on 11th August, 1961 with the following as the Trustees

Shri Morarji Desai (Chairman)
Smt. Indira Gandhi

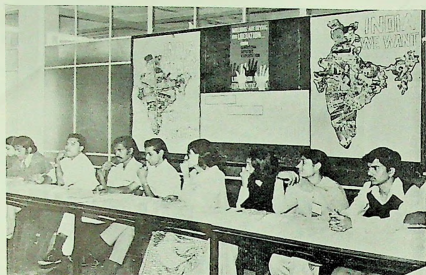
Shri Naval H. Tata
Shri Ravindra Verma
Viren J. Shah
Shri Ramkrishna Bajaj (Managing Trustee).

The Trust soon took steps to construct the building and the first phase of the building programme was completed in December, 1968.

Changes have taken place in the composition of the Trust since it was first constituted in 1961. In 1974 Dr. Malcolm S. Adiseshiah, formerly Deputy Director General of the UNESCO succeeded Shri Morarji Desai as Chairman. Smt. Vijayalakshmi Pandit who had joined the Trust in 1965 succeeded Dr. Adiseshiah as the third Chairman of the Trust in August, 1977.

What it does

The objectives of the Kendra can be broadly divided into three, viz. (a) training in youth work, (b) research and documentation, and (c) promotion of international understanding. The Kendra seeks to develop a cadre of trained youth workers and youth leaders in order



A Seminar in Progress

to supplement and strengthen the efforts of youth organisations and governmental agencies. Towards this end, it has already organized nearly five hundred training courses, workshops, seminars, etc. The training courses are mainly meant to assist the trainees in

assessing the needs and problems of that segment of youth population with which they have to deal.

developing suitable need-based programmes to respond to the needs and problems of youth, and in

acquiring necessary skills in modern methods of youth work.

The duration of the courses varies from ten days to three months. Special mention may be made of the Three Month Certificate Course and of the Advanced Course in Methods and Practice in Youth Work. The trainees are usually full-time or part-time workers or leaders of national, state or local youth organisations, officials of youth service agencies or of state governments. The training programmes have covered those working with rural youth, young industrial workers,

university students, young women, tribal youth etc. Most of the training programmes are organized in the Kendra at New Delhi. A number of courses are also conducted in the states.

Participants for these courses are selected from nominations received from youth organisations and youth service agencies from different parts of the country. The courses are generally conducted by the Kendra faculty which consists of the Director of the Kendra and seven other Programme Officers.

The following are some of the courses conducted by the Kendra

- Three Month Certificate Course in Youth Work
- Advanced Course in Methods and Practice in Youth Work
- Working with Youth Groups in Local Communities
- Methods of Social Group Work for Youth Workers
- Orientation Course in Youth Work
- Use of Communication Aids in Youth Work
- Leadership Training and Personality Development
- Methods of Conscientisation for Youth Workers



*A group of young visitors with Smt. Vijayalakshmi Pandit
Chairman of the Board of Trustees*

Besides conducting training courses, the Kendra also organises issue oriented seminars with a view to providing an opportunity to young people to ventilate their views on vital issues of national interest which have a bearing on the lives of youth. Subjects covered by such seminars have included 'National Youth Policy'; 'Problems of Young Working Women'; 'Future pattern of Indian Society', etc.

Research

Research and documentation occupy an important place in the work of the Kendra. Since empirical data on the situation of Indian youth is not readily available, the Kendra has made a modest beginning in conducting a few research studies. Some of its research publications are *Student Unions in India*, *Dynamics of Student Agitations*, *The New Bread Winners*, *Youth Power in Gujarat*, *Youth Leadership in India*.

Guide Books in Youth Work

In order to assist youth workers, the Kendra has published five guide books in youth work. These are *A Library Primer for Youth Workers*, *Communication Aids in Youth Work*, *Project Work: A Method*

of Training Youth Workers, *Working with Youth Groups in the Community* and *Youth Work in India : Scope and Strategy*.

Lecture Series

The Kendra has initiated a lecture series under which eminent individuals are invited to give a series of public lectures related to young people. The series enables such persons to share their thoughts on important questions with the larger public. Three of the recent series of lectures were by Prof. V.V. John on Youth and National Goals, Dr. Sugata Dasgupta on Gandhi for Youth and Dr. M.S. Gore on Indian Youth : Processes of Socialisation. The texts of these lectures have been published.

Asian Youth Documentation Centre

In 1970 the Kendra set up its Asian Youth Documentation Centre with financial support received from the UNESCO. The Documentation Centre publishes a bulletin which is widely distributed in India and abroad. Some of the subjects dealt with in the bulletins include Youth Service Schemes of Government of India and State Governments, Legislation for Youth in Japan, India and Hong Kong, Youth

Services Corps of Karnataka and Tamil Nadu, Facilities for Vocational Education and Experiential 'Learning - The Graduate Volunteer Scheme.

Kendra Newsletter

This bi-monthly newsletter keeps the Kendra in touch with its ex-participants. Apart from details of the Kendra's programmes it carries news from the library and articles on youth affairs in India and elsewhere.

Library

There is a library specially useful to youth workers. It contains a large number of books, periodicals, press cuttings, etc., from all over the world on matters related to youth.

International Understanding

A third aspect of the Kendra's work is promotion of international understanding. The Kendra hostel provides inexpensive and clean accommodation of different types to students, youth workers, teachers and other visitors from all parts of the country and abroad. It is an ideal meeting place for people to meet informally and to know each



Library



A Typical Room in the Hostel

other better. The hostel is also widely used by youth and student groups from India and abroad.

Seminar and Conference Facilities

With five seminar rooms and a large auditorium, the Kendra provides excellent facilities for small and large meetings. Voluntary organisations will find these facilities not only attractive but within their means.

Management

The Trust has the overall responsibility for the management of the Kendra. It also provides the broad policy guidelines. In discharging this responsibility, it is assisted by a Programme Advisory Committee consisting of the Trustees, experts and youth leaders which advises on the different types of programmes to be undertaken and by a Hostel Management Committee, which advises on matters relating to the management of the Hostel. There is a nominee of the Government of India on this latter Committee. There is a Managing Trustee who acts on behalf of the Trust. The Director of the Kendra is responsible for the day-to-day management of the Kendra including the detailed planning and implementation of the various programmes.

Dr. R. NARAYANA Delhi - 11 Book Post

Dept. of Community Medicine
St. John's Medical College
Bangalore - 560034



EVERY ISSUE IS A WOMEN'S ISSUE

Our New Address--
ALANUSHI
C/1202, Lalpet Nagara-1,
New Delhi-110024

Manushi No.6 was printed soon after No.5 as we had a lot of important material that couldn't wait. In it, we have written about the drought that ravaged the country through 1979-80. Since then, floods have taken their toll and as we mail copies, the dark shadow of police and army repression in the wake of communal riots, is spreading across the country. Violence, triggered off by a few extremists in both communities, engulfs the lives of innocent people and provides a convenient excuse for the State to pass draconian ordinance (see page 16 for a sample), impose press censorship, arrest grass-root level organizers and brutally crush the ever more uncontrollable popular protest against inhuman living conditions, soaring prices, unemployment, destitution and violent death. After this issue was printed, we received more than a dozen reports of protest demonstrations by newly forming women's organizations in different places, against violence on women.

As half of every community, women suffer all the consequences of riot, repression, curfew, scarcity, but have no power to take decisions within the community. Is it not time we tried to examine the situation from women's point of view? One or two small surveys have suggested that women, having the most to lose from communal disharmony, and living as they do in close contact with each other in mohallas, facing common problems like scarcity of drinking water and essential commodities, are least violently communal in their attitudes, and usually feel that there are vested interests behind the riots. Women take no part in the violence and destruction during riots yet are the worst-hit victims in all communities. Is it not time we as women intervened in our own lives which are being torn apart? History shows that our tradition of non-violence need not be a sign of helplessness. Can it not be channelized into a collective women's power against extremist communal ideology amongst both Hindus and Muslims, and against repressive governmental measures?

We request our readers to write us what they think and feel on these issues. Particularly, do send us information of how women were affected by the riots in various places (the press has systematically under-reported atrocities on women), their experience and the questions arising in their minds from that experience. We feel that from such a sharing, the budding women's movement in this country can develop a feminist analysis of phenomena like drought, floods, inflation and communal violence, which though seemingly unrelated, are all engineered by the powers-that-be to maintain the gap between the powerful and the powerless.

WOMEN COME TOGETHER

The Forum Against Rape, Bombay, is organizing a National Women's Conference on November 1,2,3. Topics for discussion: Activities of various women's groups - exchange of experience; Rape and proposed amendment of rape laws; Different forms of women's oppression; Feminism and Socialism; A practical programme for co-ordination between women's groups. Venue: Seth Isardas Varandmal Dharamsala, Opposite Railway Station, 3rd Road, Khar, Bombay-52. Accommodation available. All interested women & women's groups welcome.



SUPPORT OUR SISTERS IN GOA

In Manushi No.4, we had reported on the plight of women hostelers (students & working women) in the Institute Nossa Senhora Da Piedade, Panjim. For over a year, they are being harassed by the Archbishop of Goa, who wants them to leave so that he can demolish the Institute and construct a commercial complex. Legal documents of 1894 prove that the Institute was established for the benefit of women, its ownership vests with government, and the women are entitled to stay there, particularly as it is the only government women's hostel in Panjim. Yet the authorities are inactive, because the Archbishop has great financial power. The women are being deprived of amenities, taken to court, physically attacked and slandered in Goa churches with such statements as: "If this is the way they behave, one can imagine the kind of wives they will make!" They are waging a very brave struggle for women's right to live independently, and have appealed to Manushi readers (as individuals & organizations) to show solidarity in the following ways: 1. Give publicity to the case wherever you live or work - talk about it, show the Manushi report around, put up a poster. 2. If you belong to a women's or civil liberties organization, send an investigative team to conduct an independent enquiry. 3. Write to the following authorities so that they are pressurised into taking action: Chairman, Catholic Bishops' Conference of India, CBCI Centre, Ashok Place, New Delhi; Cardinal Prefect, Congregation for Bishops, Palazzo Della Concelleria, 00120 Citadel Vatican, Rome; Chief Minister, Goa, Daman & Diu, Secretariat, Panjim, Goa; Home Minister, Ministry of Home Affairs, New Delhi; Rt. Rev. Mgrs, Raul Gonsalves, Archbishop of Goa & Daman, Peco Patriarchal, Panjim, Goa.

Please emphasise: The women inmates' immediate need of a hostel; the long-term need of hostels for women, of which there are too few; The fact that the women inmates are legal beneficiaries to the hostel and the institute, according to the documents of 1894. (Further details available with Manushi)

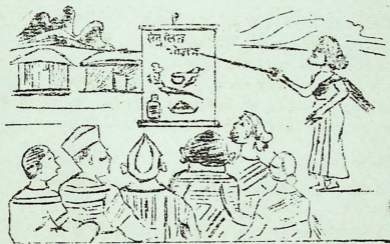
OUR FINANCIAL PROBLEMS

With this issue, Manushi is six issues old! The sympathy and support of all of you has kept Manushi alive and will continue to do so, we hope, through the days of struggle which lie ahead.

Printing the fifth and sixth issues almost together was very slightly more economical. However, since it gave us less time to collect advertisements, we had to incur a debt of Rs. 15,000. Hence the delay in the Hindi issue, which is now in press. Postage rates have also increased and this means added expenditure.

All those who have been receiving Manushi since the first issue, please do renew your subscriptions at the new rates. Also, do participate in enlarging the growing network of communication between women and women's groups. One way of doing this is enrolling new subscribers to Manushi, as so many of our readers constantly do. When sending us the names of new subscribers, please indicate from which issue onwards they would like to receive Manushi.

ग्राम स्तर पर स्वास्थ्य सेवक प्रशिक्षण प्रोग्राम



अपनी सहायता करना सबसे बड़ी सहायता है ।

राजकुमारी अमृतकोर नर्सिंग महाविद्यालय

स्वास्थ्य केन्द्र - छाबला

नजफगढ़ खुन्ड

नई दिल्ली-११००४३

ग्राम स्तर पर स्वास्थ्य सेवक प्रशिक्षण प्रोग्राम

ग्राम स्तर पर स्वास्थ्य सेवक प्रशिक्षण प्रोग्राम

प्रशिक्षण के उद्देश्य

- 1 ग्रामीण समाज को स्वास्थ्य सम्बन्धी मूल बातों का ज्ञान करना ताकि वे रोगों की रोकथाम के लिए प्राथमिक चिकित्सा की जान कारी प्राप्त करे।
- 2 इन सेवाओं को ग्रामीण समाज की पहुँच में लाना।
- 3 कम से कम पैसा खर्च करके गाँव में ही यह सेवाएँ प्राप्त करना।
- 4 इस केन्द्र द्वारा ग्रामीणों को स्वास्थ्यीय आवश्यकताओं का अनुभव करना तथा समयानुसार उनकी सेवाओं में योगदान।

कार्यक्रम के उद्देश्य

ट्रेनिंग पूर्ण करने के बाद ग्राम स्वास्थ्य सेवक निम्नलिखित सेवाएँ दान करने के सामर्थ्य होगा :—

- 1 गाँव में स्वास्थ्य सम्बन्धी गति विधियों को सकल बनाने के कार्यक्रमों में योगदान।
- 2 परिवार नियोजन का सन्देश घर-घर में पहुँचाना।
- 3 छुआछूत की विचारियों की रोकथाम में योगदान।
- 4 छोटे मोटे रोगों तथा आकस्मिक दुर्घटनाओं की प्राथमिक चिकित्सा।

चयन के सिद्धान्त

- (1) वे लोग जो प्राथमिक स्वास्थ्य सेवाओं में रुचि रखते हैं।
- (2) उन की कुछ शैक्षिक योग्यता हो।
- (3) उन का गाँव में एक विशेष स्थान हो।
- (4) उन के पास स्वास्थ्य सेवाओं के लिए समय हो।

शिक्षार्थियों की संख्या

पाँच गाँव में से 8 या 10 लोग अथवा गाँव में से दो पुरुष या स्त्रियाँ।

प्रशिक्षण की अवधि छः सप्ताह

स्थान ग्राम शिक्षण केन्द्र, छावला।

निर्धारित समय 15 से 20 घण्टे प्रति सप्ताह।

विषय

- १ मातृ सेवा
- २ शिशु सेवा
- ३ परिवार नियोजन
- ४ भोजन सम्बन्धी जानकारी
- ५ शारीरिक सफाई
- ६ वातावरण की सफाई
- ७ झुग्गाधूरा की बिमारियों की रोकथाम
- ८ टीके लगाना
- ९ स्वास्थ्य सम्बन्धी शिक्षा
- १० छोटे मोटे रोगों तथा आकस्मिक दुर्घटनाओं की प्राथमिक चिकित्सा

उपक्रम तथा माध्यम

- १ सामुहिक तर्क वितर्क
- २ प्रदर्शन
- ३ क्षेत्रीय निरीक्षण
- ४ मूल तरीकों संक्षिप्त ग्रन्थ
- ५ मूल स्वास्थ्य किट
- ६ दृश्य तथा श्रव्य के साधन

शिक्षक

- 1 मैडिकल अफसर तथा इन्टरनीस
- 2 पब्लिक हेल्थ नर्स
- 3 लेडी हेल्थ विजिटर
- 4 मिडवाइफ

ग्राम स्तर पर स्वास्थ्य सेवक ट्रेनिंग प्रोग्राम



CENDIT

CENTRE FOR
DEVELOPMENT OF
INSTRUCTIONAL
TECHNOLOGY

3 Birbal Marg Jangpura Extension New Delhi 110014 India

We are asked, often enough, what is CENDIT? What does it do? What is the kind of people who work there? What facilities do we have? And by way of answer, each of us ramble on about what excites us at that particular time and presume that the listener is filling in the blanks. Or worse still, we tire of giving the same answers every time and we hope that a vague silence will do the job.

The following pages attempt to explain what we are about. We give you an initial picture of CENDIT. Further information on specifics and details is always available through our individual project reports and papers, or informally through correspondence and discussions.

AREA OF INVOLVEMENT

CENDIT stands for Centre for Development of Instructional Technology. When the

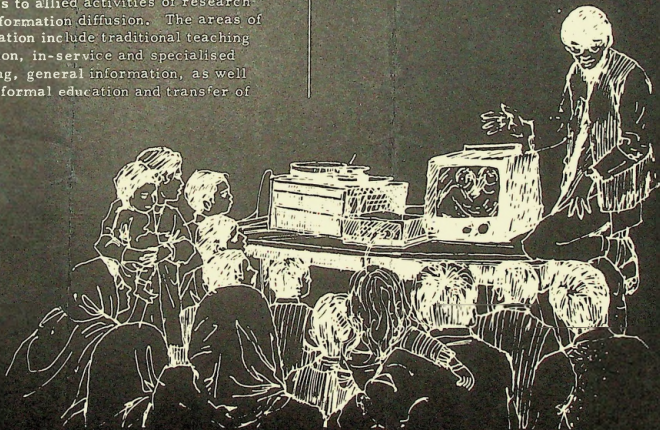
Centre was created in 1972 as a nonprofit society, instructional technology was our area of emphasis.

Communication of ideas and information, where it was not person to person, relied largely on print and verbal media. The value of visual communication and aural communication was lost; also, a large number of people who were non-literate, could not avail of carefully designed and replicable messages. The more recent and sophisticated technologies that are used to reproduce aural and visual messages, like film; video and audiotape and other audiovisual aids, came to represent only technology, to the detriment of the subject matter. Or else, the ultimate objective of communicating certain ideas more effectively to an individual became submerged in the exploitative and/or manipulation concept of mass

media, or the commercial media. Thus, understood in a broad sense, instructional technology defines certain areas of communication, distinguishing it from other methods and purposes. The interest and involvement of the Centre is in the preparation and development of methods, programmes and supporting technologies to make visual and aural media more effective. This extends to allied activities of research and information diffusion. The areas of application include traditional teaching situation, in-service and specialised training, general information, as well as nonformal education and transfer of

skills through non-literate media in rural areas and communication and interchange of ideas in developmental programmes.

Our projects include a wide range: production of films, film loops, video and audiotapes and other materials for education and extension programmes;



research in rural and non-verbal communication; nonformal education and integrated rural development; building a data bank of available audiovisual materials and research and consultancy in low cost communication technology.

FACILITIES

Supporting this work are facilities. Film production equipment on 16mm and Super8, portable video equipment for field and studio work, capabilities for graphic art work and still photography, a library with a constant inflow of information.

AND PEOPLE

CENDIT was formed by people who shared a common concern and interest in improving communication media but brought to it their own particular skills and disciplines. And around them, a group of similar people grew. There are engineers who know the hardware and also design, advise, operate and maintain the equipment. There are others who look after secretarial and administrative work and information diffusion. And there are the people who come from

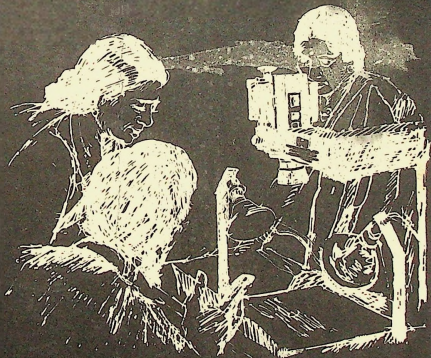


research and media backgrounds - broadcasting, writing, filmmaking and graphic arts, who contribute to programme design and production and carry on work in communication research. They also have an active interest and involvement in education and social change and are in constant touch with developments in this area and use of media in these contexts. Many have experience in training others in the preparation and use of media materials.

Professional skills are enriched by the varying academic disciplines of these people - economics, anthropology, social sciences, natural sciences and the humanities. The accent is on innovation, not specialisation. Not on rigidity, but on multi-disciplinary functioning. The nature of work, to be effective, calls for constant innovation and application of one's basic skills and training to develop new programmes adapted for different needs and situations. A multi-disciplinary experience has built a self-sufficient team that can understand each other's requirements and handle work much more meaningfully.

CAPABILITIES

This combination of expertise and equipment allows us to extend our capabilities into different areas. Programme design and production: film, 16mm and Super 8, sound tape, video, and multimedia packages. Our recent projects include films for the Indian Television and SITE, including an experimental Super 8 broadcast test and an extended

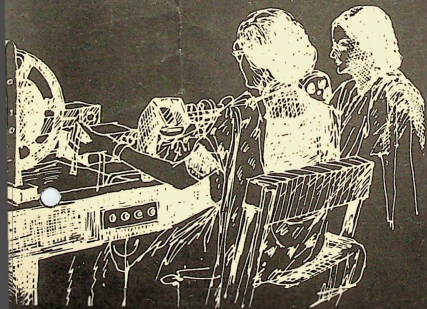


project in Family Planning Communication in rural areas which would consist of programmes in several media. One of our proposed projects is production of video programmes for labour welfare.

The first phase of the project in family planning communication, sponsored by the Family Planning Foundation was concerned with Communication Research which is another of our activities. A research project we recently completed was for the Ministry of Information and Broadcasting. This was a study of the effectiveness of films on innovative agricultural practices.

DOCUMENTATION AND INFORMATION

Video documentation for record of events. For instance, one of our recent assignments was to record a month long UNESCO Regional Workshop on Family Planning Communication Research. Information collection, like the Survey of Audiovisual Equipment available with educational institutions in India that we are doing for the Centre for Educational Technology. Or our own project, National Information Bank of Instructional Technology (NIBIT), which is to be a computerised information system covering all nonbook media, primarily servicing educational institutions and extension units. This means, collecting particulars for about 50,000 educational institutions in the country, and other prospective user institutions, over a lakh of titles, several equipment manufacturers and programme producers, and then correlating and constantly updating this information for servicing user requests.



CONSULTANCY AND TRAINING

Our information and experience equips us to have the consultant status that we established in these areas with various government and United Nations agencies.

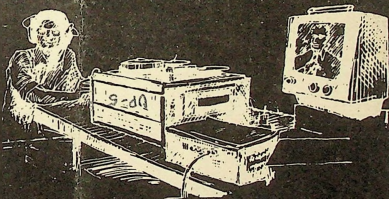
We can also conduct short-term training courses and workshops in media production and use, and equipment handling and maintenance. These can be geared to the immediate and specific needs of the participants who will benefit from both fieldwork as well as technical instruction and background information. Training can be given in various media and for different areas of application.

RURAL DEVELOPMENT AND NON FORMAL EDUCATION

An attempt to use media in rural areas for family planning communication heightened our initial interest in different methods of nonformal education and the use of media for community development. This resulted, among other things, in an experiment with the use of video in a rural community, and a proposal for an extended project in nonformal education based on our experience in these areas.

NIGAH

NIGAH is a journal that we bring out. Its concern is with areas that CENDIT is concerned with, but it is not an organ of CENDIT. It seeks to give information and bring to light developments all over the world in these areas and offer a forum for interchange of ideas. But doing this for ourselves attracted a publisher to entrust us with providing editorial services for his magazine on communication arts. So, involvements expand, skills are adapted and expertise increases, growing around a basic nucleus of activities and interest. A versatile team has capabilities of performing a wide range of jobs with maximum proficiency. And the range can be as expensive as the innovation and expertise brought to each individual job.



70-14

DELHI - 15

PARAMETERS FOR EVALUATION OF A PRIMARY HEALTH CARE PROGRAMME

by

J.N.U.

Dr. D. Banerji, Professor,
Centre of Social Medicine and Community Health,
Jawaharlal Nehru University, New Delhi - 67.

Primary health care is a qualitatively different approach to deal with health problems of a community. It represents a new philosophy in the field of community health. The ends of a primary health care approach are the same as those of several other approaches that have been successfully adopted earlier in many countries of the world namely, effectively meeting the health services needs of a population. It is, however, the means that are adopted to attain the ends which distinguishes this approach from other approaches that have hitherto been followed.

Unlike the other approaches, which involved taking medical and public health technology to the people, the primary health care approach starts from the people. This starting from the people in order to meet their health needs implies a fundamental shift in the role of technology in a community health programme: it means subordination of technology to the people, instead of subordinating people to a technological package that is handed down to them and of "educating" people to accept the given package of technology. Promotion of self reliance in the health services by handing over the tools to the people so that they themselves are able to cope with the bulk of their health problems forms the sheet anchor of the primary health care approach. This approach also ensures that when people feel the need for having more elaborate technological supports to cope with their health problems, they are given access to such technology through various levels of the pre-existing community health service system.

Evaluation of primary health care programme is thus of two categories: first, evaluation of the degree to which the health needs of the people are met, both in terms of the process of meeting such needs as well as in terms of specific epidemiological criteria; second, evaluation of the degree to which the community itself takes action in dealing with its health problems.

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47/1, (C-1) 1st St. Naraina Road
BANGALORE - 560 001

'HEALTH SURVEY TECHNIQUES' ALIGARH PROJECT - AN OVERVIEW

by

Dr. R.K. Sanyal and
Dr. P.L. Trakroo,
National Institute of Health and
Family Welfare, New Delhi.

National Institute of Health and Family Welfare in collaboration with two other institutions from Sevagram, Gandhigram are experimenting with the feasibility of involving school teachers in the delivery of health care to rural population. The Aligarh project which started in 1977 is a part of this study and is divided in three phases, i.e. the Diagnostic Phase, the Intervention Phase and the Evaluation phase. The project has completed the first two phases and presently is in process of terminal evaluation phase. The paper highlights some of the methodologies utilised for conducting this experiment, the design of the study and some interim findings and reactions of the people where the teachers are posted for providing health care services.

It was found that nearly 85 per cent of the community members are satisfied with the health care services provided by the teacher, and 62 per cent of them had an occasion to contact the teacher. Further it was found that the teachers could retain all things taught to them during training. On the job performance showed that teachers in the experimental phase with incentives have shown higher performance compared to those without any incentives. Nineteen per cent of the teachers provided assistance to other health workers in conducting mass meetings etc. The experience reflected a view that the teacher could be a better choice for involvement in the delivery of health care to the population.

DELHI - 15 20.15
April 19, 1980

PERCEPTION OF PRIMARY HEALTH CARE BY MEDICAL STUDENTS*

By

Dr. Prabha Ramalingaswami & A. Shyam **

Chairman

Centre of Social Medicine and Community

Health

Jawaharlal Nehru University

New Delhi-67

* Paper prepared for the ICMR Symposium on "Evaluation of Primary Health Care Programme", to be held at ICMR, New Delhi, from April 21-23, 1980.

** Research Investigator, "Project on Estimation of Cost of Medical Education".

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

'Primary Health Care', 'Doctor as a Team Leader' and Community Health Worker's Scheme' are some of the concepts that are often discussed at various forums. What do these actually mean to a medical student? What understanding does he have of these concepts? In an effort to find answers to the above questions I had undertaken a study on the attitudes of medical students. I am presenting before you some of my findings.

The Sample:

The sample consisted of 533 final year medical students from ten medical colleges. The criteria used for selecting the medical colleges for this study are (1) that they should represent different types of medical colleges in existence and (2) that they should have as wide a geographic distribution as possible. This was achieved by taking into account the following:

- a. Nature of the Institution: Whether the college was one where postgraduate education was imparted or not —and the number of admissions undertaken at the undergraduate level.
- b. Management: Some colleges are run by state and central governments, some by missionary and other voluntary organisations and finally some colleges which have started as a private capitation colleges and later taken over by government.

The following colleges have been included in this study. These are (Table I)

contd. . . .

TABLE I

<u>Colleges</u>	<u>No. of Students</u>
1. Alleppey	36
2. Benaras	38
3. Cuttack	79
4. Delhi (Lady Hardinge)	46
5. Guntur	98
6. Hyderabad (Osmania)	37
7. Ludhiana(C.M.C.)	39
8. Trivandrum	43
9. Wardha	62
10. Warangal	55

Total No. of Students 533

Methods of Data Collection:

The students were administered in a class room a questionnaire containing a number of sections. The students filled up the questionnaire in the class itself. On the average the students took an hour — hour and quarter (60-75 minutes) to complete the questionnaire. One of the sections of the questionnaire contained questions on Primary Health Care such as:

1. a. What is meant by Primary Health Care?
 b. What is its relevance to India?
2. a. What is Community Health Worker's Scheme?
 b. What are your views about the scheme?
3. It is often said "Doctor as a 'team leader' ". . . .
 in your opinion

 a. What is that team?
 b. What are its duties and importance?
4. 80% of the Indian population lives in the
 villages — what are the implications of this
 for health field?

As can be seen, these questions are open ended— the students have been requested to write whatever they knew— they were assured that there were no right or wrong answers. To ensure that the students take the questionnaire seriously and write whatever they actually knew. I explained to the students the purpose of the study requested them to come out freely with their views. After giving the instructions for the questionnaire myself and my investigator were moving among the students and were making sure that the students understood the questionnaire and were answering every question. We had

contd..

even kept pens ready to offer those students who said they forgot their pens or the ink was over. Thus every effort was made to ensure that we were interested in the students views on these issues. The students also had taken the questionnaire seriously and answered it as carefully as they possibly could.

Analysis of the Data:

For each of the questions the students have given a variety of responses which reflect their understanding of these concepts. On the basis of the responses some categories have been formulated. Before I present these before you I must point out here that some of the students had given more than one response to the question— all these responses have been scored without reference to the number of responses given by a student as long as each response is different from the other. The responses to the various questions have been given below in the form of tables:

TABLE II

a. What is meant by Primary Health Care?

<u>Response</u>	<u>No. of Students (533)</u>	
Mistaken for PHC	80	- 15.01%
Prevention of diseases and P.H. Programmes	242	- 45.40%
Health Care	161	- 30.21%
Basic Health Services	56	- 10.51%
Medical Care	44	- 8.26%
Health Education	106	- 19.89%
Nutrition Education	32	- 6.00%
MCH	73	- 13.70%

contd...

<u>Response</u>	<u>No. of Students (533)</u>	
Sanitation	28	- 5.25%
Clean water	23	- 4.32%
Easly diagnosis	21	- 3.94%
Easly available minimum care	8	- 1.50%
Definition I	28	- 5.25%
WHO II	17	- 3.19%
F.P	17	- 3.19%
General Terms	107	- 20.08%
No Response	63	- 11.82%

TABLE III

What is its relevance to India?

<u>Response</u>	<u>No. of Students(533)</u>	
Good	318	- 59.66%
Bad	29	- 5.44%
Mistaken for PHC	59	- 11.07%
For Health Promotion	43	- 8.07%
Poverty & Correlates	20	- 3.75%
No idea	87	- 16.32%

contd., , , ,

TABLE IV

What is Community Health Workers Scheme?

<u>Response</u>	<u>No. of Students (533)</u>
Bare Description	62 - 11.63%
Selection process	68 - 12.75%
Training aspects	55 - 10.32%
Mistaken for a Paramedical worker	29 - 5.44%
Promotion of health	175 - 32.83%
Simple health care	15 - 2.81%
Under PHC	47 - 8.82%
Comprehensive health care	12 - 2.25%
No idea	143 - 26.82%

TABLE V

What are your views about this Scheme?

<u>Response</u>	<u>No. of Students (533)</u>
Good	239 - 44.84%
Bad	92 - 17.26%
Depends on C.H.V.	61 - 11.44%
No idea	151 - 28.33%

TABLE VI

Doctor as a 'Team Leader'.....What is that Team?

<u>Response</u>	<u>No. of Students(533)</u>		
Medical Officers	213	-	39.96%
Nurses	129	-	24.20%
Compounder	47	-	8.82%
Lab Technician	47	-	8.82%
Paramedical Staff	117	-	21.95%
ANMs	52	-	9.06%
Basic Health Workers	67	-	12.50%
Health Visitors	25	-	4.69%
Health Assistants	21	-	3.94%
Sanitary Inspectors	21	-	3.94%
Health Educators	16	-	3.00%
Medical Social Workers	31	-	5.82%
Midwife	16	-	3.00%
Community Health Worker	8	-	1.50%
Patients and Community and Public	28	-	5.25%

contd....

TABLE VII

What are its duties and importance?

<u>Response</u>	<u>No. of Students(533)</u>		
Preventive Care	212	-	39.77%
Health Care	170	-	31.89%
Medical Care	102	-	19.14%
Comprehensive Health Care	73	-	13.70%
Health Education	130	-	24.39%
Service to the Community	107	-	20.03%
MCH	29	-	5.44%
Family Planning Work	40	-	2.50%
No idea	45	-	8.44%

contd....

TABLE VIII

Students who mentioned three or more members of the
health team

<u>No. of Responses</u>	<u>No. of Students (533)</u>		
3	81	-	15.20%
4	50	-	9.38%
5	41	-	7.69%
6	11	-	2.06%
7	7	-	1.31%
8	2	-	0.38%
9	1	-	0.19%

An extensive statistical analysis of the data is in progress. Even without the help of statistical analysis some implications of this study stand out. These are on Primary Health Care.

1. That there are a sizeable number of students who do not know what Primary Health Care is (11.82%) or its relevance to India (16.32%).
2. That there are many students who have mistaken this for a Primary Health Centre (15%).
3. That there are many (20.08%) students who talk about this in general terms (which is another form of talking nicely about things one does not know).
4. That only 8/533 i.e. 1.5% talk about easily available minimum care.

Although there is lot of confusion prevailing in the minds of the medical students the redeeming feature is that 242/533 i.e. 45.4% had talked in terms of prevention of diseases and public health and 318/533 i.e. 59.66% called it good.

About the much talked about Community Health Worker's Scheme -- the less said the better.

The basic aspects of the Community Health Worker's Scheme such as the description, selection process and training aspects are known to a small number of students.

Description	11.63%
Selection	12.75%
Training	10.32%

contd....

About 26.32% have no idea of this scheme. What is more interesting is that 17.26% have called it bad.

Now about the Health Team. As can be seen from Table VI, the students are confused 21.95% dismiss the members of the team as paramedical staff. As one can see most of the students are not aware of the various categories of paramedical staff. If you look at Table VIII the number of students who have named three or more members of the team— this invariably includes the name of the doctor and then others. It is only 15.2% that named 3 members. The interesting feature is that nearly 40% of the students emphasised this preventive care as its duty.

The data is still being statistically analysed. However, even with the results which are available and which I have presented before you one thing becomes clear i.e. the final year medical students do not have a proper understanding of these concepts. Yet one gets the feeling that majority of the students do realise especially the 'Primary Health Care' as being good for the country.

My humble submission is that it is as important to give the medical students a proper understanding of these concepts, as it is to develop a health delivery system to implement these ideas and certainly it is less difficult than the latter. If the undergraduate medical students who are future of medical profession have a proper understanding of their concepts and develop a positive attitude towards them then the chances of developing a meaningful primary health care system are good.

Acknowledgement:

I am most grateful to the Principals of the medical colleges who have given me all the help and facilities for conducting this study in their colleges and the students who had patiently answered the questionnaire.

A CRITICAL ASSESSMENT OF THE HEALTH STATUS OF THE POPULATION AFTER FOUR YEARS OF INTENSIVE HEALTH CARE SERVICES PROVIDED THROUGH A MEDICAL COLLEGE IN VILLAGES OF MEHRAULI BLOCK OF DELHI

UCSM

by

Dr. C.S. Chuttani, Professor,
Department of Preventive and Social Medicine,
University College of Medical Sciences, Ring Road, New Delhi.

A Project was undertaken five years back in a number of villages in Mehrauli block for delivery of comprehensive health care through medical college with the objective of improving the health status of the people. One small health centre was established in each of the eight villages under the project. The space was provided by the local panchayats, free of cost, while the centres were equipped and financed by the College. Services were provided by the staff of the PSM Department and interns of the College. These Services included O.P.D. services, domiciliary antenatal and postnatal services, domiciliary neonatal services, care of under fives, immunization of infants and children, school health services and in-built health education and referral services to the hospital.

Family folders were maintained at the Centre for every family in the village. In the folder the records were maintained for births, deaths, morbidity, family planning methods adopted by the couples, antenatal and postnatal care and immunization. Special records were maintained for all children under five years of age.

The data collected in the last four years will be presented and the merits and demerits of the conventional parameters used for the assessment of the health status of community will be discussed.

SOME EXPERIENCES IN THE INTEGRATION OF
PRIMARY HEALTH CARE WITH AREA DEVELOPMENT

by

Dr. J.S. Gill, Asstt. Prof,
Deptt. of Preventive and Social Medicine,
All India Institute of Medical Science, Ansari Nagar,
New Delhi-110 029.

Development is a most important national objective. At the peripheral level India is attempting integrated area development. Primary Health Care is obviously a component of such area development. It must be integrated with the overall strategy of development.

Such integration was attempted during my work with gross roots voluntary agencies. It included three approaches:

- a] - Preparation of rural development plans at the block and sub-block (Anchal) levels. Health was included in such plans from the very beginning.
- b] - Addition of Primary Health Care to ongoing programmes of area development carried out by Voluntary organizations.
- c] - First-hand experience of planning and implementation of integrated rural development was gained by initiating a new Voluntary agency called "GRAVIA" in village Daula of Distt. Meerut, U.P. in 1976.

Lessons Learnt

Many benefits were reaped by following such as integrated approach to planning, implementation and evaluation. A few examples are given below:

- 1] Rationalization of the whole procedures and avoidance of duplications. Example: socio-economic surveys; 2] Better team work as all the workers were working together for the same goals; 3] Better community involvement; 4] Better inter-sectoral coordination and cooperation; 5] Simplification of procedures; 6] Avoidance of several contradictions and pitfalls; and 7] comprehensive approach to problems of environmental pollution, forestry, and others.

HEALTH INFORMATION SYSTEM FOR PRIMARY HEALTH CARE

AIMS - Baloghgarh

by

Dr. L. M. Nath,
Dr. S. Chaudhary, and
Dr. V.P. Reddaiah,
Centre for Community Medicine,
Ansari Nagar, New Delhi-110029.

The paper discusses the reasons for requiring health information feedback from the primary health workers. The major purposes of information collection - work audit, evaluation of programme and statistics for health planning are all discussed in detail. A plea is made for minimum, meaningful data collection - meaningful not only for health planning and evaluation but most important, for the primary health worker.

AN OVERVIEW OF INTEGRATED CHILD
DEVELOPMENT SERVICES SCHEME

by

Dr. M.M. Rajendran, Jt. Secy.,
[Nutrition and Child Development] Ministry of Social Welfare, New Delhi

ICDS attempts to provide a package of integrated nutrition, health and educational services to children below six years of age and expectant/nursing mothers, to achieve all round development of children. Although health components form major part of the package, ICDS is much more than a mere health programme. It, inter alia, attempts to reduce wastage of human resources by tackling such contributing factors to infant and child mortality as malnutrition, low birth weight, communicable diseases, nutritional anaemia among expectant women, unsafe drinking water, ignorance regarding general health and nutrition. The programme is located in backward rural/tribal areas and in urban slums where it can be safely presumed that the incidence of such contributing factors will be maximum. The programme has in-built mechanism for continuous monitoring and evaluation of nutrition and health matters by AIIMS and Medical Colleges located near the projects. The entire programme is also being evaluated by the Programme Evaluation Organisation [PEO] of the Planning Commission. Interim reports from PEO and preliminary results of AIIMS evaluation have indicated definite gains from the programme and have also indentified areas where further improvements are needed. There is, however, no doubt that the Scheme has been able to establish basic soundness in its approach.

Expend 200
 Need 2500
 Miss

Economy - ?
 Re school non-formal education
 Selectivity in nutritional behaviour
 Pen behaviour - 24 Rs/yr \pm out Nutrition component
 Can we not pay this price for gains in child health

5. Relationship to Env. sanitation
4. L
3. No nutrition therapy program
- 2.
1. Comparatively poor coverage of 3- children

Short coverage

5. Evaluation of workers - Knowledge \downarrow Practice \downarrow
4. PCM \downarrow
 Vaccination coverage \downarrow
 BCG \downarrow DPT \downarrow TT \downarrow
3. BDO/Mo/CDPO brought together
2. More than 60% training complete
1. Infrasturcture created - Non Health staff - 90% in post. - 80%

33 projects

Monitoring/Evaluation - AIIMS/Medical colleges

P.E.O.

ICDS - First more towards a Healthier worker package

Workers	2	Staff
- Anganwadi workers	-	-
- Mukhya Senikas	-	-
- Mo + ANM in each PHC	-	-

EVALUATION OF HEALTH CARE PLANNING
WITH SPECIAL REFERENCE TO ICDS.

by

Dr. B.N. Tandon,
Department of Gastroenterology,
All India Institute of Medical Sciences,
Ansari Nagar, New Delhi-110029.

Integrated Child Development Services project was started in 1975 with the following objectives:

- i] to improve the nutritional and health status of children in the age group 0-6 years;
- ii] to lay the foundations for proper psychological, physical and social development of the child;
- iii] to reduce the incidence of mortality, morbidity, malnutrition and school drop-out;
- iv] to achieve effectively coordination of policy and implementation amongst the various departments to promote child development;
- v] to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

It may be noted that objectives i] and iii] are directly related to the delivery of nutrition and health services. The project was started for the following reasons:

The nutrition programmes primarily or

exclusively distributing the food by carry-home system without complimentary inputs of primary health care were not resulting in expected benefits. Small size project, example by NIN and Narangwal, have demonstrated that if nutrition and health services are provided together, there are significantly better results in reference to morbidity and mortality in children. It was considered desirable to see if the conclusions drawn by properly controlled population studies can be applied to a national programme. ICDS therefore, started with a premise that earlier controlled studies have conclusively demonstrated the value of package of health and nutrition services to the children. Our main task was to see whether ICDS organisation can deliver the package of services successfully. We did consider it useful as a secondary task to measure one or two important health indices as impact of the delivery of the ICDS services.

Well-defined population by proper statistical approach was covered for health and nutrition survey. The 10 percent of each project population was surveyed. The bench-mark survey was carried out which was followed by second survey 10-12 months later and a final survey 22-24 months later. The results of the first and 3rd survey were compared to discuss the outcome of the programme.

ICDS

- 1) Experimental Project - a) Is it possible to effectively deliver a package of child care services thru the existing structure
- b) Does this change nutritional status
- ii) In ICDS -

Anganwadi works -

ICDS Evaluation

BCG ↑ Above 70%
PPT ↑ 6 biscuits
4 pivets
V.A supplement ↑ 11

TT - 50% - 3 biscuits
Iron + Folic Acid tablets
70% - in 3 blocks

Nutritional status showing upward shift.

Baseline survey
Second round survey
Third round survey

Efficiency of

Delivery of services is definitely increased.

- This will definitely have an impact which will

Consultation/Evaluation - 0.5% of total budget



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in differing situations, rather than the enumeration of a series of "recipes" which can lead to frustration if the right ingredient or anaesthetic is not available. Detailed illustrations, graphs, and charts have rendered the book more informative and instructive. An appendix is also attached giving the approximate cost and addresses of the dealers of the equipment and drugs mentioned in the manual.

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C-18	A Model Health Centre—a report of the working party appointed in 1972 by the Medical Committee of the Conference of Missionary Societies in Great Britain and Ireland	Book	CMS	166	SMP	75.00		
C-19	Health Has Many Faces	Book	CMS	106	PM	25.00		
C-20	Where There Is No Doctor— Indian edition	paperback	VHAI	494	LAMP	29.00	7.00	
		hardcover	VHAI	494	LAMP	60.00	12.00	
C-21	Words to village Health Workers	Booklet	VHAI	30	LAMP	2.00	0.40	C-20 reprint
C-22	Health Is For Everyone	Book	CLS	152	PM	6.00	1.50	
C-25	Teaching Village Health Workers—a guide to the process	A kit	VHAI	106	PM	43.00	10.00	
C-29	Moving closer to the Rural Poor—shared experiences of the mobile orientation and training team	Book	ISI	95	PM	8.00	2.00	

C-30	Towards Self-reliance—Income generation for women	Book	ISI	101	PM	12.00	2.50	
C-31	Rural Development and Social Change—an experiment in non-formal education	Book	SAB	181	PM	40.00	7.00	new
C-40	South Kanara District Health Survey Report	Book	KVHA	130	P	20.00	4.50	
C-42	Plan for a Village Health Programme - using village health workers	Book	VHAI	51	PM	3.25	1.00	
C-51	Village Health Workers Scheme—ingredients for success	Reprint	VHAI	5	MP	free	free	
C-52	Health Care and Human Dignity	Reprint	VHAI	10	MP	.50	.25	
C-53	Village Health Worker—lackey or liberator	Reprint	VHAI	18	MP	1.00	.40	
C-54	Planning Dialogue in the Community	Reprint	VHAI	26	PM	1.50	.50	
C-55	Before and Beyond Objectives and Goals—the vision	Reprint	VHAI	3	PM	free	free	
C-56	Health Promoters of Raigarh-Ambikapur	Reprint	VHAI	3	PM	free	free	
C-57	Jamkhed Comprehensive Rural Health Programme—a report	Reprint	VHAI	5	PM	.50	.25	
C-58	Community Health—where do we begin	Reprint	VHAI	3	PM	free	free	
C-59	If Doctors Learnt from Architects	Reprint	VHAI	4	PM	free	free	
C-60	Management of Common Snake Bite Poisoning	Reprint	VHAI	4	PM	.50	.25	
C-61	Continuing Education for the Health Team in Developing Countries	Reprint	VHAI	2	PM	free	free	
C-62	List of Community Health Projects in the Voluntary Sector in India	Reprint	VHAI	8	PM	.50	.25	
C-82	Planning and Organising Field Training for Professional Health Worker—part 1	F/strip	GIRHFP	34	SMP	25.00	4.00	B & W
C-83	Planning and Organising Field Training for Professional Health Worker—part 2	F/strip	GIRHFP	35	SMP	25.00	4.00	B & W
C-84	Community Surveillance of 'At Risk' Underfives in Need of Special Care	Reprint	VHAI	5	SM	.50	.25	

CHILD HEALTH

Ch-1	Feeding and Care of Infants and Young Children	Book	VHAI	128	PM	12.00	3.00	English Hindi 2e
Ch-2	Weight Chart and Weighing Scale—the child growth chart and Salter Scale explained	Reprint	VHAI	4	PM	free	free	
Ch-3	Health Care of Children Under Five—paperback —hardbound	Book Book	VHAI VHAI	101 101	PM PM	7.15 15.00	2.00 3.50	
Ch-4	<i>Shishu Palan</i>	Book	VHAI	22	AP	1.00	.40	Hindi
Ch-7	Care of the Newborn	Book	Sagar	266	PM	40.00	8.00	
Ch-10	Primary Child Care—a manual for health workers—book one	Book	OUP	315	PMA	27.50		
Ch-11	Primary Child Care—a guide to the community leader, manager and teacher—book two	Book	OUP	194	PM	60.00		
Pca-J	Primary Child Care—10 sets of slides for use with King's book—Primary Child Care and his 'Manager's Guide', covers most common childhood conditions	Slides	TALC	240	PM	200.00		colour
Ch-12	Paediatric Priorities in the Developing World	Book	ELBS	470	SM	30.00		
Ch-13	Starting an Underfives Clinic	Book	VHAI	12	MP	1.50	.50	
Ch-14	<i>Swasth Maa Bachhe</i> —for village health workers and ANM's	Book	PGI	93	A	7.00	2.00	
Ch-15	Indigenous Calendar for Mother and Child Clinics—to calculate birth date or delivery date based on festivals	Reprint	VHAI	2	A	1.00	.40	English Hindi
Ch-16	Studies on Preschool Children	Book	ICMR	58	SM	3.50	1.00	
Ch-17	Studies on Weaning and Supplementary Foods	Book	ICMR	79	M	4.00	1.00	
Ch-19	Breast Feeding and the Child	Leaflet	VHAI	12	PA	1.00	.40	
Ch-20	Child to Child—how children can help each other and their communities towards better health.	Book	Macmillan	04	A	17.00	4.00	
Ch-21	Health and Sicknesses of Children	Booklet	VHAI	27	LAMP	2.00	0.50	
Ch-22	Child Health—Questions you may ask	Book	FB	134	AP	5.00	1.25	English
		Book	FB	84	AP	8.00	2.00	Hindi

Ch-23	See How They Grow—Monitoring Child Growth for appropriate health care in developing countries	Book	MacMillan	265	PM	27.00		
Bf	Breast Feeding—a description of normal suckling and ways of preventing difficulties	Slides	TALC	24	PM	20.00		Colour
Cco	Cancrum Oris— aetiology and management	Slides	TALC	24	PM	20.00		Colour
Chg	Charting of Growth in Normal Children—new ideas on how to teach VHWs and others	Slides	TALC	24	PM	20.00		Colour
Chd	Childhood Development—milestones in the first year	Slides	TALC	24	SM	20.00		Colour
Gr	Growth—diagrams illustrating normal growth, only suitable for senior medical students	Slides	TALC	24	M	20.00		Colour
Kwm	Kwashiorkor—common causes of early death and their prevention	Slides	TALC	24	M	20.00		Colour
LP	Leprosy in Childhood—a description of the disease	Slides	TALC	24	PM	20.00		Colour
Ch-79	Sores	F/cards	VHAI	12	AP	8.00	2.00	B & W
Ch-80	The Child—a set of 4 filmstrips —how a child grows —needs of a child —play —how a child learns	F/strips	VHAI	170	PM	48.00	8.00	B & W
Ch-81	The Balwadi—a set of 3 strips —environment in child care centre —organisation of Balwadi —freedom to grow	F/strips	VHAI	132	PM	36.00	6.00	B & W
Ch-82	The Balwadi or Angawadi worker —a set of 5 film strips —role of the worker —working with the child —creating the right environment —helping children grow socially —caring for the child	F/strips	VHAI	209	PM	60.00	11.00	B & W
Ch-83	Your Baby Can be Healthy	F/strip	NEIF	44	PM	25.00	4.00	B & W
Ch-87	Child Health & Weight Record for Use in Class or OPD	F/graphs	CMCV	6	PM	20.00	4.00	Colour
Ch-88	Caring for Baby	F/strip	WN	54	AP	25.00		colour

Ch-90	Care of the Newborn in Developing Countries	Book	MacMillan	130	PM	37.15		
Ch-91	Breast Feeding: the Biological Option	Book	MacMillan	86	PM	25.00		
Ch-92	Child Care in the Tropics	Book	MacMillan	106	PM	34.20		
Ch-93	Handbook of Tropical Paediatrics	Book	MacMillan	87	PM	32.30		
Ch-94	Practical Mother and Child Health in Developing Countries	Book	MacMillan	130	PM	37.15		
Ch-95	Regulation and Education: Strategies for solving Bottle Feeding Problem	Book	C U	78	PM	21.00	4.50	
Ch-100	Better Diarrhoea Care	Book	VHAI	32	LAP	1.90	0.50	English Hindi
Ch-101	Better Diarrhoea Care	F/strip	VHAI	40	LAP	20.00	4.00	B & W
Ch-102	Better Diarrhoea Care	Slideset	VHAI	40	LAP	30.00	6.00	B & W
Ch-103	Making of the Special Drink	F/cards	VHAI	15	LAP	12.00	3.00	
Ch-150	Better Child Care—48 basic ideas on good child care—available in English, Hindi, Bengali, Kannada, Marathi, Tamil, Assamese, Gujarati, Malayalam Punjabi, Oriya, Telugu, Urdu, Khasi & Garo	Book	VHAI	52	AP	3.50	1.00	
HR-1	Child Growth Charts—this card acts as a combined growth, weight, nutrition, immunisation and illness record (see records)	Record	VHAI	2	APM	.27	.25	
HR-6.1	Explanatory Brochure on Growth Chart	Leaflet	VHAI	10	AP	1.00	.50	Hindi
HR-9	Immunisation Card (see records)	Record	VHAI	2	PM	.10	.10	English Hindi
HR-10	Insert-Continuation Card (see records)	Record	VHAI	2	AP	.10	.10	English Hindi
M-77	Maternal Child Health Clinic	F/cards	VHAI	13	AP	8.00	2.00	B & W
N-58	Baby's Diet—from birth to one year	F/cards	CMCV	10	AP	16.00	4.00	colour
N-68	Our Children Need Nutritious Food	Poster	DGHS	1	LA	.30	.40	colour
N-84	Balanced Diet for Baby	F/graphs	CMCV	6	PM	20.00	4.00	colour
N-86	Better Nutrition Healthier Nation	F/graph	CMCV	6	PM	20.00	4.00	colour
N-100	More About Child Care	Slides	VHAI	70	APM	60.00	10.00	B & W

COMMUNICABLE DISEASES

Diarrhoeal Diseases

D-18	Treatment and Prevention of Dehydration in Diarrhoeal Diseases—a guide	Book	WHO	32	PM	14.00		
Ch-100	Better Diarrhoea Care	Book	VHAI	32	AP	2.45	.50	
Ch-101	Better Diarrhoea Care	F/strip	VHAI	40	AP	25.00	4.00	B & W
Ch-103	Making of the Special Drink	F/cards	VHAI	15	LAP	12.00	3.00	
D-19	Cholera	Posters	IRC	7	LA	8.00	2.00	
D-61	Prevention of Diarrhoea	F/cards	CMCV	13	AP	16.00	4.00	colour
D-74	Rehydration Solution	F/cards	VHAI	15	AP	8.00	2.00	B & W
D-88	Typhoid	F/garphs	CMCV	6	PM	20.00	4.00	colour
D-10	How to Prevent Cholera in Villages	F/strip	NEIF	34	PM	25.00	4.00	B & W
D-50	Danger Signals in Common Illnesses— guidelines for referral of patients	Book	R B	120	PM	20.00	4.50	
Dhp	Diarrhoea in Children—aetiology and management by Auxiliaries	Slides	TALC	24	AP	20.00		colour

Immunization

D-34	Immunisation in Children	Book	IAP	20	A	2.50	.75	
D-56	Addresses For Vaccines in India	Reprint	VHAI	2	M	free	free	
D-401	Immunisation Information	Reprint	VHAI	2	A	1.00	.40	
D-5	Our Children Need Protection Against Diseases by Timely Immunization	Poster	DGHS	1	A	1.00	.40	colour

Malaria

D-21	Personal and Community Protection against Malaria	Book	WHO	47	SM	32.00		
D-4	Malaria	Poster	IRC	6	LA	8.00	2.00	colour
D-90	Malaria	F/strip	NEIF	34	PM	25.00	4.00	B & W

Tetanus, Whooping Cough, Diphtheria

D-58	Organising a DPT Immunization Programme	F/strip	GIRHFP	55	MPA	25.00	4.00	B & W
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D-57	Treatment of Tetanus by Interathecal ATS	Reprint	VHAI	7	SMP	.50	.25		
D-73	Prevention of Diphtheria, Whooping Cough and Tetanus	F/cards	CMCV	9	AP	16.00	4.00	colour	
SpC	Smallpox in Children—clinical description and prevention	Slides	TALC	24	PM	20.00		colour	
Ms	Severe Measles	Slides	TALC	24	MPA	20.00		colour	
Tuberculosis									
HR-3	Tuberculosis Patient's Records (see records)	Chart	VHAI	2	MP	.27	.25		
D-12	Tuberculosis Can be Cured—	Poster	CMCV	1	LA	2.00	.50	colour	
D-24	Handbook of TB	Book	IRC	103	P	8.00	1.50		
TbnH	Natural History of Childhood Tuberculosis: the characteristics of childhood TB	Slides	TALC	24	PM	20.00		colour	
TbP	Pathology of TB in Childhood	Slides	TALC	24	SM	20.00		colour	
D-80	Tuberculosis is Curable	F/cards	VHAI	15	AP	15.00	3.00		
D-81	Tuberculosis is Curable English, Hindi, Assamese, Bengali, Kannada, Malayalam, Marathi, Gujarati, Oriya, Punjabi, Tamil, Telgu, Urdu	Slides	VHAI	15	AP	15.00	3.00		
D-82	Tuberculosis is Curable	F/strip	VHAI	15	AP	12.00	2.50	B & W	

ENVIRONMENTAL HEALTH

E-5	Health Education in Environmental Health Programmes	Book	WHO	81	S	32.00	7.00	
E-7	Environmental Sanitation in India	Book	CMCL	282	M	10.00	2.00	
E-13	Uncommon Remedy for a Common Problem—the sanitary latrine	F/strips	GIRHFP	50	AL	25.00	4.00	B & W
E-15	Simple Bacteriological Analysis of Drinking Water Supplies	Reprint	VHAI	12	SMP	.50	.25	
E-16	An Intermittent Water Filter	Reprint	VHAI	4	SMP	.50	.25	
E-17	Low Cost Tubewells	Reprint	VHAI	7	SMP	.50	.25	
E-18	Village Sanitation Improvement Scheme	Reprint	VHAI	5	SMP	.50		
E-19	Simplified Approach to Aquaprivy Construction	Reprint	VHAI	5	SMP	.50	.25	
E-63	Prevention is Better Than Cure	F/cards	CMCV	10	AP	16.00	4.00	colour

FAMILY WELFARE AND POPULATION

F-36	Population Problem—a view point	Reprint	VHAI	6	SM	.50	.25	
F-37	Population Education for Quality of Life	Book	CHA	124	P	25.00	5.00	
F-40	Natural Approach to Family Planning	Book	CHA	124	P	10.00	2.50	
F-55	Family Planning the Easy Way	F/cards	CMCV	18	AP	16.00	4.00	colour
F-56	Modern Methods of Family Planning	F/cards	CMCV	9	AP	16.00	4.00	colour
F-64	Cost of Another Child	F/cards	CMCV	11	AP	16.00	4.00	colour
F-68	<i>Parivar Niyojan</i>	F/chart	LH	21	AP	9.00	2.00	colour
F-80	The Family Planning Worker—how he covers 2000 population	F/strip	GIRHFP	49	MPA	25.00	4.00	B & W
F-81	How Life Begins (on sex education)	F/cards	CMCV	14	AP	16.00	4.00	colour
F-82	Pramila Grows Up (on sex education)	F/cards	CMCV	13	AP	16.00	4.00	colour
F-84	Family Planning Made Easier—for training workers in conception and contraception	F/strip	GIRHFP	56	AP	25.00	4.00	B & W
F-85	Towards a Prosperous Family—motivating couples, no methods mentioned	F/strip	GIRHFP	40	APM	40.00	7.00	colour
F-86	Campaign for Family Planning—how to organise mass campaigns	F/strip	GIRHFP	30	PM	25.00	4.00	B & W
F-87	How Do I Integrate FP & MCH, how can an ANM cover 10,000 population	F/strip	GIRHFP	77	PA	35.00	6.00	B & W
F-88	Service Camps for FP	F/strip	GIRHFP	48	PA	25.00	4.00	B & W
F-89	Modern Methods of Family Planning	F/graph	CMCV	6	PM	20.00	4.00	colour
CD	Contraceptive Devices, Methods of Family Planning	Slides	TALC	24	PM	20.00		colour

HEALTH EDUCATION

H-4	<i>Swasth Jivan Ki Or</i>	Book	ISPCK	132	A	3.00	1.00	Hindi
E-5	Health Education in Environmental Sanitation Programmes	Book	WHO	81	S	32.00		
H-7	Ways to Better Health	Book	SBH	22	AL	14.00	3.00	

C-10	The Functional Analysis of Health Needs and Services	Book	Asia	192	SM	60.00	12.00	
H-6	Health Education and Community Health Behaviour	Reprint	VHAI	10	SMP	.50	.25	
H-16	Health Education—the missing link	Reprint	VHAI	5	P	.50	.25	
H-20	How to Scientifically Prepare Our Own Flashcard Sets	Reprint	VHAI	4	PM	free	free	
H-43	Fifty Universal Health Messages	Reprint	VHAI	5	P	.50	.25	
Cm	Communication in Health—ways in which a health worker may improve communication	Slides	TALC	24	PM	20.00		colour
Terl	Techniques for Effective Reading and Learning—for students of all levels to improve their learning techniques	Slides	TALC	24	AP	20.00		colour

MATERNAL HEALTH CARE

M-1	Training of Dais	Book	DGHS	47	P	1.00	.40	
M-2	Traditional Birth Attendants	Book	WHO	110	SMP	32.00		
M-3	Antenatal Clinic	Posters	IRC	10	LA	15.00	4.00	colour
M-4	Clinical Obstetrics	Book	O L	623	SM	55.00	11.00	
M-6	Study of 1000 Conceptions	Reprint	VHAI	4	SMP	.50	.25	
M-7	Anaemia in Pregnancy	Reprint	VHAI	5	SM	.50	.25	
M-8	Training of Dais—to teach improved methods of delivery to traditional birth attendants	Slides	VHAI	30	MPA	20.00	4.00	B & W
M-9	Obstetric Emergencies	Book	AMRF	23	MS	12.50		
M-10	Practical Mother and Child Care—a manual for para medical worker	Book	O L	124	AP	18.00	4.00	
M-16	Information For Mothers and Midwives	Booklet	VHAI	38	LAMP	2.50	.50	C-20 reprint
M-30	Nutrition in Pregnancy and Lactation	Reprint	VHAI	8	SM	.50	.25	
M-61	Before the Baby Comes—antenatal care	F/strip	NIEF	30	AL	25.00	4.00	B & W
M-72	Planning a Safe Delivery	F/cards	CMCV	7	LP	16.00	4.00	colour
M-73	Care of the Pregnant Mother	F/charts	L.H.	15	AP	12.00	3.00	Hindi/ English

M-75	<i>Mahila Mandal</i>	F/charts	L.H.	16	AP	12.00	3.00	B & W
M-77	Maternal-Child Health Clinic	F/cards	VHAI	13	AP	8.00	2.00	B & W
Phw	Physiology of Women—conception and pregnancy in simple diagrams	Slides	TALC	24	PM	20.00		colour
HR-2	Mother's Health Records	Chart	VHAI	2	APM	.27	.25	
HR-12	Married Women's Health Record (see records)	Chart	VHAI	2	APM	.27	.25	
Ch-94	Practical Mother & Child Health in Dev. Countries	Book	MacMillan		PM	37.15		
Ml	Malnutrition in India—with particular reference to childhood	Slides	TALC	24	PM	20.00		colour
Mnc	Management in Child Health—principles of management for health centres	Slides	TALC	24	PM	20.00		colour
MR	Mental Retardation	Slides	TALC	48	PM	40.00		forth-coming colour
Ms	Severe Measles—suggestions as to how and why it is severe	Slides	TALC	24	PM	20.00		colour
Nbc	Newborn Care—simple low cost care in the first weeks of life	Slides	TALC	24	PM	20.00		colour
Nbd	Newborn Development—differentiating premature and small-for-dates newborn	Slides	TALC	24	PM	20.00		colour
NbK	Newborn Kernicterus—prevention through identifying 'At Risk' children	Slides	TALC	24	SM	20.00		colour
NbL	Newborn Lung—its physiology and pathology	Slides	TALC	24	SM	20.00		colour
PcD	Protein Calorie Deficiency, a description	Slides	TALC	24	PM	20.00		colour
Ph	Paediatric Haematology—common haematological conditions found in tropical countries	Slides	TALC	24	SM	20.00		colour
TbP	Pathology of Tuberculosis in Childhood—microscopic and macroscopic	Slides	TALC	24	SM	20.00		colour
Xrc	X-Rays in Childhood—some diagnostic X-Rays for students to study	Slides	TALC	24	M	20.00		colour
Ch-44	Nutrition Education or Education in Child Care	Reprint	VHAI	5	PM	.50	.25	
Ch-45	School Health	Reprint	VHAI	6	P	.50	.25	

MEDICINE AND ILLNESS CARE

Md-1	First Aid to the Injured English, Hindi and all regional Languages	Book	StJohn's Amb.	182	PA	5.00	1.00	English
Md-2	Kapoor's Guide for General Practitioners part I	Book	Kapoor	171	M	22.00	5.00	
	part II	Book	Kapoor	189	M	30.00	6.00	
Md-4	Clinical Pharmacology	Book	ELBS	714	M	45.00		
Md-5	Progress in Clinical Medicine (Third Series)	Book	A H	568	SM	40.00	10.00	
Md-6	Asthma and other Allergies	Book	O L	174	M	14.00	2.50	
Md-7	Profiles of Clinical Practice	Book	O L	363	SM	17.00	3.00	
Md-8	Diagnosis and Management of Medical Emergencies	Book	OUP	741	SM	70.00		
Md-9	An Introduction to Psychiatry	Book	CLS	174	PM	10.00	2.50	
Md-10	Symptom Treatment Manual	Book	SBH	42	APM	6.00	1.50	
Md-11	First Aid	Booklet	VHAI	28	LAMP	2.00	.50	
Md-13	Medical Care in Developing Countries	Booklet	OUP	538	PM	50.00		
Md-14	Right and Wrong Use of Modern Medicines	Booklet	VHAI	40	LAMP	2.50	.50	C-20 reprint
Md-20	Home Cures	Booklet	VHAI	23	LAMP	2.00	0.50	C-20 reprint
Md-21	How to Take Care of Sick Person	Booklet	VHAI	28	LAMP	2.00	0.50	C-20 reprint
Md-22	Tonics—how much of an economic waste	Reprint	VHAI	6	SM	.50	.25	
Md-23	Confessions of a Medical Heretic	Reprint	VHAI	8	SM	.50	.25	
Clg	Clinical Genetics—this complex wel explained	Slides	TALC	24	SM	20.00	4.00	colour

NUTRITION

N-3	Anaemia Recognition Card English/Hindi —also available in regional languages	Leaflet	VHAI	4	ALP	1.00	.40	
N-4	Mid Arm Circumference Measuring Tape	Tape	VHAI	6	ALP	2.00	.75	English/ Hindi
N-9	Nutrition for Mother and Child	Book	NIN	59	PM	3.50	1.00	
N-12	Mid Arm Circumference Measuring Strip	Strip	VHAI	4	ALP	1.00	.40	Hindi
N-18	Address of Weighing Scales Suppliers	Reprint	VHAI	1	PM	free	free	
N-76	Feeding your Baby	F/cards	VHAI	17	AP	8.00	2.00	B & W
N-78	Super Porridge	F/cards	VHAI	17	AP	8.00	2.00	B & W

N-84	Balanced Diet for the Baby	F/graph	CMCV	6	PM	20.00	4.00	colour
N-86	Better Nutrition Healthier Nation	F/graph	CMCV	6	PM	20.00	4.00	colour
N-100	More About Child Care							
	—child care before birth							
	—diagnosis of undernutrition							
	—causes of undernutrition							
	—treatment of undernutrition	Slides	VHAI	70	APM	60.00	10.00	B & W
Ch-19	Breast Feeding	Leaflet	VHAI	12	PA	1.00	.40	
Ch-54	Feeding your baby	Slides	VHAI	30	APM	20.00	4.00	B & W
BF	Breast Feeding	Slides	TALC	24	PM	20.00		colour
Ch-91	Breast Feeding: The Biological Option	Book	MacMillan	86	PM	25.00		
Fbr	Fibre in Human Diet—an excellent and amusing epidemiological account of the importance of dietary fibre	Slides	TALC	24	SM	20.00		colour
MI	Malnutrition in India—with particular reference to childhood	Slides	TALC	24	PM	20.00		colour
Ntr	Nutrition Rehabilitation—as developed in India	Slides	TALC	24	PM	20.00		colour
PEM	Pathology of Experimental Malnutrition—microscopic appearances in animal tissues	Slides	TALC	24	SM	20.00		colour
Ch-48	Monitoring Growth and Development	Reprint	VHAI	18	PM	1.50	.50	
Ch-49	Exercise on the Use of Growth Charts	Reprint	VHAI	2	PMA	free	free	
Ch-54	Feeding Your Baby—tells about correct child nutrition	Slides	VHAI	30	APM	20.00	4.00	B & W
Ch-65	Head Lice	F/cards	CMCV	8	AP	16.00	4.00	colour
Ch-66	Child Safety	F/cards	CMCV	10	AP	16.00	4.00	colour
Ch-75	When your Child is Sick	F/cards	VHAI	14	AP	8.00	2.00	B & W
N-14	Nutrition Rehabilitation—its practical application	Book	Tri-med	130	SM	22.00		
N-15	Nutritive value of Indian Foods	Book	NIN	202	SMP	8.00	4.00	
N-16	A Manual of Nutrition for Auxiliary Nurses and Midwives (English, Hindi, Telugu)	Book	NIN	60	A	2.00	.50	
N-17	Manual for Child Nutrition in Rural India	Book	VHAI	271	PM	17.00	4.00	
N-23	Child's Bangle for Detection of Undernutrition	Reprint	VHAI	2	AMP	.50	.25	
N-24	Nutrition Folders—a set	Leaflets	NIN	6	AP	free	free	

N-26	Nutrition for Developing Countries	Book	ELBS	240	PM	30.00	7.00	
N-30	Early Detection and Prevention of Protein Calorie Malnutrition	Book	P P	75	PM	10.00	2.50	
N-31	Menus for Low Cost Balanced Diets and School Lunch Programmes, Suitable for South India and North India	Book	NIN	35	AP	1.50	.50	
N-00	Better Diet At Low Cost	F/strip	NEIF	41	PM	25.00	4.00	B & W
N-1	Balanced Diet for Adults in India	F/strip	NEIF	29	PM	25.00	4.00	B & W
N-2	Teaching Nutrition to Mothers	Reprint	VHAI	4	PA	.50	.25	
N-5	Fighting Malnutrition with Hyderabad Mix	Reprint	VHAI	4	PA	.50	.25	
N-8	Anaemia Poster	Poster	IRC	1	LA	1.00	.40	colour
N-13	Good Nutrition—a set of 4 posters							
	—Eat greens for good health		CMCV					
	—Mixed food keeps baby healthy		CMCV					
	—Functions of food		CMCV					
	—Breast milk best for babies	Poster	CHEB	4	LA	8.00	.20	colour
N-57	Balanced Diet for the Family	F/cards	CMCV	10	AP	16.00	4.00	colour
N-58	Baby's Diet from Birth to One Year	F/cards	CMCV	10	AP	16.00	4.00	colour
N-62	Better Nutrition Healthier Nation	F/cards	CMCV	8	AP	16.00	4.00	colour
N-63	Key to Health, Clean Food and Water, Good Hygiene	F/strip	NEIF	32	PM	25.00	4.00	B & W
N-67	Supplementary Feeding for Babies	F/chart	L H	10	AP	9.00	2.00	colour
N-68	Our Children Need Nutritious Food	Poster	CHEB	1	LA	1.00	.40	colour
N-29	Using the Method of Paulo Freire in Nutrition Education; an experiment plan for community action in Northeast Brazil	Book	CU	55	PM	22.00	4.50	
N-73	Lathyrism	F/cards	VHAI	15	L	15.00	3.50	B & W

NURSING

Ns-1	List of Nursing Schools & Colleges in India	Reprint	VHAI	8	P	1.00	.40	
Ns-3	Community Health Nursing for Tutors	Book	WHO	28	SP	15.00	3.00	
Ns-19	Nursing Survey of India	Book	VHAI	302	P	11.00	2.50	
N-16	Manual of Nutrition	Book	NIN	50	A	2.00	.50	

PATHOLOGY, LABORATORY AND PHARMACY

P-8	Blood Transfusion	Poster	IRC	2	LA	1.00	.40	colour
P-21	The Uses, Dosage and Precautions for Common Medicines	Booklet	VHAI	41	LAMP	2.50	0.50	C-20 reprint
P-28	Handbook of Medical Laboratory Technology	Book	CMAI	303	PM	35.00	7.00	
P-29	A Medical Laboratory for Developing Countries	Book	ELBS	328	MPA	30.00		
PEM	Pathology of Experimental Malnutrition	Slides	TALC	24	SM	20.00		colour
TbP	Pathology of TB in Childhood—microscopic and macroscopic	Slides	TALC	24	SM	20.00		colour
P-70	Hospital Formulary	Book	CMCV	357	M	10.00	2.50	

RECORDS—HOME BASED

Records retained by the patients can make it easier to deliver high standard health care. This provides an economical, time saving, highly mobile device to ensure proper follow up for better results. Since the publication of these cards in 1973, hundreds of hospitals have adopted them. Proper training of staff and education of the patients is necessary before introducing these records.

HR-0	Plastic Envelope for Record Card (10x29.5 cm)	Envelope	VHAI			.23	.20	
HR-1	Child Health & Weight Record (growth charts) —in all major Indian languages and Nepali combined with English	Card	VHAI	1	L	.23	.20	
HR-2	Mother's Record for Pregnancy and After for clinic use —in all major Indian languages and Nepali combined with English	Card	VHAI	1	L	.23	.20	
HR-3	Tuberculosis Record —available in Hindi, Marathi, Malayalam, Nepali, Kannada, Oriya, Telugu, and Bengali combined with English	Card	VHAI	1	L	.23	.30	
HR-4	Records for School Children or Adults —available in all major Indian languages with English, and in Nepali/English	Card	VHAI	1	L	.23	.30	

HR-5	Leprosy Records —available in Hindi, Marathi, Bengali, Nepali, and Oriya combined with English	Card	VHAI	1	L	.27	.30	
HR-7	Eye-Record—used for eye camps or eye OPD —available in Hindi, Punjabi, combined with English	Card	VHAI	1	L	.27	.30	
HR-9	Immunization-Identification Card for Mass Immunization Programmes and all Out-Patients	Card	VHAI	1	L	.10	.15	English/ Hindi
HR-10	Insert and Continuation Card (fits with HR-1, HR-2, HR-3, HR-4, HR-5 HR-7 & HR-12)	Card	VHAI	1	L	.10	.15	
HR-12	Married Women's Health Record—fertility and pregnancy record for village maternal care,	Card	VHAI	1	L	.27	.30	English/ Hindi
HR-20	Diagnostic Index Cards for daily Coding of Diseases of OPD or Inpatients for Use in Hospitals	Card	VHAI	1	L	.10	.15	
HR-6	Patient Retained Health Records—an illustrated manual describing use of all patient retained records alongwith sample cards	Book	VHAI	61	SMP	8.50	2.00	
HR-22	Simple Village Survey and House to House Survey (how to organise a village health survey) Completely Revised with Sample Forms	Book	VHAI	31	MP	5.00	1.50	
HR-24	A Record System for Community Health	Reprint	VHAI	4	P	.50	.25	

SKIN DISEASES (including Leprosy)

S-1	Manual for Public Health Nurses in Leprosy	Book	HKNS	116	PA	7.00	1.50	
S-2	Leprosy Posters	Posters	HKNS	6	LA	8.00	2.00	colour
S-3	Leprosy Diagnosis and Management	Book	HKNS	104	PM	13.00	2.50	
S-4	Leprosy in Children	Book	WHO	28	PM	22.00		
S-6	Skin Disease for Medical Auxiliaries, Rural Physicians and Lay Sufferers	Book	S I	96	PA	10.00	2.50	
S-6	<i>Thwacha Ke Rog</i>	Book	S I	96	PA	10.00	2.50	Hindi
S-7	Practice of Dermatology	Book	S I	507	SM	55.00	10.00	
S-9	A Manual of Leprosy	Book	L M	342	MAP	25.00	6.00	

S-10	Prevent Body Itch	Poster	CMCV	1	LA	2.00	.50	colour
S-16	Skin Problems	Booklet	VHAI	23	LAMP	2.00	0.50	colour
S-32	Hints on Diagnosis and Treatment of Leprosy	Book	GMLF	51	P	5.00	1.50	
S-40	Better Care in Leprosy	Book	VHAI	64	APM	4.50	1.00	(English)
S-41	The Well Wisher—one act play on Leprosy <i>Hitaishi</i>	Leaflet	LM	4	LA	1.00	.40	in Hindi
		Leaflet	LM	4	LA	1.00	.40	English
S-42	A Set of 4 One Act Plays on Leprosy —Do it Now, Do It Quickly —Not Alone —Team Work —Restored	Leaflets	LM		LA	4.00	1.00	
S-51	Ramu Recovers from Leprosy	F/cards	CMCV	12	AP	16.00	4.00	colour
S-52	A New Life for Sunder Raj (early signs of leprosy)	F/cards	CMCV	16	AP	16.00	4.00	colour
S-53	Scabies	F/cards	CMCV	9	AP	16.00	4.00	colour
S-59	Hands that Feel No Pain	F/cards	CMCV	18	AP	16.00	4.00	colour
S-60	Painless Feet—result of leprosy	F/cards	CMCV	15	AP	20.00	4.00	colour
S-81	What Causes Leprosy	F/graph	CMCV	12	PM	20.00	4.00	colour
S-83	Scabies	F/graph	CMCV	12	PM	20.00	4.00	colour
S-84	Early Signs of Leprosy	F/graph	CMCV	6	PM	20.00	4.00	colour
SK	Skin Diseases of Children in the Tropics and their Management	Slides	TALC	24	M	20.00		colour
LP	Leprosy in Childhood—a description of the disease	Slides	TALC	24	M	20.00		colour
LpcN	Classification of Leprosy—new understanding that immunology leads to improved classification	Slides	TALC	24	SM	20.00		B & W
Ch-79	Sores	F/cards	VHAI	12	AP	8.00	2.00	colour
HR-5	Leprosy Patient's Records (see records)	Records	VHAI	1		.27	.30	

NAME AND ADDRESSES OF SUPPLIERS OF HEALTH MATERIALS

(mentioned in this catalogue)

- Arnold-Heinemann Publishers (India) Pvt Ltd, AB/9, Safdarjung Enclave, New Delhi 110 016
- The Alver Press, Alverstoke, Hampshire, United Kingdom
- Asia Publishing House, Indra Palace, Connaught Circus, New Delhi 110 001
- Sri Aurobindo Ashram Press, Pondicherry 605 002
- Banarsidas Bhanot, 1268 Napier Town, Jabalpur 482 001
- Catholic Bishop's Conference of India, CBCI Centre, Ashok Place, New Delhi 110 001
- Catholic Hospital Association of India, CBCI Centre, Ashok Place, New Delhi 110 001
- Central Health Education Bureau, Directorate of Health Services, Government of India, Kotla Road, New Delhi 110 002
- Christian Literature Society, Post Box 501, Park Town, Madras 600 003, Tamil Nadu
- Christian Medical Association of India, Christian Council Lodge, Nagpur 440 001, Maharashtra
- Conference of Missionary Societies in Great Britain and Ireland, Edinburgh House, 2 Eaton Gate, London SW1W 9BL, United Kingdom
- Christian Medical College and Brown Memorial Hospital, Ludhiana, Punjab 141 008
- Christian Medical College and Hospital, Vellore, Tamil Nadu 632 004
- Cornell University, Program on International Nutrition and Development Policy, Ithaca, New York 14853 USA
- Directorate of Health Services, Government of India, Nirman Bhavan, New Delhi 110 001
- English Language Book Society, C/o British Council, 21 Jor Bagh, New Delhi 110 003
- Frank Brothers & Company (Publishers) Pvt (Ltd), Chandni Chowk, Delhi 110 006
- Family Welfare Centre, 21 Museum Road, Bangalore 560 025, Karnataka
- Gandhigram Institute of Rural Health and Family Planning, Ambathurai R.S. P.O., Dt Madurai, Tamil Nadu 624 309
- Gandhi Memorial Leprosy Foundation, Hindi Nagar, Wardha, Maharashtra 442 103
- Hind Kusht Nivaran Sangh, 1 Red Cross Road, New Delhi 110 001
- Indian Academy of Paediatrics, Kailash Darshan, Kennedy Bridge Bombay 400 007
- Indian Council of Medical Research, Ansari Nagar, New Delhi 110 016
- Indian Red Cross Society, 1 Red Cross Road, New Delhi 110 001
- Indian Social Institute, Lodi Road, New Delhi 110 003
- Indian Society for Promotion of Christian Knowledge, Kashmiri Gate, Delhi 110 006
- P.O. Kapoor for S.S. Trust, 16 Rajat Apartments, Mount Pleasant Road Bombay 400 006
- Helen Kellar International, 22 West 17th Street, New York, NY 10011, USA
- Government of Kerala Press, Trivandrum, Kerala
- Karnataka Voluntary Health Association, CSI Hospital Complex, Colonel Hill Road, Bangalore, Karnataka 560 051

L H	Literacy House, P.O. Alambagh, Lucknow 226 005, UP
L M	The Leprosy Mission, 4th Floor, Sheeta House, 73-74 Nehru Place, New Delhi 110 019
LMHEC	Leprosy Mission Health Education Centre, Naini, Allahabad, 211 008, UP
MacMillan	MacMillan Company Of India Ltd, 2/10 Ansari Road, Daryaganj, New Delhi 110 002
MFC	Medicofriends Circle, 21 Nirman Society, Vadodara 390 005, Gujarat
NEIF	National Education and Information Films Ltd, National House, Tulloch Road, Appolo Bunder, Bombay 400 039
NIN	National Institute of Nutrition, Hyderabad 500 007, AP
OUP	Oxford University Press, 2/11 Ansari Road, Darya Ganj, New Delhi 110 002
O L	Orient Longman, 3/5 Asaf Ali Road, New Delhi 110 002
PGI	Post Graduate Institute of Medical Education and Research, Chandigarh
P P	Popular Prakashan Pvt Ltd, 35C Tardeo Road, Popular Press Building, Bombay 400 034
R B	Rama Brothers Educational Publishers, Bank Street, Karol Bagh, New Delhi 110 005
S A B	South Asia Books, Box 502, Columbia, Mo. 65201 USA
Sagar	Sagar Publications, 72 Janpath, Ved Mansion, New Delhi 110 001
Saunders	W.B. Saunders Company, West Washington Square, Philadelphia, PA 19105, USA
S B H	C.H. Programme, Shanta Bhavan Hospital, Box 252, Kathmandu, Nepal
S I	Skin Institute, Opp. Lady Sri Ram College, Greater Kailash, New Delhi 110 048
Social	
Audit	Social Audit Ltd, Munro House, 9 Poland Street, London W1V 3DG, U.K.
St John's	St John's Ambulance, 1 Red Cross Road, New Delhi 110 001
TALC	Foundation for Teaching Aids at Low Cost, 30 Guilford Street London, WC1N 1EH, United Kingdom

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●Such as ICMR, IRC, HKNS, NIN, TBAl, WHO.

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- h. Make all payments in favour of "VOLUNTARY HEALTH ASSOCIATION OF INDIA" by money order/bank draft on any New Delhi bank or cheque (out station cheques must include bank charge a Re 1/- for every 100 Rupees and part thereof).

Appropriate Technology for Health

N-3

Anaemia Recognition Card showing anaemic and healthy lips in colour. Available in English, Hindi, Kannada, Telugu, Malayalam, Tamil, Oriya and Bengali, for use of all field workers, VHAI, 4p LPA

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N-23

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N-12

Arm Circumference Strip for nutrition screening of children from 1st to 5th birthday. Colour coded for severity of undernutrition. With illustrated folder in Hindi & English, VHAI AL, parents

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- A-4 Goal Setting Guide—a self appraisal for hospital departments
- A-20 Accounting Guide for hospitals and nursing homes
- A-27 Accounting Guide for hospitals and nursing homes
- A-36 Indian Hospitals—planned Organizational Changes in their Structure and Functioning
- An-131 A Manual of Anaesthesia for the Small Hospital
- C-25 Teaching Village Health Workers—a guide to the process
- Ch-1 Feeding and Care of infants and Young Children
- Ch-3 Health Care of Children Under Five
- N-17 Manual for Child Nutrition in Rural India (forthcoming)
- S-40 Better Care in Leprosy
- HR-6 Patient Related Health Records
- C-20 Where there is no doctor (Durable Edition)

VHAI-THE HEALTH COMMUNICATIONS PEOPLE

VHAI assists in making health a reality for all the people of India with their involvement and participation through the voluntary health sector.

The Voluntary Health Association of India (VHAI) is a secular, non-profit Registered Society formed by the Federation of Voluntary Health Associations organized on state or union territory basis.

Membership in the State Voluntary Health Associations (VHA) is open to all private non-profit health institutions without reference to religion or community.

The VHA movement encourages individual members to assist each other in a common endeavour of providing health care to the less privileged sections of society.

1981 Catalogue and Mail Order Service

This is a catalogue of the health materials which are available from Voluntary Health Association of India. VHAJ provides these as an educational and information service. This is a collection of the best available educational materials and technical information, helpful for those in rural health and development programmes and for those working in hospitals. Only the most appropriate items have been included.

This catalogue contains more information for the buyer. When ordering by mail it is difficult to select appropriate materials. It is also difficult for those working in remote places to keep up to date with all the health materials being produced in India and neighbouring countries. Many suppliers are official agencies or societies who do not advertise. We collate information from many sources to make it more convenient for those ordering materials from rural places.

This is the seventh catalogue and the mail order service is now six years old. This year the catalogue has a circulation of 10,000. It goes to a wide cross-section of voluntary hospitals, previous customers, government departments and official agencies. A surprising number of people have still not seen our catalogue. We ask that you share it with others in your institution, and with others interested in health and development programmes.

We welcome suggestions and sample items for consideration for listing in our next catalogue. *Intending authors are invited to share their plans with us.*

Please visit us at our office opposite the I.I.T. Gate, south of Safdarjung Hospital. We are open Monday to Friday from 9 a.m. to 5.30 p.m. Our Phone numbers are 652007 & 652008

**Voluntary Health Association of India
C-14 Community Centre
Safdarjung Development Area
New Delhi—11 0016**

This catalogue cancels all our previous catalogues

Filmset by N.K. Enterprises New Delhi

VHAI
assists
in making
health
a reality
for all
the people
of India
with their
involvement
and
participation
through
the
voluntary
health
sector

Shilpa



VHAI is for all of India

It is a federation of fifteen voluntary health associations in fifteen States/Regions. These include Andhra Pradesh, Bihar, Goa, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, North-western Region (Punjab, Jammu and Kashmir, Himachal Pradesh and Haryana), Orissa, Rajasthan, Tamilnadu, Uttar Pradesh and West Bengal. Its services are available also for other States, not yet officially affiliated.

VHAI is

a non-profit registered society.
Its constitution is SECULAR.

Open to all

Membership in VHAI and opportunity for its services are in principle open to all health institutions in the voluntary non-profit sector of health care irrespective of religious affiliation.

Community health

is VHAI's main thrust.



76.17
VHAI conducts seminars, workshops, and other education programmes on community health. VHAI also assists other associations with seminars in this field.

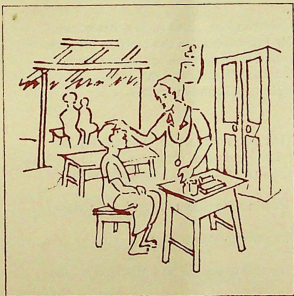
VHAI promotes the education of village based COMMUNITY HEALTH VOLUNTEERS.

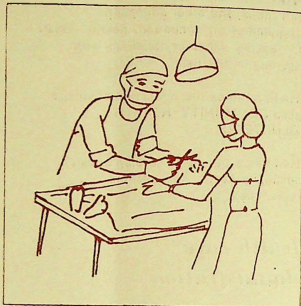
VHAI helps people to develop or extend community health services and programmes.

Health care administration

courses are VHAI's way of imparting managerial skills to hospital and health centre personnel.

VHAI conducts seminars and workshops on Hospital Administration, Community Building, Hospital Finance, Accounting, Communications, Planned Change in Hospitals.





VHAI also gives on the job training by a **CORRESPONDENCE COURSE** and Residency programme in Health Care Administration.

VHAI assists nurses

to assume new roles in the community. VHAI is involved in the revision of syllabi for nursing personnel to include more community health and the preparing of teaching aids and materials.

VHAI shares expertise with schools of nursing and other organisations in continuing education, by workshops on

- * Nursing management and supervision
- * Improving patient care
- * Improving written and practical exams
- * Health education.



VHAI provides a unique fifteen month

Anaesthesia course for nurses

The purpose is to make this medical science available at lower levels, so that smaller rural hospitals may have the benefit of a qualified nurse anaesthetist. Our nurse anaesthesia graduates can also assist in larger hospitals. After the academic course, there is an additional year of residency in the nurse's own hospital, for her to gain facility and greater confidence.

Liaison

with Government and other agencies comes naturally to VHAI.

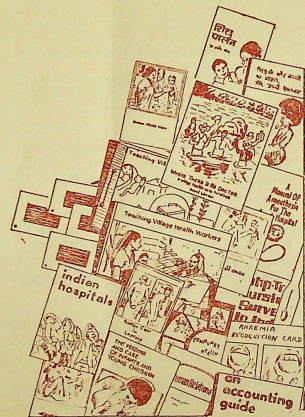
VHAI's personnel habitually visit Government Ministries and offices to get information for our members, to follow up their petitions, and promote good health care legislation.

We keep in contact with numerous national and international organizations, and encourage the formation of associations similar to ours in other countries.

Co-ordinators from VHAI's central office keep in contact with the State VHA's and assist them with their activities.

Health Publications

VHAI puts together its field experiences in the form of health learning materials.



VHAI publishes books, pamphlets, flash cards, flannelgraphs, film strips and slides.

VHAI collects, sifts, screens and distributes suitable health learning materials from all over the world.

VHAI publishes its official magazine, "Health for the Millions" every two months. This keeps its people up to date with what's happening in the field of health care.

VHAI provides information

to its members. We have a data bank and personnel to provide members and interested public with useful facts, statistics, materials for seminars, and addresses pertaining to the voluntary sector of health care.

It all began

in Bangalore, in January, 1969, with a conference of leaders of voluntary hospitals and health associations. VHAI was organized on a national basis with its present name at a meeting in Madras, September, 1974.

VHAI is governed

by a General Body in which there are representatives of the constituent State or Regional members. There is an Executive Board which manages affairs between general body meetings. There is a central office with staff in Delhi. Supervision of the central office is in care of an Executive Director. He is appointed by the Executive Board.

The Philosophy of VHAJ

What is our NEW VISION of health care? What makes it appealing? All we have to say is contained in the simple words: "COMMUNITY HEALTH". We begin with the community. Our goal is a healthy community. Our aim is to maintain the health of the community.

We promote SOCIAL JUSTICE in the provision and distribution of health care.



We believe in PEOPLE. We work with people. We believe that people grow better when they are encouraged to do whatever they can for themselves. We hope that good health may become a reality for all the people of India.

We say that TAX MONEY marked for health must be reasonably shared with all the people. It is mainly the Government's duty to provide health services for the people.

Persons and associations classed as VOLUNTARY have a great opportunity to help people see the value of good health.

We help them to want health services. It is good for us to encourage people to demand health services as a HUMAN RIGHT.

The health services we speak of are mainly basic or primary. These most commonly meet the needs of the largest number of people.

We believe in a REFERRAL SYSTEM. Primary health care is the base of the pyramid. This is most important. But it rises towards hospitals and medical education.



We believe also in RESEARCH, higher knowledge and the advancement of health science.

But our first faith is in SHARING. We emphasize health service for the poor and neglected. They are in greater need. We know enough already to provide all citizens with simple health care. If the poor do not have health, it is not because we do not have sufficient knowledge. It is because we as the organized people of India lack the will. Our OLD HEALTH SERVICES have been built to favour the educated, the privileged and the powerful.

Our NEW VISION is community and community health. We wish all goods and services to be more equally shared with the whole community.

The world community joins us to proclaim:

HEALTH CARE FOR ALL BY THE
YEAR 2000 !

The Spiritual Testament of VHAI

Can VHAI, due to being open to all, have NOBLE SPIRITUAL IDEALS? The answer is a resounding YES. From the beginning our principle has been to

EMPHASIZE AREAS OF AGREEMENT and de-emphasize areas of controversy. People are not merely individuals. All of us are also social, political, economic and religious.

Within religion there are areas of controversy. But there are also large areas on which virtually ALL GOOD PEOPLE AGREE.

Such areas are the practice of virtue, such as love, friendship, charity, justice, including social justice, mercy, prudence, courage, temperance, service of neighbour, especially of the poor, the deprived, the weak, decency, humility, personal and family fidelity, observance of reasonable laws, repentance and spiritual healing, the building of community, reaching out to world community.



Even prayer, meditation and contemplation can be common. Some prayers are particular to one person or religion, but others can be generally accepted by everybody.

If we would try to estimate what is common to all religions, especially the larger and more developed ones, we could surmise that a very high percentage would be common.

It is certain that all the above beautiful aspirations are agreed upon as part of the idealism of all religions.

We in VHAI, following our principle of emphasizing what is common, inspire our members to the ideals listed above. Our working together is always religiously inspiring. We do not compare our religions. We do not try to prove that one is better than the other. Each of us,

both singly and in groups, brings the best of our religious heritage to bear upon the goals we jointly pursue. Each of us is free individually and socially to practice fully and to join with members of his/her own religion in all religious exercises of one's choice.

Our way of life is a noble religious expression. We join hands and hearts to do all we can together. We encourage the freedom of each one's personal call.

We are upon to the highest spiritual accomplishment and commitment.

Interested persons are invited to write for further information as desired.

You may ask for a syllabus for the Correspondence Course in Health Care Administration,

or for the Anaesthesia course for Nurses. A catalogue of our Publications is available free on request.

You may inquire about a particular type of seminar that may interest you.

Address :

The Voluntary Health Association of India
C-14, Community Centre, SDA
New Delhi 110016

Phone numbers : 652 007, 652 008
Residence of Executive Director 652466

DELHI - Health - 1. Dev. Projects

1. Okhla Neighbourhood Comprehensive (D-1) Dr. Manoj Tabin
UNICEF MCH + WFP - Rishi Project
Holy Family Hospital, Okhla, Jamianagar.
N. Delhi - 110025.
2. Mobile clinics of working mothers children Mrs. Mahadevan
ICMR S B Telegraph Lane
Delhi - 110001.
3. Dept of PCH, (D-19)
ICMR University College of Medical Services
Ring Road, N. Delhi. Dr. C S Chittam
4. AIIMS - (D-18)
ICMR Ansari Nagar ICMS - Dr. BN Tandon / Dr. S. Bhattacharya /
N. Delhi - 110029. + S4S - III, Ashwini Hospital Mr. Ramachandran
5. Centre for Com. Med. - D-7 + H1
ICMR Comprehensive Rural MCH Project.
Batalahgarh. Dr. V. P. Reddiah.
6. Centre for Social Medicine & Com. MCH (D-15)
ICMR J. N. U. Dr. P. Ramakrishna -
N. Delhi - 67. Dr. D. Banerji
7. National Institute of H & Fw (D-14)
ICMR + Source New Mehrauli Road
Munirka, N. Delhi - 110067. Dr. R. K. Sanyal,
& Dr. P. L. Taneja
8. CENDIT (D-13)
S4S VHA C-11 Community Centre
Safdarjung, Dev. Area
N. Delhi 110016. Rajeev Jain.
9. College of Nursing (RAK)
Andheria Gump.
N. Delhi - 110049. Dr. Mrs. Sawale.
(RFA - Chauda Napaigarh).
10. MANUSHI (D-11)
C/1202 Lajpat Nagar.
N. Delhi 110024.
11. Vishwa Yuvak Kendra (D-10).
Circular Road
Chanakya Park.
N. Delhi - 110021. Dr. K. V. Shridharan.
12. Sanjivni (D-9) Society for Health MCH
Bharatiya Vidya Bhawan,
Kasturba Gandhi Marg.
N. Delhi - 110001.
13. Rajeev Sethi (D-8)
C-49, Neeli Bap
N. Delhi
Bhula Bissa Kalakar Sahakar Samiti,
Flat No 4, Shankar Market,
N. Delhi - 110001.
14. Indian Institute of Technology, (D-7)
S4S Hauz Khas N. Delhi - 110016
(RFA - Gopalpur)

Source
Study

15. AVARD (Assoc. Vol agencies for Rural Dev)

A-1, Kirti Kalamy,
N. Delhi - 110045

or C-6 (1st Fl) Community Centre
Safdarjung Dev Area,
N. Delhi - 110016.

16. Periana

410 Ashraf Hussain
VVK.

17. Prasanta CPVNA

14, Balesar Road 2001
N. Delhi - 110054.

Dr EB Sundaram.

18. Centre for Science & The Environment

807 Vishal Bhawan,
95 Nehru Place,
N Delhi - 110019

And Against

19. ICSSR,

IIPA Hostel Bldg
Indraprastha Estate
N. Delhi - 110052

Hareh Sethi

20 Family Planning Foundation

198, Golf Links
N. Delhi - 110003

J. C. Kachari

21. Catholic Relief Services

U.S.C.
H-88, South Extension,
Part-1,
N. Delhi - 110049.

22. Catholic Hospital Asst of India

CBSI Centre,
Gandhi Park, N. Delhi - 110001

(Ashok place)

Fr John Vattamatt.

23 CARITAS

CBSI Centre - as above

Fr P. Remigio

24 VHAI,

C-14, Community Centre
Safdarjung Dev Area
N. Delhi - 110016

Fr Tomp.

25. Lokayan

(Centre for the study of
developing societies)

Exchange Building
13 Atipur Road - Delhi 110054

(ph-223540)

26 PUDR - Peoples Union for Democratic Rights

13, Juhu Bagh
New Delhi - 110003

(for publications)

Lokayan

J & K and HIMACHAL PRADESH - Health & Dev. Projects

1. Dept. of PSM, (J&K-2)
ICMR Govt Medical College -
Jammu.
2. John Bishop Memorial Hospital.
Anant Nup.
Kashmir
(RPA - Chikungunya area)
3. Institute of Medical Sciences
Srinagar.

Dr R. D. Bansal.

Dr. Mil. court Xavier.

1. Lady Willingdon Hospital.
VHA Manali, Kullu Dist.
2. H.D. Medical college
Sunla
(RPA - Suni)

PUNJAB - Health + Dev. Projects

1. Dept of Com. Med. (P-2)
VHA UNICEF CMC Ludhiana, Brown Memorial
Punjab-141005 Hospital.

Dr B. Conner.
Dr N.S. Grewal.
Prof. B. Home.

2. Dr N.S. Grewal.
VHA Maxwell North West VHA,
Director Com. Med.
CMC Ludhiana

3. Soc. N.W. VHA
VHA CMC Ludhiana.

Mr. U.G. Coman.

4. Medical College
Amulsar (PHC - Verka)

5. Com. HHR Project (P-3)
Mac Robert Hospital
Dharamsal
Gurdaspur Dist.
Punjab

Maj. Arnold F. Bennett

6. Govt. Medical College
Patiala (PHC - Bhadson)

HARYANA - Chandigarh - Health + Dev. Projects

1. Dept of PSH - (H-3)
Medical College
Rohtak.
Dr YL Vasudeva.
2. Dept of Com Med. (H-7)
PGIMER,
Chandigarh - 160012.
(RFA - PHC - Raipur Ram).
Dr Vijay Kumar.
Dr NK Jain.
3. Balabgarh - (H-1)
4. FAIR
Dept of Pol. Sc, Aile Block IV
Punjab University
Chandigarh - 160014
Virinder Singh,
Dr JK Mehra.
5. Arpana Trust
Madhu Ram
Karnal,
Muzano.
VHA
6. Family Survival Assurance, Plan.
CMAI,
Philadelphia Hospital
Ambala.
MHPW.

17
No. 1501Health
PunjabDepartment of Community Medicine, Christian Medical College,
Ludhiana.

2. Coverage. 50,000 in city slums and 60,000 in rural area.
3. Activities. Home visiting important. Stresses immunization, family planning, under-5 clinic and post natal care.
4. Personnel and Training. Interns, ANMs of college/govt.
11. Contacts: Dr C.M Harbans Dhillon, Prof. & Project Director, Prof. B. Houre, O & G Dept.
12. Reference: VHA I

Note: No information available on items 1, 5, 6, 7, 8, 9, 10.

No. 1701

Health
Tamilnadu

Deenabandu Medical Mission, R.K. Pet. Chingleput dist.

1. Started in 1955
2. Coverage. 20,000, especially from poorest 40 per cent.
3. Activities. Include monthly injections for contraception and tubectomy.
4. Personnel and Training. Village and volunteers and mid-wives.
11. Contact. Dr Prem John, MPH
12. Reference. VHAI

Note: No information available on items 5, 6, 7, 8, 9, and 10.

EXPERIENCES OF OPERATING PRIMARY HEALTH CARE IN
RURAL TRAINING CENTRES OF MEDICAL COLLEGE, ROHTAK

by

Dr. Y. L. Vasudeya, Professor,
Social and Preventive Medicine, Medical College, Rohtak.

Primary medical care for all by the end of 2000 AD is a goal set by the Alma atta declaration for which India is a signatory. The present communication to highlight the experiences of delivery of primary medical care in India settings [field practice areas]. It also brings out the efforts which have gone into the development of front line community health volunteers in terms of their recruit training and continued on the job training. The paper enunciates the perceived utility of these workers, by the community and tangible performance of these workers; minimum health information system developed at their level is also brought out in some details. Primary medical care for vulnerables through the set up of anganwadi workers under ICDS Scheme is another model which has been operative in our setting and experiences of this model have also been elucidated. The emerging referral system with the inception of these categories of workers is acquiring newer dimensions and appears to be much more meaningful. The paper also enunciates the attempts made for the training of indogenous birth attendants and change in their traditional practices.

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COMPREHENSIVE HEALTH CARE -
PROBLEM - SOLVING METHODOLOGIES

by

Dr. Mrs. H. Dhillon, Dr. B. Cowan, Dr. H.N.S. Grewal, Deptt. of Community Health and Social and Preventive Medicine, Christian Medical College and Hospital, Ludhiana, Punjab.

A highly effective pattern of comprehensive health care, covering a total of 1 lakh people [50,000 urban and 50,000 rural] is being attempted through CMC Ludhiana.

One field worker is employed for every 5000 population. In rural areas great care is taken in the selection and training of middle aged women CHWs the 'extension arm' of field workers. Especially the local 'dais' must be included. The main task of the CHWs is health education and motivation.

A simplified system of data collection and health recording has been evolved, which is now being taken up by the State Directorate. It depends upon three simple tools 1] Master register containing baseline data, monthly changes, lists of pregnant mothers and children 2] Family folders, and 3] Worker's Dairy.

Little can be achieved, however, without the skilled direction of the key figure, the medical team leader. Governmental staffing pattern in Punjab and some other states, with 1 doctor per 10,000 population and one male and female multi-purpose worker per unit of 5,000 is more than adequate. The detailed pattern worked out at the CMC, with its rational recording system, is considered both feasible and replicable.

STRENGTHENING OF HEALTH SERVICES IN A COMMUNITY
DEVELOPMENT BLOCK IN HARYANA

by

Dr. Vijay Kumar and
Dr. N. K. Jain,
Deptt. of Community Medicine, PGI
and P.H.C. Raipur Rani, Haryana.

Joint efforts of PGI, Chandigarh and Haryana health Directorate during the past 5 years have led to strengthening of health services at the level of a community development block. Highlights of this programme are: a] Institution of ongoing training programme for more than 325 health workers of different categories in the block; b] introduction of cost effective interventions in the treatment of diarrhoeal disease in children and prevention of neonatal tetanus for reduction in infant mortality; c] Community participation through voluntary village health committees in 18 villages; d] Development of functional referral linkages between villages, subcenters, PHC, Tehsil hospital and tertiary institution; e] implementation of health education programme; f] evolution of simple record keeping for monitoring of health of the community. The records are designed so that even illiterate and semiliterate health workers can fill them.

Studies have been completed on beliefs, attitudes and treatment seeking pattern of people during health and disease and on training, background and performance of various categories of health workers in order to further strengthen the programme.

A unique feature of the project is that unlike other projects it is organised within the framework of facilities provided by the State with only minimal inputs for strengthening and evaluation.



JULY 1985

A NEWSLETTER OF THE ASHOKA FELLOWSHIP REGD. OFFICE: 59, REGAL BUILDING, CONNAUGHT CIRCUS, NEW DELHI 110 001, PHONE 321943.

CHANGE **MAKERS**

INTRODUCTION

The Ashoka Fellowship is a world-wide association of independent individuals with deep social concern and with capacity and drive to translate this into realistic and effective action for change. Ashoka Fellows are innovators who have undertaken path-breaking action in various fields of public cause, such as environment advocacy, release and rehabilitation of bonded labour, anti-corruption movement, and educational reform. Their involvement is quite distinct from conventional social service—worthy in itself—in that it is a creative and strategic personal response to the great challenges of our times. By raising new issues and creating new,

proven models their impact extends far beyond those they serve directly.

The Ashoka Fellowship programme began in India in 1982. It is now also functioning in Indonesia with an active support chapter in North America. New initiatives are planned for Brazil, Nigeria and Mexico. Ashoka Foundation members, who are themselves successful social entrepreneurs, help the new Fellows with experience-based advice, key references and professional guidance. In addition Ashoka ensures its Fellows personal financial independence during a mutually agreed one to four year period.

The Ashoka Foundation is a non-profit organisation constituted under the Societies Registration Act, 1860.

This communication, which will be issued every four months, is designed to share new usable ideas, to let

those engaged in public work know where they can turn for help if they want to take up some of these ideas, and to introduce the members of the extended Ashoka family to one another.

Please join us in the important work of helping the next generation of practical innovators come up for the public good. It is they, ultimately, who define new issues and demonstrate new ways. If you know of someone who has such a practical vision and who is ready to launch into it full time, please write as soon as possible to our Executive Director, Kishore Saint, The Ashoka Foundation, 11-A, Fatehpura, Udaipur, Rajasthan 313 001.

Ashok Advani, *Chairman*
Kirttee Shah, *President*
Kishore Saint, *Executive Director*
Tejbir Singh, *Managing Director*

*when
can
the
people*

NEW IDEAS AND HELP

Here are a few of the practical new ideas members of the Ashoka network have developed:

- Anti-Corruption Centres
- Food Without Land
- Environmental Education
- Making Hospitals Hospitable
- Release and Rehabilitation of Bonded Labour

One or more of these ideas may help to extend your work. If so, your innovators would be happy to help you.

ANTI-CORRUPTION CENTRES

Petty officials have for long harassed small farmers and the poor. Revenue and forest officers, demanding bribes or protection money, have all too often personified the law.

Finding a practical, politically feasible way of making the law

protect citizens against this corruption-raj would have far reaching implications, not only for honest administration, not only for the rule of law, but also for the

IN THIS ISSUE . . .

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• FELLOWSHIP NEWS	Pg. 3
• INTRODUCTION TO NEW FELLOWS	Pg. 4

Please send in your suggestions for future issues to Tejbir Singh, 59 Regal Building, New Delhi-110 001.

citizen's satisfaction that he/she is in charge and can control events.

Ashoka Associate Anand Kothadia, an agricultural graduate working in Karmala, Maharashtra, has demonstrated over the last two years an approach that works:

- Citizens (initially encouraged by Farmers' groups organised by Anand) bring complaints.
- The anti-corruption Centre investigates and, if it finds the complaint is justified, establishes a client relationship by charging a fee of Rs. 25.
- The Centre develops evidence and works the complaint through administration, courts, etc. drawing on established working relations with honest, helpful officials and the anti-corruption staff.
- It reinforces its work and independence by working closely with and writing often in the local press.

Other groups are bringing up new centres in other areas modeled on Anand's work. For further information contact Anand Kothadia, Rural Development Research Institute, Karmala, District Solapur, Maharashtra.

FOOD WITHOUT LAND

Some highly nutritious foods can be grown without land. For those struggling with poverty and malnutrition, they offer an important avenue of escape.

Ashoka Fellow Iwan Nusyriwan of Jogjakarta, Indonesia, plans to be his country's Johnny Appleseed of mushroom farming, bringing the jobs and nutrition this crop promises—without requiring land, which is all but unavailable there. (The Island of Java, with 60 percent of Indonesia's 170 millions, ties with Bangladesh as the most densely populated place on this planet.)



Indonesian Ashoka Fellow, Iwan Nusyriwan: cultivating mushrooms

Iwan trains hundreds of mushroom farmers, helps organize cooperatives, produces seed mushrooms, manages a cooperative marketing arm, has developed many varieties of bottled and canned mushrooms (key for managing the inventory of the perishable product), and works to open new marketing channels. The farmers he has helped start, operate from both urban and village locations.

He has found straw mushrooms, which are grown on plastic covered stacks of trays, and certain species of wood mushrooms that will grow happily on wood floating on irrigated rice paddies, especially useful so far. By harvesting several trays a day, a family can be self-supporting.

Because mushrooms are not a traditional food, Iwan has had to work hard at opening market channels. He's succeeded for example, in selling direct to restaurants, getting street vendors to sell mushroom satay (kabab) along with the longstanding favourite chicken satay; and in providing canned and bottled mushrooms to

distributors. Even so he calculates that only one tenth of one percent of the potential market in even his home region has been reached so far. For more information, contact Iwan Nusyriwan, care Yayasan Ashoka Indonesia, Jalan Kemang, Raya No. 1, Kebayoran Baru, Jakarta, Indonesia.



Two female rabbits can provide a steady, sufficient flow of valuable protein for a family of five with only a few backyard raised hutches and a food supply of grass, vegetable leftovers, and a little bran. The droppings are good fertilizer and the furs are quite valuable. Mamur Suriaatmadja by demonstrating the economic and health value of rabbit raising in seven Indonesian villages, intrigued Indonesia's President, who launched an 8 billion rupiah (10 crore rupees) rabbit programme. Contact Mamur for help at YAPIKA, Jalan, Diponegoro 30, Bandung, Indonesia.



ENVIRONMENTAL EDUCATION

Children don't learn to think, let alone to solve problems creatively, by memorising and chanting together set responses. This antiquated, factory model of stuffing children with facts is still very much the norm.

Veteran Bombay teacher and Ashoka Fellow, Gloria de Souza, saw how harmful this factory approach was, even in excellent private schools. She also wanted to help reverse the demoralization reflected in a poll showing that 70 percent of the students hoped to emigrate.

She developed a new approach and made it work in her own school at all levels. Called 'environmental education', her approach involves the students in discovering how the world works by exploring that world themselves. Biology comes alive by exploring courtyard and street trees, mosses, birds, etc. Why is the moss only found on the north side of the tree? History lives in the surrounding buildings and peoples.

Gloria has developed new problem-solving materials (being published by Macmillans, a grade a year) and back-up resource banks for public and private, formal and informal schools. Much of what is so remarkable about her approach is that she has made it work in schools even with extremely high pupil/teacher ratios and with often limited teacher backgrounds that characterize the bulk of Indian schools, through such techniques as team teaching. The Bombay Municipal Corporation has invited her to bring her approach to its 1700 school system. She's also helped other parts of the country get



Educationist Gloria de Souza: nipping 'brain drain' in the bud

started, often through requests from impressed fellow Ashoka colleagues. She'll be happy to help if you contact her: Gloria de Souza, Parisar Asha, C/o St. Xavier's Institute of Education, 40 New Marine Lines, Bombay 400 020 Phone (291833).



RELEASE AND REHABILITATION

Despite estimates that India has 5 million bonded labourers, politicians and officials of Maharashtra maintained until recently that there was no such thing in their region. That is until Ashoka Associate, Vivek Pandit, drew national attention to hundreds of bonded labourers in one small area alone just north of Bombay city as he helped them claim their release.

Finding and helping these extraordinarily dependent human beings to stand up and claim their independence is hard enough. But to then help them develop the confidence and skills to stand on their own two feet is even harder.



Vivek Pandit: rehabilitating bonded labour

Despite laws assuring rehabilitation help is not actually available. Vivek has had to fight hard and long, assisted by Ashoka public-interest lawyer Vasudha Dhagamwar, to get the government activated in this matter.

Vivek is anxious to help other voluntary groups learn how to spot, release and rehabilitate these truly poorest of the poor. Contact Vivek Pandit, at Post Dahisar, Taluk Vasai, District Thane-401303, Maharashtra.



MAKING HOSPITALS HOSPITABLE

An old man's mature son is unconscious and obviously very seriously ill. He borrows 70 rupees and spends much of it getting his son to the public hospital in Ahmedabad. His son is admitted, but soon the father is faced with extra expenses not covered by the hospital—even medicines and the catheters required for an operation. He doesn't have the money; the whole environment is foreign and frightening.

In taking his son to the Ahmedabad hospital this man was lucky. Naginbhai Shah, selected by Ashoka last November, has created a simple, entirely unbureaucratic approach that immediately helps the poor deal with the forbidding and unaffordable hospital. Every day he and his volunteers are there:

- They interview patients and make on the spot judgement of needs.
- They issue chits redeemable at specified suppliers for medicines, etc. in consultation with the doctors.
- They stay with a needy patient till he leaves the hospital.

All this is supported by an

ingenious fund-raising programme that has built up a major capital fund.

For information and help in launching similar programmes contact Naginbhai Shah, Purnima House, Shahpur Mill Compound, Ahmedabad-380 001.



FELLOWSHIP NEWS

Dr. H. Sudarshan's work with the tribal people of Karnataka's BR Hills continues to expand. In January 1985, 2000 of his clients held an annual meeting during which the Chief Conservator of Forests sanctioned them 50 hectares of fruit tree pattas, another step in his work to reconcile the needs of the forest with those whose hunger he is fighting. He has also been in touch with other tribal areas on health matters and is helping start a Karnataka drug-action network to fight against the use of banned and harmful drugs.

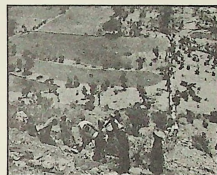
Vasudha Dhagamwar continues her public interest law advocacy at the Supreme Court in Delhi and elsewhere in alliance with voluntary grass-roots organizations. Although ready to help on a broad range of issues, she is focusing especially on those displaced by dams and other major development projects. She hopes to force the cost-benefit analysis, done before such projects begin, to take into account the price of dislocation, and also to win full, right-to-know access to information regarding such projects for those to be affected. Last summer she helped Vivek Pandit's struggle to force the government to provide help for bonded labourers he is helping release and now she is helping Ashoka president Kirtee Shah's efforts on behalf of Bangalore slum-dwellers facing bulldozer evictions.

Anil Agarwal's second edition of the State of the Environment in India, twice as meaty as its groundbreaking 1982 predecessor, will be out shortly. Write Anil at the Centre for Science and Environment, 807 Vishal Bhavan, 95 Nehru Place, New Delhi 110 019.

Arun Shourie, 1984 Fellows Panelist, was the guest of honour at a dinner given by 50 Ashoka volunteers in America this April. Founder member

Annam Pari has launched an Ashoka Committee in the New York Indian community along with P. Chatterji, A. Bhide, J. Lalwani and others.

Kishore Saint's effort to arrest the increasing impoverishment of the people and the desertification of the land in the until recently green Aravalli Hills of Rajasthan, centers on building a broadly-based local coalition and government support for a tree planting programme on private lands, combined with short term income generating activities. Kishore has also been active in his native Punjab trying to help the communities there regain mutual understanding and goodwill.



Regenerating the denuded Aravallis

Ashok Advani, Tejbir Singh and Shyam Chainani have been collaborating in a series of legal and administrative challenges designed to subject development on urban cantonment lands to minimum land use and building controls.

The Ashoka Board has delayed start-up of Ashoka in Brazil, Nigeria or Mexico pending greater progress in fund-raising.

Ashoka Indonesia has completed its second round of Fellow selections. The new Fellows are working predominantly in rural areas in fields ranging from demonstrating practical alternatives to chemical pesticides, to a variety of income generation innovations.

1985 Ashoka Retreat

The 1985 annual Members' and Fellows' Retreat will be held in late September at Dr. H. Sudarshan's headquarters in the BR Hills, Karnataka. It will follow a meeting with Southern voluntary organization leaders. The next meeting of the 1985 Fellow's (selection) Panel is also scheduled for that week at the BR Hills. Detailed invitations follow.

INTRODUCING OUR NEW FELLOWS

Although average life expectancy has grown dramatically since independence, our public health care system remains greatly flawed.

Two most remarkable doctors, Ashoka Fellows, *Abhay* and *Rani Bang*, have been struggling for years to find a way to bring better health to everyone, especially the poor. *Abhay* grew up in the Gandhian movement, including early work with Vinoba Bhave. *Rani* comes from a family with strong commitments both to medical service and, in her grandparents' generation, to public service. Both *Abhay* and *Rani* were placed first in prestigious national medical competitions, and both have spent years trying to help rural people, especially in the Wardah area. They have helped them take charge of their lives, working out rapidly from health to issues ranging from grain banks to the enforcement of minimum wage. They have also helped organize and lead a national group of medical professionals similarly concerned with the social dimension of health care.

After a year's study towards a Masters in Public Health at Johns Hopkins University, U.S.A., they have returned to launch a programme that is practical as it is sweepingly creative. It promises significant changes both in the delivery of services and in public health priorities and policy.

They are moving to one of the country's most backward districts, Gadchiroli (the south-eastern corner of Maharashtra) this summer. Almost totally rural, it has a large tribal population, only 22 percent literacy, meagre transportation and no industry. Health care is almost non-existent, although new government services are coming in.

The Bangs will operate independently of the government and at the same time through it and with it at all levels. They will not create a parallel private system, the usual and far less-risky approach of most private health organizations. Instead they will seek to find practical ways with the Gadchiroli government workers to show how the country's only mass scale health system might



Rani and Abhay Bang Arvind Pitre do far better in reaching those it should.

At the same time they will be undertaking applied policy research with massive potential impact. Pneumonia is the second largest child killer, chiefly because hospital treatment is required. The Bangs will try to train village workers to diagnose and handle it. Gynaecological disorders, which can cause village women pain, psychological hurt, and illness for decades have long been left unstudied. The Bangs will study all aspects of the problem, including the psychological, and evolve patterns of care appropriate for the village.

Arvind Pitre has over the last five years established a number of voluntary programmes to serve the poor and especially the disabled. This work includes sponsoring roughly 50 physically handicapped students this year, twice last year's total, through food, health, and educational support in a context of personal family involvement. He has been organizing emergency relief and has launched a book bank for the poor. Focussing increasingly on the handicapped, a concern rooted in his seeing how his deaf and dumb sister has had to struggle, he has built up a braille

book-manufacturing facility and is now in the middle of launching a "talking book" unit that will record books onto cassettes (an easier and more durable medium for the blind). He, and a growing group of volunteers he organized, have done all this in their free time.

Now an Ashoka Associate, *Arvind* will focus his full energies on a new undertaking—the launching of production units staffed by the handicapped and also managed by these workers on trusteeship principles. The first unit he plans to launch will manufacture artificial limbs such as the 'Jaipur foot'. Patients must now wait a long time—up to several years—to get such help.

In many ways this new thrust is a logical next step for *Arvind*. A business graduate with strong entrepreneurial drives, and experience in business as well, he has the skills and interest to create such production units. Concerned with equal worker involvement since college, trying to create a successful demonstration of trusteeship shared management with the hope of eventually spreading it widely in India, is a parallel passion. And, the 25 percent of profits the trusteeship idea makes available for community work will provide a core of support for the sort of work he's been struggling to fund over the last five years. Moreover, this project will help a growing number of handicapped persons find what is ultimately the single most important and difficult step towards independence—a good job.

CHANGE MAKERS



REGD. OFFICE: 59, REGAL BUILDING, CONNAUGHT CIRCUS, NEW DELHI 110 001. PHONE 321943.



MARCH 1987

A NEWSLETTER OF THE ASHOKA FELLOWSHIP REGD OFFICE: 59, REGAL BUILDING, CONNAUGHT CIRCUS, NEW DELHI 110 001. PHONE 350135

CHANGEMAKERS

SPARKPLUGS OF CHANGE

The past year has seen the addition of six new fellows and associates. Their profiles are included in this issue. With these selections Ashoka concerns have expanded into new problem areas such as slum children and youth welfare, students' self and social awareness, early childhood education and academic improvement of the disadvantaged. Even social enterprise as a concept gains serious attention, new fellowship and support arrangements are coming into being for independent individual effort in the social field. At the same time questions are being raised about the exclusive or overly individualist emphasis which obscures the reality and strength of group effort in public enterprise. In the international context Ashoka has been launched in

Brazil bringing its presence in four countries: Brazil, India, Indonesia and USA. Ashoka International President William Drayton puts it "Ashoka is the first association of public service entrepreneurs. As such it should help define one of society's most critical but least understood roles. If society understood and began to think more about these essential sparkplugs of change, it would almost certainly do far more to encourage them." There is an implicit recognition that global dimension of today's problems requires 'sparkplugs of change' not only in the 'developing' countries but also in the 'developed' nations whose policies, lifestyles and values are often at the root of present day crises. Ashoka as a fellowship of public service entrepreneurs facing a common predicament seeks to transcend donor project holder schism in much of 'First World-Third World' aid and philanthropy relationship.

NEW IDEAS

Here are some more new ideas that Ashoka network members have initiated:

- Education, Action and Research in Community Health
- Self-managed Trustee Ownership—Artificial Limbs Manufacture Unit Run by the Handicapped

IN THIS ISSUE

- In this issue you will find:
- EDITORIAL
 - NEW IDEAS
 - INTRODUCTION TO NEW FELLOWS
 - FELLOWSHIP NEWS
 - FEEDBACK
 - FELLOWSHIPS

EDUCATION, ACTION AND RESEARCH IN COMMUNITY HEALTH

Rani and Abhay Bang were selected as fellows last year with a project to develop independent administrative, training and research interventions to improve the public health system in the rural-tribal Garchiroli district of Maharashtra. They moved to the project area in August and have finalised arrangements with the state government, Indian Council of Medical Research and Planning Commission for collaboration in funding, research and policy impact. Their arrival in the area has been hailed by the local press. The 'unprecedented' decision to give control and responsibility of government health institutions to a voluntary body has been welcomed

at all levels and is going to be watched with keen interest. A process of bringing together the voluntary groups in the area has begun. These include the rural labour initiatives of *Mohan Hirabai Hiralal*, an Ashoka associate.



SELF-MANAGED TRUSTEE OWNERSHIP—ARTIFICIAL LIMBS MANUFACTURE UNIT RUN BY THE HANDICAPPED

For social entrepreneurs there are often excruciating gaps between their ideals and the hard reality they have to

negotiate with and through. Arvind Pire's experience in giving shape to his dream illustrates this in ample measure. Obtaining a site to locate the artificial limbs manufacture unit, convincing artisans to work together as partners and trustees, arranging funding and subsidies and ensuring marketing and servicing linkages, have stretched his energies and persuasion capacities to the fullest. There were blind alleys and false leads but he has persisted working through a wide array of potential helpers, notably Karnataka Health Institute, Ghatprabha, Dr. P.K. Sethi inventor of 'Jaipur loot', Fellowship of Physically Handicapped, Industrial Credit and Investment Corporation of India (ICICI), State Bank of India (Industries Cell and Innovative Banking Department) and others. At long last his efforts have borne fruits and ICICI have come through with a project grant worth Rs. one lakh. This will enable him to obtain cash-credit and soft loan facilities from the bank to begin manufacturing operations.



INTRODUCING OUR NEW FELLOWS

Dr. Jude Henriques, a lecturer in Sociology of Education at the prestigious Tata Institute of Social Sciences, Bombay has had a long-standing involvement in the education of the disadvantaged. His doctoral work was focussed on the theme of alternatives in education. In the course of his work to evaluate adult education programmes he



was confronted with the problem of extremely low performance in night schools. This led him to analyse the problem in depth and to develop an innovative strategy to improve performances in mathematics through a more relevant curriculum which is experience-based. His future work aims at consolidating this approach and extending it to other subjects. It is also designed to change community and parents' perception of their children's potential and creating a more supportive social environment for learning.

Ms. Flavia D'Mello, till recently the Secretary and Co-ordinator of Women's



Centre in Bombay, has gone through in her own life the experience of being oppressed as a woman. She has captured this with vividness and sensitivity in her autobiography 'My Story—Our Story, of Rebuilding Broken Lives', and drew upon it for her work in helping women in distress. As an Ashoka Fellow she wishes to concentrate on enabling women to gain recognition, training and access to qualitatively better and non-traditional employment opportunities. She will also undertake building bridges between policy makers and community workers on women's issues.

Dr. P. Venkat Rao, at 33, has an impressive track record of academic study teaching and research and social work involvement in and around Hyderabad in Andhra Pradesh. His doctoral work was on 'Development of Weaker Sections in Medak District in Andhra Pradesh'. As a faculty member of the postgraduate College of Social Work, Osmania University, he broke the routines and took his students on peace



marches during riots, relief work after cyclones and for service in hospitals and jails. Together with others he started the Centre for Environment Concerns in Hyderabad. As an Ashoka Associate, he proposes to orient action groups and non-government organisation towards environmental issues and help them reconceptualize 'development'. He also wishes to initiate a citizens' movement for right to information on environmental issues, right to a safer environment and right to participation in planning and monitoring environmental aspects of development.

Alphonse Jemonie is a self-made person tutored the hardway in the school of life. He left formal education early in life, grew up in the slum areas of Bangalore and did various industrial jobs. It is in the course of these that he became interested in the situation of fellow-workers and unemployed youth in slums. He brought the workers together to create in them concern and responsibility for unemployed youth.



This is how 'Goodwill International Association' was formed and it took steps to form groups in the slums for youth welfare and training. Alphonse has also done a spell of work with rural marginal farmers assisting them to avail benefits from government schemes. As an Ashoka Associate he plans to give his full-time energies for strengthening the work with the unemployed youth in the slums by evolving stable local organisation, skill training and opening up job opportunities.

Heera Lal Sharma, with origins in a village in Southern Rajasthan and a postgraduate degree in Political Science,



has been involved in adult education and rural development work for over a decade with Seva Mandir, a premier voluntary organisation in the area. In the course of this he has acquired wide-ranging experience in planning, implementation, monitoring and evaluation of varied activities such as agricultural improvement, biogas plants, health education etc. In the new phase of his work as Ashoka Associate he aims to evolve an approach that increases self-confidence of the poorer communities for self-planned and self-managed development of their resources on a co-operative and sustainable basis.

A postgraduate in Child and Family Studies from Syracuse University, New York, *Rupen Das* has been working as an Executive Director in the toys division of Jord Technologies Pvt. Ltd.,



in Bangalore. He became concerned about pre-school education with the arrival of his own daughter, now three years old. He has also been in touch with some of the recent findings in learning theory, especially regarding multiple intelligences and skill literacy. With this background he wishes to develop an innovative curriculum and supportive aids for the age group 2 to 5 years. An experimental school and teacher training are also part of the design in his programme.



FELLOWSHIP NEWS

Gloria de Souza's Environment Education Resource Centre in Bombay has gained funding support from UNICEF and AGA KHAN FOUNDATION to extend its work in Bombay and rural Maharashtra.

Anil Agarwal's Citizens' Report on State of India's Environment, 1984-85 has attracted attention at the highest level of decision-making in the government. He has been asked to give audio-visual briefings for various committees of the Union Cabinet, Ministries, Planning Commission and for the general public through Door-darshan the national TV network.

After getting over 700 tribal bonded labourers released from the landlords, *Vivek and Vidyutlatha Pandit* and their colleagues in Shramjivi Sanghathana (a people's organisation) and Vidhyak Sansad (support organisation), have launched action for the long-term sustainable and self-reliant rehabilitation of the released families. Together with the threats, rewards and recognition have come from three organisations in Maharashtra Yuva Jagar Award of Chhatra Bharati and Yuva Shakti Award of Ruprang for Vivek and Barrister Nath Pai Yuva Puraskar for Vidyutlatha.

Vivek's team has evolved its own participative training to impart initiative and responsibility amongst the people themselves. A detailed case study of this method is being prepared. A consultation on the whole issue of rehabilitation of released bonded labourers has been held in early January with the active involvement of management experts, bank officials, local administration and voluntary agency workers. In March the conviction of a landlord holding bonded labourers has been secured for the first time after the enactment of Bonded Labour Abolition Act 1976.

Mohan Hirabai Hiralal has advised farmers' organisations on issues relating to tribal marginal and small farmers and labourers and their environmental resources. He has also held consultations amongst voluntary workers towards a more responsive and supportive relationships amongst individuals and organisations.

Kishore Saint with colleagues in Ubehsar Vikas Mandal undertook locally self-managed protection and regeneration measures on private and village degraded pastures and woodlands in the Aravallis with assistance from National Wasteland Development Board, Society for Promotion of Wastelands Development and the Rajasthan State

Forest and Rural Development Agencies.

Ashok Advani and Kirtee Shah attended the Ashoka Society International Retreat in the USA in June 1986. Kirtee Shah, toured the USA and met the various groups and individuals active in Ashoka support work.

Bill Drayton spent a month touring Brazil to set up a fellowship programme in that country. Two selections for fellows and associates were held in July and December 1986. Rathin Roy from Madras took part as a guest panelist in July selection.



FEEDBACK

• "I was delighted to receive a copy of *Change Makers—March 1986*. It is indeed a unique concept."

Professor M.L. Dantwala
Emeritus Professor
University of Bombay
Bombay

• "Having worked for about a decade in a voluntary organisation called 'Gram Vikas Kendra', engaged in Rural Development programme in the district of Singhbhum, Bihar, I have been losing hopes in expecting a better future for the villages in India. This desperation and disappointment have been due to lack of availability of young spirited persons in Eastern India, who could bring intended change in the profile of our villages and who would prefer to stay among our rural folk. March 1986 issue of *CHANGE MAKERS* has created a new hope in me. Ashoka Fellowship scheme to be an answer to my frustration.

Kindly accept my congratulations to your endeavours in highlighting the efforts of youngmen who are making a New India".

Shri H.S. Verma
Gram Vikas Kendra
Jamshedpur

• "The Newsletter is indeed very informative and depicts the work of many devoted development workers in different parts of the country"

Praful Kumar Sahoo
Vishwa Yuvak Kendra
New Delhi



FELLOWSHIPS

Ashoka Foundation invites applications for its Fellowship Programme for 1987. The fellowship is intended for support to highly motivated, competent and creative individuals who wish to launch public service and public cause initiatives.

These should be self-designed and self-managed projects in such fields as environmental protection, ecologically-sound development, community health, poverty alleviation, consumer interests, civil liberties and human rights, educational and social re-construction, cultural regeneration, peace action or any other sphere of contemporary human concern selected by the candidate.

The selected fellows will be provided a personal stipend sometimes working expenses and advisory service for a period of one to four years after which the fellow is expected to become self-reliant. Those interested are requested to send an outline of their proposal accompanied by a brief biodata:

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RESPONSIBILITY OF A CONSCIENTIOUS INDIVIDUAL GANDHI'S VIEW

"GANDHI having seen both the old world and the new, made a sharp distinction between two ideas of individual freedom. The first of these he would regard as license and he would not call it freedom at all. We find it in people who act from greed or mere possessiveness or hunger for power. The second is real freedom, as represented, for instance, by the conscientious objector, whose ultimate allegiance is to his own conscience and who acts in obedience to a passionate

concern for truth or the law of love."

For Gandhi this distinction was crucial: a society is to be judged by what kind of freedom it promotes. It is freedom in the second sense which is of inestimable value to mankind and which society should seek to protect to the utmost extent. In a passage in *Harajan* (1942), Gandhi writes: "Individual freedom alone can make a man voluntarily surrender himself completely to the service of society. If it is wrested from him, he becomes an automaton and society is ruined."

From 'Gandhi and Parliamentary Democracy' by Arlan Datta, *The Illustrated Weekly of India*, 18th August, 1985.

COMING EVENTS

- Ashoka International Board Meeting
- Retreat
- Selection

CHANGEMAKERS



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BOOK POST

Shri Ravi Narayan
326 Vth Main 1st Block
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Bangalore-560 034





MARCH 1988

CHANGE **MAKERS**

A NEWSLETTER OF THE ASHOKA FELLOWSHIP REGD. OFFICE: 59, REGAL BUILDING, CONNAUGHT CIRCUS, NEW DELHI 110 001. PHONE 350135

ASHOKA INDIA 1982 - 1987

Independent public service initiatives led by individuals of caliber and commitment have played a key role in shaping modern India's Social History since the days of Gopal Krishna Gokhale and Servants of India Society. After independence pioneering social ventures have been continued by successive generations of concerned citizens and professionals and have attracted private philanthropic support as well as national and international public aid. Ashoka Fellowship in India is one manifestation of these efforts related to the concerns and challenges of the eighties.

Ashoka India has selected and supported 34 fellows and associates so far in such diverse fields as rural reconstruction, environment, health, tribal and nomadic communities, slums, education, women's issues, legal aid and cultural heritage. All except six are below forty in age. They represent eleven states with the largest concentration of thirteen in Maharashtra. The selection process, refined and resorted, involves identification, preliminary submission of idea, first

scrutiny, detailed proposal, visit and interview by a panel.

The newsletter and an information folder are the two means for announcing new fellows, for making this opportunity known and for updating our constituency or organisation and policy. Some of the fellows regularly make the headlines in the regional press and their work has received coverage in the prestigious journals.

Support and resources networks are beginning to evolve in major centres like Bombay, Bangalore, Madras, New Delhi and Ahmedabad. Exploratory efforts have been made among donors in the corporate sector with encouraging responses which indicate that there is an understanding of this genre of social efforts amongst the younger leaders of business and industry.

The overall response to five years of Ashoka India is an appreciation of encouragement and support to independent social effort, especially of alternative and innovative nature. Criticism comes from established institutional and historic - movemental sides for whom individual **will and initiative** have sub-

sidary place in social change. Exclusively individualist emphasis has been questioned and team/group support suggested. Social enterprise as a concept has gained currency with the emergence of new fellowship support arrangements.

Ashoka foundation today is at a critical stage in its growth. As a result of the experience gained a quantum jump in the extent and quality of its work is possible. This can be achieved through adequate staff support and organisational infrastructure.

IN THIS ISSUE

In this issue you will find:

- EDITORIAL
- MOUNT ABU RETREAT
- INTRODUCTION TO NEW FELLOWS
- INTERNATIONALLY SELECTED NEW FELLOWS
- FEEDBACK
- FELLOWSHIP

MOUNT ABU RETREAT

Away from the scorching heat, the cool serenity of Mount Abu pregnant with the promise of the monsoon provided the right ambience for the members and fellows to share, to reflect and to grow together. Though not clear at the beginning, the objective came into focus as each fellow talked about his or her concern and involvement. Each presentation was questioned and analysed to touch the heart of the matter and of the person. Eventually some of the key aspects and assumptions of independent public service enterprise were examined in the light of experience so far.

*All Voluntary Effort is Self - Initiated.
In Final Analysis it has to be
Self - Evaluated.*

PRESENTATIONS

The fellows presentations fell into three broad categories, environmental, social and urban.

In the ENVIRONMENTAL context, *Sudhirendra Sharma's* concern with Himalayan ecology and voluntary effort expresses itself through the Environment & Energy Group (EEG), New Delhi with its own feature service. His aim is to revitalise the citizen effort through interaction and exchange at the field level. *P. Venkat Rao* a social work teacher has taken time off to become a practitioner and campaigner on environmental issues through the Centre for Environment Concerns, Hyderabad. *Vasant Gangwane* is working at the grassroots in Ratnagiri district on mini - watershed management models. He has been also trying to convince Maharashtra government for the adoption of this approach

on a large scale in the Western Ghats. *Heeralal Sharma* has been engaged in organisational and educational work with tribal communities in south Rajasthan. His particular emphasis is on quality leadership at the local level.

Everyone recognized the value and validity of these efforts in their own right and at the specific level. But what about their wider impact? Do they make a difference to the course of development? Do they coalesce and join others similarly engaged to become an alternative current? How does that happen?

On the RURAL SOCIETAL FRONT, young *Dadasaheb More* decided to write about his own kinsfolk, the nomadic Kudmude Joshi of Maharashtra. He also took on the challenge of their rehabilitation, of life and livelihood with dignity in the altered circumstances of late twentieth century.

Balkrishna Renake, an older warrior for the same cause, has been pre-occupied with ensuring the availability of voting, residence, employment and educational facilities to these people through advocacy and legislative action. *Aditya Patnaik* in Orissa has built up a band of young activists for the cause of Lodha tribals and other rural communities. *Arvind Pitre*, a young commerce graduate, has taken up the cause of the handicapped in a novel way. He has set up an artificial limbs—Jaipur Foot-fabrication Unit managed by the handicapped on trusteeship basis, in Belgaum and Bombay area. *Mohan Hirabai Hiralal*, in pre-dominantly tribal Gadchiroli district, is engaged on several interrelated issues of employment guarantee, minimum wages, protection of forests and resisting big dam: construction by the people themselves. *Naginbhai Shah*, with his colleagues in Ahmedabad, has evolved a unique mode of assistance to needy patients in hospitals through a personally and promptly managed distress relief—Darditnu Rahat-Fund.

All these initiatives, each a pioneer in its own way, have highlighted the problem and plight of the neglected and deprived. They have also demonstrated what can be done by determined address to keep the issue on public agenda and create viable solutions. At least in one case, in Gadchiroli, there is concern with the basic causes of misery and an attempt to stem the forces of destruction.

In the URBAN sphere, *Alphonso Jemonie* of Goodwill International Centre, Bangalore, an association of concerned factory workers, over the years has developed training opportunities for unemployed youth in slums. School drop-outs have been helped to become self-employed fitters, tailors, mason etc. Alphonso is also working with children who are rag-pickers. *Ashok Solvi* is involved in the housing problem in twelve Pune slums. Through community leadership, training and organising resource centres for slum dwellers, he is promoting people's active participation in slum improvement. *Jude Henriquez*, a sociologist at the Tata Institute of Social Science, Bombay, has pioneered learning and teaching methods to improve academic achievement amongst children from uneducated homes. He is now consulting with UNICEF for a wider application of his approach. *Flavia Agnes*, a woman activist opposed to the sexist division of labour, is working institution

to evolve training and job opportunities for new roles for women in fields with technical skills. *Ajujit Pathak*, with doctorate in sociology from Jawahar Lal Nehru University, New Delhi is engaged in research and dialogue with college students towards discovering an authentic self-identity and role in the current crisis situation. *Gloria de Souza* having pioneered environment-oriented education in her own working as a teacher, is now leading Parisar Asha, a resource centre for environment education in Bombay. The centre provides curricular, material and training support to municipal and private schools for transforming routine rote teaching into discovery-based education linked to children's immediate environment.

Ashoka fellows are persons who look beyond the horizon not as poets with vision but as entrepreneurs who cannot rest till the change they have conceived becomes a reality.

REFLECTION

In the reflection following the presentations several critical issues bearing upon individual initiated change process came into focus.

Kirtee Shah, President, Ashoka India, led the discussion by wondering about the implications of ones work say after a decade. Today we built 500 houses through legitimate conviction about peoples need. Do we expand and do the same to the tune of 5000 houses? Or, do we work out a strategy and process that reiterates what we have initiated? Change requires many skills. Should a change—maker attempt to put together these in one place and build an institution? What are the implications of this diversion of one's energy and yet can the goal be accomplished without these skills? As *Ashok Advani*, Chairman, Ashoka India, asked, "As individuals can we be content with micro—changes? What are an individual's scope and means for influencing the levers that operate the larger system?" In a future perspective questions were raised about individual fellows' and ASHOKA's vision of a different world. We seem to have opted for an open conscience and situation guided approach with well thought—out practical plans but with ample room for innovation. Is this adequate? Can we remain oblivious and indifferent to the unfolding of historical and civilizational processes? If not how do we relate to these?

THE FELLOWS AND THE FELLOWSHIP

ASHOKA's focus on the individual person and the concept of fellowship were examined in some depth. Each individuals' ideas, efforts, growth and linkages are of prime interest. The emphasis is on potential rather than proved success. Therefore, there is considerable risk element in selection and support. This can be reduced by timely, judicious advice and guidance when needed. However, this cannot become an imposition. How is this facilitated in a highly dispersed constituency with diverse interests? This has been the weakest aspect of fellowship support. Can the fellows themselves take a lead in this and establish linkages on geographical or common interest basis? Fellowships concern seems to have become restricted to environment, rural development and urban slum improvement fields. How do we reach out other areas of public activity, viz., education, technology, consumer interests, journalism etc.? Above all there is need for much more sharing on an on—going basis and for initiatives at involving other fellows and members. This may or may not be mediated by the executive team. It was recognized that the expansion of fellowship and the strengthening of its quality essentially depended upon successful fellows' active participation in these functions.

ASHOKA INTERNATIONAL

One of the significant developments since the last Retreat has been the launching of ASHOKA BRAZIL with ten fellows. "Ashoka is now at work in three of the four biggest nations of the South which are also four of world's largest six," beamed *Bill Drayton*, Chairman, Ashoka International. ASHOKA INDONESIA Executive Secretary, *Teguh Arkono* shared the experience of fellowship in his country. ASHOKA USA was represented by *Julien Phillips* and *Steve Hadley*, both members of ASHOKA International. In USA the concept of public service entrepreneur is well understood but it is very expensive to support a fellow. In relation to countries like India, Indonesia and Brazil, it is best understood by those active in social change and by returned peace corps volunteers. The fellows' reports help in deepening the understanding not only of their concern

and effort but also of the reality in their countries.

ASHOKA's experience of the past five years represents a confident beginning in independent public service effort. The overall response is an appreciation of encouragement and support to concerned, committed and capable individuals. In some quarters it is seen as having the potential for helping creative alternatives of the kind supported by the Right Livelihood Awards.



INTRODUCTION TO NEW FELLOWS

Dr. Nandini Mundkur, a paediatrician in her mid-thirties with extensive has launched a model interdisciplinary programme amongst the children and families of Bangalore's slum communities to screen and, with the families initiate early childhood remedial work for exceptional children who have difficulties and problems including slowness in learning. She expects to carry-out this idea and keep its cost low both through the para-professionals and with parents who will contribute their voluntary time to help others, once their own children have begun to benefit.



The early intervention clinic offers a multipronged diagnostic-treatment-educational-counselling programme, all integrated in one action plan for making the disabled child an effective member of the society. It is a combined effort of a psychologist, occupational and speech therapist, child development officer and personnel aimed in special education for behaviour management training along with exercises through games to overcome speech and other handicaps.

Parents too are as much part of the clinic session as their children because the early intervention programme is

essentially a 'home management programme' in which parents are taught how to stimulate the child during the hours away from the clinic for achieving the maximum effects.

Early intervention is relatively a new concept in India and there are only five centres in the country located in New Delhi, Bombay, Madras, Vellore and Nagpur.

Dr. Nandini's initiative and efforts will, hopefully, improve the quality of life of mentally retarded children in India.

Dr. Thara, a student of Psychiatry has in the past taken initiative to conduct several independent research programmes of high quality with the objective of contributing towards a brighter future for the mentally ill. She has been instrumental in setting-up Schizophrenia Research Foundation (India)—a voluntary organisation devoted to the cause of mentally ill. Presently, she is the Deputy Director of the same organisation and had also shouldered the responsibilities as the Joint Secretary of the Board of SCARF.



The idea Dr. Thara has brought forth is of reaching the community and viewing mental illness in India in the larger perspective through the family intervention package based on their needs and requirements. Broadly speaking the package consists of educating, in simple terms, the people who live with the patient about the illness, to teach each family the skills to deal and cope with the patient, form a support group of such families to interact with each other, arrange treatment and medical management including counselling and aftercare, and resource mobilisation for providing employment to the patient/relative and help in improving the living conditions.

Raju and Deepti are a husband and wife team called 'Prayog' working together in the field of education and rural reconstruction.

According to them the greatest drawback of the present education system is that it is divorced from rural society. As they say in Gujarati *Thodu Bhane to Kam Chhode, Jaju Bhane to Gam Chhode* (When a person receives a little education he stops working, when he receives more he leaves the village). Based on this, their project aims to revive the rural mission of Gandhian post-basic school as a means of educational change. The focus will be on 600 students and 20 teachers in five basic schools with whom a special programme of reality and value based education and involvement in rural life will be developed.



Located at village Lotia in Radhanpur Taluka of Banaskantha District in Gujarat they plan to work in 25 villages over a period of three years.

Yambem Laba an economist by training and based in Imphal, is concerned about the environmental degradation in Manipur State. His project aims at tapping the youth power as a means for improving the situation. He plans to achieve this by involving the youth through mountaineering, trekking and adventure programmes which would provide not only awareness and an exposure of socio-economic realities but would also generate ideas for measures to save the situation from further destruction.

Each adventure course of 30 days duration for 100 trainees has seven days provision for community work. With an average estimate of five such courses in one year Yambem is able to create a ready stock of 3,500 mandays to be utilized for specific reconstruction activities and programmes in the project area.

INTERNATIONALLY SELECTED NEW FELLOW

The teacher, **Maurice Bazin**, has a dream: to change science education in the Rio de Janeiro State and create a place where people can experience science and its uses for themselves. The writer, Joel Rufino, also has a dream: to establish communication channels with street kids through their own culture. Bazin and Rufino have been working to make their dreams reality, now they have something in common: both of them are

among the first Ashoka Fellows in Brazil.

Both are very enthusiastic about the possibility opened by Ashoka's support. "It's great to have financial independence without having to account for each cent. The relationship between Ashoka and its Fellows is one of total confidence," comments Bazin.

Bazin's project, "Space for Living Science" involves about 25 people who are students and teachers of science. With the help of the Education Ministry, it has brought science education to public squares.

Two months ago Bazin and his collaborators received a 10-year free lease of public land near the Tijuca subway station in Rio. They intend to build a dynamic, hands-on living museum.

They are very happy with their new home and spent the day recently cleaning up. This, believes Bazin, an example of what distinguishes an Ashoka Fellow: "his project is his life, there's no separating the two."



FELLOWSHIPS

Ashoka Foundation invites applications for its Fellowship Programme for 1988. The fellowship is intended for support to highly motivated, competent and creative individuals who wish to launch public service and public cause initiatives.

These should be self-designed and self-managed projects in such fields as environmental protection, ecologically-sound development, community health, poverty alleviation, consumer interests, civil liberties and human rights educational and social re-construction, cultural regeneration, peace action or any other sphere of contemporary human concern selected by the candidate.

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Kishore Saini
Executive Director
Ashoka Foundation
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UDAIPUR - 313 001 (Raj.)
Tel. 27335

FEEDBACK

"Many thanks for keeping me on the mailing list of "CHANGE MAKERS". I have received a copy of the March 1987 issue. The information on the projects undertaken by Rani and Abhay Bang and Shri Arvind Pitre will be very encouraging not only to them but also to the young voluntary workers of the country. For your information, I was present at the inauguration of the Jaipur Foot project initiated by Pitre at the Karnataka Health Institute, Ghatprabha. A group of about 35 persons from Bombay visited Bhatprabha on that occasion and were delighted to see Shri Pitre's dream come into reality. We also benefitted a lot from getting to know the noble social worker, Dr. Vaidya of the K.H.I. and his family. Shri Pitre keeps constant touch with me and gives the necessary feedback. I am sure his new venture will succeed.

It was also noteworthy that your Foundation has awarded fellowships to several deserving persons from various parts of the country. I have particularly some knowledge about the contribution which Vivek Pandit and his wife are

making for the eradication of bonded labour system in Maharashtra. There is no doubt that their work has created a certain impact.

I would like to know more about Ashoka International and its activities. If I can do my bit for the organization, it will be my privilege and pleasure."

Thanking you

P.J. Joshi
JAMNALAL BAJAJ FOUNDATION
Bajaj Bhawan, 226 Nariman Point
BOMBAY - 400 021
● I got your Newsletter - CHANGE MAKERS, March, 1987

I was glad to notice that you are making an attempt like Gokhale's Servants of India Society to create a cadre of public service entrepreneurs.

I shall be watching your progress with interest.

M.P. Chitale
M.P. CHITALE & CO.
Chartered Accountants
Hamam House,
Ambalal Doshi Marg, Fort,
BOMBAY - 400 023.

CHANGEMAKERS



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BOOK POST



Shri Ravi Narayan
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CONTROVERSY

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India

STRICTLY FOR THOSE WHO ARE NOT TOO SCARED TO THINK

“ THE HIGH EXPLOSIVE PROVED - A DAMP SQUIB ! ” (?)

The response to CONTROVERSY came up to expectations - though, it is to be confessed, not in the manner that was originally anticipated. As is clear from the statement of the response given above CONTROVERSY was not at all controversial. The uncapped thoughts did not light any spark and there was no explosion. So what was all the fuss about ?

Look at it this way: CONTROVERSY IS STRICTLY FOR THOSE NOT TOO SCARED TO THINK. For such it would be dangerous and highly explosive. The majority response as formulated above proved it to be a damp squib. Ergo, the majority proved too scared for any controversial issue !

Further, either CONTROVERSY did not reach the right hands due to purely technical reasons or it could not have reached these simply because there are no 'right' hands at present ! The second alternative of course is to be preferred !

Consider : if there are people not too scared to think then what need for CONTROVERSY ?

But suppose, just suppose, that there are people, and quite a majority of them, who are too scared to think ? Then could it not be said that CONTROVERSY was just the medicine the doctor ordered ? Bitter though it undoubtedly is ?

So is it clear why the majority response was quite up to expectations ? CONTROVERSY is not going to do any one's thinking for him or her. Forget it ! CONTROVERSY will prove explosive only in so far as it raises controversies - even in its direct failure to do so !

Ah-ha, the smarter will say, so CONTROVERSY intends to come out on top win or lose ? Sure thing. Does any one know a better way than to have a dead certainty going for one ?

Even better than Paradise is a fool's paradise !

- The Serpent.

RELIGION

We continue our quest for the whys, wherefores, hows of social relationships. The last time we had seen that apart from merely geographical factors - the earliest civilisations grew up around the mouths of rivers e. g. Tigris, Nile, Indus, etc. - over which man had little or no direct influence, early civilisations were held together by the bond of religion.

In one sense it can be said that religion has been an influence in conditioning man's relationships from the earliest times to the present. On the other hand it is also to be noted 1) that it has played contradictory roles, binding sections of society together while also pitting one section against another, and 2) that it has played at times a primary role in social life, at others, a subsidiary one.

Further, the term religion, we find, covers a widely differing set of responses ranging from animism to the absolute. If we look for something common in all religions we come up with the following: all religions concern themselves with the *hereafter* and the *beyond*.

Now, whatever gave man the idea of a *hereafter* and a *beyond*? To say that it is natural to man is insufficient. For how then to explain the wild variety and often contradictory natures of religions?

Our controversial proposition in this regard then is that religion represents nothing else but the need of man to transcend his immediate spatio-temporal environment, the *here* and *now*, for his very survival!

Looked at in this way two points become immediately clear:

- 1- Man can transcend his immediately spatio-temporal environment not only by blindly believing in a *hereafter* and a *beyond* as in religion but by attempting to reason about it - philosophy - by carrying out investigations about it - theoretical science -; by scientifically theorising about it - meta-physics!
- 2- Since man for his survival needs to transcend his spatio-temporal environment but survives only in a spatio-temporal one, clearly the manner of his transcending and the form it takes must be condi-

tioned by the spatio-temporal environment that he finds himself in! In other words, different spatio-temporal environments will give rise to different conceptions of a transcendental world and man can overemphasize his 'spiritual' world only at the cost of his 'material' one and vice-versa.

Are these not some of the lessons of history? Will not a reflection on them help at understanding how an ancient 'spiritual' India finds itself in the present-day mess and equally the utter bankruptcy of the so-called 'developed' world?

But let us not seek all the answers in our quest merely in the relations of man to the immediate and to the transcendental. We have already seen that there is Economics - his relations to 'Nature' and Politics - his relations to his fellowman. There may yet be other relationships that we may have to consider!

A Controversial Thought To Ponder On

**'The problem of this world can be solved
by prayers'**

Such a declaration has many implications. We shall reflect on two: 1) that there is an Almighty who when duly appealed to will solve the problems of this world; 2) that man himself when he prays derives certain psychological strength with which he then proceeds to solve the problems of the world.

If the first how come the problems in the first place? To test the faith of the faithful? Surely a poor Almighty that!

If the second should it not be clearly stated that prayer is naught else but a psychological device? If it is objected that it will then lose its value, two further questions arise: (a) what value could it have had in the first place seeing 'hat it was rooted in ignorance? b) what validity does a conception of mankind have that postulates that some - those who know that prayer is merely a psychological device - perpetually exploit others those that do not so know it - on the basis of the latter's ignorance?

CONTROVERSY

STRICTLY FOR THOSE WHO ARE NOT TOO SCARED TO THINK

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

WHAT DOES FREEDOM OF RELIGION MEAN ?

ONE MEANING :

THE FREEDOM OF RELIGION BILL, 1978

A Bill to provide for prohibition on conversion from one religion to another by use of force or inducement or by fraudulent means and for matters incidental thereto.

Be it enacted by Parliament in the Twenty-ninth year of the Republic of India as follows:-

1. (i) This Act may be called the Freedom of Religion Act, 1978.
(ii) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.
2. In this Act unless the context otherwise requires,
 - (a) 'conversion' means renouncing one religion and adopting another;
 - (b) 'force' shall include a show of force or a threat of injury of any kind including threat of divine displeasure or social excommunication;
 - (c) 'fraud' shall include misrepresentation or any other fraudulent contrivance;
 - (d) 'inducement' shall include the offer of any gift or gratification either in cash or in kind and shall also include the grant of any benefit either pecuniary or otherwise;
 - (e) 'minor' means a person under eighteen years of age.
3. No person shall convert or attempt to convert, either directly or otherwise, any person from one religious faith to another by the use of force or by inducement or by deceit or by any fraudulent means nor shall any person abet any such conversion.
4. Any person contravening the provisions contained in section 3 shall, without prejudice to any civil liability, be punishable with imprisonment of either description which may extend to one year or with fine which may extend to three thousand rupees or with both; provided that in case the offence is committed in respect of a minor, woman or a person belonging to the Scheduled Caste or Scheduled Tribe, the punishment shall be imprisonment to the extent of two years and a fine up to five thousand rupees.
5. An offence under this Act shall be cognisable and shall not be investigated by an officer below the rank of an Inspector of Police.
6. No prosecution for an offence under this Act shall be made without the sanction of the Magistrate of the District or such other authority, not below the rank of a Sub-Divisional Officer, as may be authorised by him in this behalf.
7. The provisions of the Probation of Offenders Act, 1958 shall not apply to the punishment of offences committed under this Act.
8. The Central Government may make rules for the purpose of carrying out the provisions of this Act.

STATEMENT OF OBJECTS AND REASONS

One of the Fundamental Rights enshrined in the Constitution is the right to profess, practise and propagate religion of one's choice.

Conversion from one religion to another, done by free consent and will, cannot be questioned. But state protection is required where it is sought to be attained by threat, undue influence, allurement or wrongful inducement. The importance of providing this protection to persons belonging to the Scheduled Castes and Scheduled Tribes is all the more necessary and cannot be ignored. The policy of the State should be directed to achieve this aim.

Hence this Bill.

New Delhi :
The 21st November, 1978

O. P. Tyagi

ANOTHER MEANING:

Authority & Freedom

Introduction - There is only one sensible point of view from which to discuss the question of the freedom of religion and that is the secular view-point.

Why? Let us say that this 'freedom' is discussed from the point of view of any one religion. This would mean that freedom of religion means freedom to follow that particular religion. Clearly what is demanded for that particular religion must also hold good for all other religions. If this is so then we may say that this is the secular point of view, that is, that freedom of religion means the freedom for all religions.

But the point is that it is never in fact seen in this manner for each religion sees itself as the *only true* religion. Hence what it demands for itself it denies to all other religions.

A funny conclusion derives from this. Every religion claims for itself the 'Truth'. Yet every religion fears all others! Thus historically we find that the 'truth' of a particular religion has been sought to be imposed upon non-believers either by force or by sheer weight of numbers - as if 'truth' were amenable to majority rule! And let not any one fool oneself that this period of history is past. Even to-day, if we look around the world, we will find only too many still asserting the 'truth' of their respective religions either by force, subtle or crude, or by such arguments as, 'so many people... so many ancient sages... could not be wrong'!

However, while these alternatives did exist historically and persist even to-day, the argument regarding the relative truths of various religions in the modern nation-state is generally carried on at a much more sophisticated level. As far as the state is concerned it is conceded that all religions are equal. This concession is based on two principles: 1) that the state should be secular i. e. that it should not differentiate between citizens on the basis of their religious beliefs; 2) that religion being a personal matter every citizen should be free to profess, practise and propagate the religion of his or her choice i. e. what is generally referred to as the freedom of religion.

We have used the word 'concession' advisedly. Religious and other leaders did not arrive at this generous view out of volition and/or conviction but were forced into it through necessity i. e. the fear all religions may be equally wiped out! The result is that religious leaders tend to move away from it at the slightest opportunity e. g. minorities in one country will fight vociferously for their rights but will not fight for the rights of minorities in those countries where their denominations are the majorities! So also insecure majorities will adhere to the secular point of view as long as they are insecure, but as soon as they attain dominant positions, they will then seek to impose their denomination on all others. We can see this happening all over the world with regard to all religions.

It is past time therefore for those who are genuinely interested in the 'Truth' to go into the question of the spurious 'truths' that have been propagated by all institutionalised religions and recover the moments of truth in all great religions as established by their founders. It will be seen that surprisingly enough these latter have much that is in common.

We suggest that in this search for 'Truth' the following key questions will have to be dealt with among others: 1- Relation of State and Religion; 2- Religion - a matter of conviction or a matter of birth? 3- Meaning of 'Secularism'.

The State and Religion: The State is supposed to concern itself with temporal affairs i. e. with the *here and now*. Religion is supposed to concern itself with man's 'spiritual' being i. e. with the *hereafter* and *beyond*. The State is supposed to concern itself with the common interests of its citizens within a certain geographical area. Religion is supposed to deal with personal matters, with the affairs of an individual 'soul', it is not limited in principle to any geographical area.

Expressed this way it would appear that there is no scope for any conflict between the two. But actually religion as a social phenomena becomes institutionalised. And the state itself always represents those that have a vested interest in maintaining the status quo. So the state is in principle ag-

ainst social change, that is, it goes beyond its merely temporal mandate, while religion takes a purely temporal form. Here then is the crux of the matter: the question of freedom of religion means the extent to which the state may interfere in institutionalised religion.

Historically we see that Religion once interfered in the affairs of the State e.g. the Holy Roman Empire. Then came a long period of struggle to differentiate temporal authority from 'spiritual' authority. In the modern state, religion has been made a purely personal affair, but since the question was never settled on its merits, the world is gradually reverting to a position where the boundary lines between the two, are once again blurred with this time the state claiming power over the 'spiritual' authority e.g. the Islamic Republics, the clamour for a Hindu raj. A further development must inevitably be one in which both temporal and 'spiritual' authority come together to assert their joint authority against all movements for freedom.

Looked at in this historical perspective the question arises whether fundamental rights incorporated in a constitution adopted by a people unto themselves are fundamental in the sense that it is by virtue of these rights that they adopt the constitution in the first place, reserving these rights unto themselves, or whether these are derived from the constitution itself. In other words: Is the constitution supreme or are the people supreme? In our present context the question would be whether the right to religion would be a limiting right on the constitution or whether a right given by the constitution. In other words do the citizens of a country that adopts unto itself a constitution have any reality beyond such constitution or is their entire being conditioned by such constitution and the amendments thereto?

Religion—a matter of conviction or of birth? It is generally fashionable to say that religion is a matter of conviction. On the other hand no religion is particularly happy when its members get converted to another religion, even though they be a handful. The days of the great conversions are over. One may hear of conversions now and then but by and large people are born and die in the same religion. This seems to indicate that either by some fantastic freak of luck the great majority are born in the religion of their conviction or, what is far more probable, religion fails to have the attraction

it once had and the common man cannot be bothered to change the religion in which he finds himself.

This would be satisfactory if not for two considerations. a) While most people cannot be bothered to change the faith in which they are born, yet they permit themselves to work up frenzies reaching the limits of madness on communal grounds. The communal passions leading to communal riots are still very much with us. b) When things go wrong and people find themselves faced with great natural or social upheavals, they immediately turn to religion and ostrich-like seek to hide themselves in churches, temples, masjids, synagogues, whatever, in the hope that the storm will pass and everything will be fine again.

How can this apparently contradictory phenomena, that people cannot be bothered by religion yet that they react so strongly to it, be explained? Further, historically we know that man has expressed religious feeling, in the sense of a response to the *hereafter and beyond*, from the very earliest times. It would not be far wrong to say that even with his advent on the face of the earth, 'Homo-sapiens' had some notion of life after death. In early days there were various explanations offered. As life and societies became more and more complicated and developed, new spheres of knowledge grew and man's fundamental response to a transcendental world was either taken for granted or ignored. It is time that this question is re-investigated with the help of the advanced analytical tools that man has developed. Either man understands what religion is or it must inevitably doom him. As is the case with all his creations.

A starting point must be the opening out of the fundamental principles of all religions equally to all. And this brings us to the next point.

The Meaning of Secularism. One view of secularism is that the state should not interfere with religious institutions. But religious institutions exist in a temporal frame-work, they are social phenomena, they are manned by people who have also other functions to perform apart from their purely religious ones. Clearly then the state must have the authority to regularise the affairs of religious institutions too. So then it is said that such interference must be minimal. But what is this minimum and who decides whether interference is minimum or more than minimum?

PROVOCATION

No Such Animal Called

'Social Justice'

What is all this talk about Social Justice? Whoever heard of such a thing?

One has heard of 'social' which means to be sociable, friendly, easy to get along with; it refers to persons/people that fit into the scheme of things. 'A social' also means a festive occasion when there are party games and good things to eat and drink.

One has also heard of Justice as in 'Justice of Peace', 'the judge meted out justice to the thief', etc.

But whoever heard of 'Social Justice'? Can the two at all go together? Justice is reputedly blind and it is well known that any group of men together have the mentality of a herd, a mass mentality, as any social psychologist will only too readily tell us. 'Social Justice' then will imply mass justice, or worse, mob justice! It is too terrifying even to be considered.

Through centuries man has developed to the stage where he has learned men in ermine robes sitting on a bench, other learned men in black gowns standing at the bar, other equally learned men studying heavy bound tomes, all earnestly engaged with the knotty problems of dispensing justice. Is all this not 'social justice'? Has not society through years of self-improvement reached this wonderfully civilised world in which we live with everything duly allotted to the people most capable of managing it e.g. justice to the judges, law to the lawyers, land to the landlord, capital to the capitalist, religion to the theologians, politics to the politicians, education to the academicians, science to the scientists, work to the workings-class, poverty to the poor, etc., etc. and now these 'social justice'-wallahs want to disrupt this beautiful scheme of things!

Just a lot of disgruntled misfits they are, that's all. And now they have clung to a catchy phrase called 'Social Justice', which as I have just shown has no meaning at all, and are clamouring for it.

Social Justice is here and now I say. We do not need social justice, we have social justice. If it was left to me I would show that in our well-organised society we have a place for the misfits and the disgruntled. Away with them to the jails! That is the place for them!!

Social Justice indeed... I'll give them social justice!

B.A.R. Barian.

(continued from page 3)

In this context it is clearly, at this time and age, quite inadequate to say that secularism means the non-differentiation between citizens on the basis of their religious beliefs simply because they, the citizens themselves, do so differentiate themselves. And they are encouraged to do so by the various religions, with each one claiming for itself the 'Truth'. Clearly the state must take cognizance of this. And if it suits each religion to brainwash the initiated which are captured at birth, then the state must undo such brainwashing by making it its responsibility to teach and propagate equally all religions!

If all religions are equally taught and individual religions can hardly be expected to undertake this task—then people in general will come to know what religions are all about, understand what religious founders spoke and what their so-called followers now speak, see the congruency between religious teachings and the differences between religious institutions and then decide for themselves individually which religion, if any, appeals to each one.

The important point is that people will know why they follow a particular religion and it will no more be a matter merely of having been born into a religion that they have since followed unquestioningly like sheep. Once a great majority of the people are acquainted with the principles, practices, preachings and individual behaviour of the adherents of the various religions, all communal discord, all division of society on communal lines will vanish.

Of course no state will undertake so simple a course of action. Ultimately the question of this period is that of Authority—be it temporal or spiritual—and when threatened both will equally combine to suppress the modern struggles for liberation—but that is an entirely different question!

COMMUNITY HEALTH CELL
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India

For Private Circulation

CONTROVERSY

STRICTLY FOR THOSE WHO ARE NOT TOO SCARED TO THINK

DANGER! HANDLE WITH CARE!!

HIGHLY EXPLOSIVE (UNCAPPED THOUGHTS) !!!

WARNING: THINKING CAN BE DANGEROUS TO HEALTH. All those suffering from weak hearts, weaker stomachs, high-blood pressure, nose-to-the-grindstone myopia, up-to-the-neck-in-routine asphyxia, treadmill trauma, running-a-round-in-circles vertigo, rat-race fever and other such malignancies that require immediate and / or drastic remedies are advised to keep a safe distance from controversies.

Controversial issues by sparking a thought may set off a chain reaction that may blow up their little worlds which may otherwise, hopefully, last out a little while longer!

Even those who believe themselves sound in life, limb and liberty had better proceed with care and caution, running for cover at the first sign of danger - that yellow feeling.

Only those with stout hearts reinforced with a nothing-to-lose-but-our-myths bravado may join issue with them who have wrestled with gods and the hardy who ever rush in where spineless creatures fear to tread.

For these, controversies are the very breath of life. They deepen their own conceptual and analytical faculties, awaken those that sleep and enlighten the innocent.

For the rest let the myth that it was the fruit from the tree of knowledge that brought death prevail.

You have been warned!

- The Serpent.

ECONOMICS

We lead off with controversial propositions in the field of Economics as for us it is manifest that the manner in which men relate to each other in the process of production has a very important role to play in their overall relationships.

Our controversial definition of Economics is, therefore, that it refers to the manner in which men relate each other in the production and distribution of the requirements of the society in which they live.

From History we see that such relationships have differed from time to time in different types of society and in a sense such differences may be said to have been based on different concepts as to why man produces.

Consider: in slave society it was the whip that made men produce; in feudal, it was the paternal relationship of the Lord to the serf; in caste society the very position to which one was born.

In the modern world - in western capitalist countries - the belief is that competition between individuals (and/or groups seen as individuals) is necessary to bring about increased production; in communist countries it is held regimentation does the trick.

Other current ideas - that are yet to be widely practised - are those of co-operation and of trusteeship. In a manner of speaking the problem may be stated thus: How do we bring about a re-organisation of the production process to give these ideas and others a fair chance in practice - since those who benefit from the existing set-up are certainly not going to take kindly to a change that threatens their existing benefits. (Either they must be forced to do

so or other benefits are to be shown to them or a little of both.)

A controversial proposal made in this regard which claims to be practical is as follows:-

1 - The conversion of all industries dependent on the labour of, say, 20 persons or more, whether under one roof or many, into public limited companies;

2 - Every person on whose labour production depends gets, by very virtue of such fact, shares in such limited company with attendant rights and responsibilities;

3 - All shareholders who have shares merely by virtue of the money they have invested are made to work in such company for a certain minimum number of days.

1 - The underlying principles are: Those who do must have the power to decide.

2 - The power to decide must be made responsible by being linked to capacity to act. Denial of (1) means responsibilities without rights; denial of (2), rights without responsibilities.

The structural effect will be to restrict competition, increase co-operation, enforce the trusteeship concept.

Is it not so? Views, criticisms, comments, whatever, are welcome.

Pros & Cons

Question: Would you prefer to know where you are going or would you prefer to be led there blindly?

If the former you might find yourself in the uncomfortable position of having to make your own decisions with all the accompanying risks and dangers.

If the latter you might find yourself in a position that you never intended to be with the unhappy realisation that you can do nothing about it.

Which do you choose?

POLITICS

Another aspect of the same phenomenon that we are considering viz. social organisation - better still, human relationships - is the political, hence our second controversial proposition deals with what is commonly known as politics.

We define politics as the organisation of society to deal with its public, i. e. common, interests. An interest-based organisation must differ from a need-based one but clearly there must also be a relationship between them.

Modern societies are politically organised into nation-states i. e. politics is the binding force that keeps otherwise heterogeneous societies together.

Historically it was not always so. Earliest societies developed around temples. First the High-Priest and later the God-kings (of Ancient Egypt and even of not-so-ancient Japan) combined in themselves the spiritual and temporal worlds. At that time it may be said that religion was the cement that bound societies together. Later on as social structures themselves developed e.g. slave, feudal, caste, etc. religion played a subsidiary role and the established social hierarchies held societies together.

The rise, development and differentiation of the purely economic forces shattered these hierarchical social structures, re-located the temporal world in the center of man's field of vision - as distinct from his earlier sole concern with a conceptual (spiritual) world e.g. Medieval Europe - and gave rise to the modern political world of nation-states. Around the concept of nation - based originally on territorial contiguity, not so now e.g. U.S.A. - societies comprising of a heterogeneity of religions, languages, races, social hierarchies, and what-have-you are brought and welded together.

With the development and perfection of politics it has come in turn to play a dominant role in economics as in all previous forms of organisation. This is specially clear in India which is a 'planned economy', committed to 'social equality', 'secular', recognises as many languages as can forcefully express themselves, and, as we are told, 'is a rich diversity of cultures in one unity'. The question here is how satisfactory a form of organisation of human relationships is this in a world, shall we say, of tourists? In '78 Spain had more tourists (40 million) than population (36 million)!

Nation-states must be clearly distinguished from Ancient Greek city-states with which they have very little in common. Citizens in the latter were an elitist minority. Neither slaves nor women were regarded as citizens. The Greek notions of 'politeia', 'demos', were totally different from modern conceptions of citizenship, people, etc. Because our terms are derived from the Greek and Latin must we be so stupid as to think they mean the same things as existed in them days? What do you have to say?

A Controversial Thought To Ponder On

"What is freedom if it is not the freedom to err" !

Too often those who speak loudest of freedom then proceed to tell all and sundry what the latter *should* and *should not* do.

Most of us, the victims of all the *shoulds* and *should nots*, the *dos* and *donts* find to our surprise and sorrow that the very legislators themselves do quite the reverse of what they have themselves legislated.

Some of us, therefore, prefer to find out for ourselves what is, that we may decide for ourselves what we may and may not do.

In the process it is quite possible that we may err... so what?

PROVOCATION

THOUGHTFUL REBELS

A volcano erupting
does not stop to think;

but the rebel
who boils inwardly
as he scamps
and loafers so carelessly
dissipating the wealth
he and his fellows have made
needs to be thoughtful
in his passion -

For the revolution is no wild,
mad thing, but a movement
of working people, in which
emotions are controlled and made to
fight intelligently for an end.

The passion is precious,
elan must be sustained,
youths supported, encouraged.
Rebels must not degenerate
into tea-house groups
where tales are told,
gossip exchanged - a sphere
to develop a specious liberalism,
a cosy corner for operators
to horn in on the success
of a fighting people.

Revolution means rebels
must study problems
of peoples, what moves them;
how may they take the power
that is truly theirs. It means
ever broadening understanding,
for the world is ours, and we
must learn to know it well,
so that we may command
our heritage !

- Rewi Alley

Oct. 27, '69.

NO SUCH THING AS HUMAN RIGHTS !

Now if you talk to me of animal rights,
I'm with you. After all there is a Commission
for Animal Rights, there is an SPCA (Society
for the Prevention of Cruelty to Animals)
and people have been known to go on fasts
and huge protest processions to ban cow
slaughter. But whoever heard of a Society for
the Prevention of Cruelty to Humans ? Who
ever heard of protests for banning human
slaughter? Ridiculous!

It's known throughout the animal world
that the worst predators are humans. Who
destroyed the dodo ? And is systematically destroying
the whale ? Be it bird, fish or mammal,
a human is its mortal enemy. Not only do
humans prey on them, they even prey on their
own kind ! Ugh. Humans are brutes !

What rights can they have ? What rights do
they deserve ?

If there are such things as Human Rights
then grrrr I'm a dog, yeah, I am a dog.

- Al Satian.

"Wei-ji"

It is reported that the Chinese seeking
an ideograph to represent the turning-point
that we call "crisis" performed "a miracle
of linguistic compression" by creating the character
"wei-ji". This character was created through
the combination of the symbols for "danger"
and "opportunity" !

Our controversial proposition then is: It is
impossible to separate opportunity from danger.
Accordingly one cannot make a significant forward
step without encountering danger and,
obversely, the smell of danger should alert us
to the fact that after all we may be headed
in the right direction !

The implications are positively staggering
e.g. most sacrilegiously (?) a state of grace is
equated with a state of fear ! Again, life without
hazard, without risk, is not worth living !

Who will dare work out further implications ?
If there be any let their watch-word be
"wei-ji".

FB-17.3

IH-5



• *CODE OF ETHICS*

OF

DELHI MEDICAL COUNCIL

NEW DELHI

TU: 157 TN

506
26/11/50

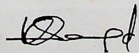
FOREWORD

The Delhi Medical Council was created by an Act of the Delhi Legislature and notified by the Hon'ble Lieutenant Governor in August 1997. The Council was formed by a Gazette Notification on 9th September, 1998. Funds were received for the functioning of the Council on 30.11.1999 when the Council became fully functional.

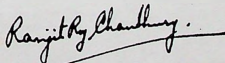
Section 10 (c) of the Delhi Medical Council Act states that the Council shall prescribe a Code of Ethics for regulating the professional conduct of practitioners. To fulfill this commitment the Executive Committee of the Council enjoined the Ethics Committee to frame the Code of Ethics. The Ethics Committee after several deliberations and consultations framed a Draft Code of Ethics which was then discussed with other members of the Council and eminent members of the profession. After approval by the whole Council this Draft Code was widely circulated to several Institutions and professional bodies for comments and suggestions. The Ethics Committee considered all the comments and suggestions received and incorporated several of these and then prepared the Code of Ethics which has been finally approved by the Council.

The Ethics Committee has worked with dedication and diligence for over a year to bring out this important document.

The mandate given to the Council to frame a Code of Ethics has thus been fulfilled. It gives the Council a sense of satisfaction to present this Code of Ethics for notification. It is our earnest hope that this Code would be whole heartedly/ unreservedly followed as much in spirit as in letter.



(Dr. Kusum Sahgal)
Chairperson, Committee of Ethics
Delhi Medical Council



(Professor Ranjit Roy Chaudhury)
President,
Delhi Medical Council

DELHI MEDICAL COUNCIL

- | | | |
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| 15. | Dr. Sita Ram Agarwal | Member |
| 16. | Prof. S.K. Agarwal | Member |
| 17. | Prof. S.K. Bhargava | Member |
| 18. | Dr. T.K. Joshi | Member |
| 19. | Dr. Vijay Kher | Member |

DELHI MEDICAL COUNCIL

ETHICS COMMITTEE.

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| 1. | Prof. Kusum Sahgal | Chairperson |
| 2. | Prof. J.M. Kaul | Member Secretary |
| 3. | Dr. T.K. Joshi | Member |
| 4. | Dr. Vijay Kher | Member |
| 5. | Dr. Harish Grover | Co-opted Member |
| 6. | Dr. P.K. Ghosh | Co-opted Member |
| 7. | Dr. C.S. Chuttani | Co-opted Member |

REGULATIONS FOR PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS 2001

In exercise of the powers conferred under section 10(c) read with section 30(c) of the Delhi Medical Council Act 1997, passed by the Legislative Assembly Capital Territory of Delhi on 13th January, 1997 and assented to by the Lieutenant Governor of Delhi on 11 Feb., 1997, with the previous approval of the Govt. of NCT of Delhi, the DMC hereby lays down the following regulations relating to Professional conduct, etiquette and Ethics for registered medical practitioners.

Short Title and Commencement :

1. These regulations may be called the Delhi Medical Council (professional conduct, etiquette and ethics) Regulations 2000.
2. They shall come into force from the date of their publication in the official gazette.

Preamble to the Code of Ethics

The Webster dictionary defines ethics as, "The body of moral principles or values governing or distinctive of a particular culture group".

The rules of conduct and the sense of values can neither be wholly prescriptive nor can be codified entirely. Nonetheless, Delhi Medical Council, describes the essential element of good standards of practice and care.

Being registered with the DMC gives medical professionals, rights and privileges. In return you must meet the standards of competence, care and conduct set by the DMC. The CODE enlarges the general principles of good practice, which all medical professionals are expected to follow while treating patients.

1. GENERAL PRINCIPLES AND RESPONSIBILITIES :

The principal objective of the medical profession is to render service to humanity with full respect for the dignity of the person. Physicians should merit the confidence of the patients entrusted to their care, rendering to each the full measure of service and devotion. Physicians should continuously try to improve their medical knowledge and skills and should make available to their patients and colleagues the benefits of their

professional attainments. They should practice methods of healing found on scientific basis and should not associate professionally with anyone who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to the society.

- 1.1 No person other than a doctor possessing registrable qualifications under the Medical Council of India and registered with the Delhi Medical Council is allowed to practice the modern system of medicine. Persons obtaining qualifications in alternative systems of medicine are not allowed to practice the modern system of medicine.
- 1.2 As a registered member of the DMC you must display your registration certificate / photocopy in all your places of work.
- 1.3 You must display your consultation fee and charges for other services in your place of work.
- 1.4 It is desirable that you maintain medical records pertaining to your patients for a period of three years from the date of commencement of the treatment. These should be made available as and when required.
- 1.5 You as an individual or part of a group should not solicit patients, directly or indirectly.
- 1.6 You should not use/aid/permit others to use you, your name, your photograph in any form of advertising or publicity that draws attention to your professional position and/or qualification.
- 1.7 You should refrain yourself from any action that can be construed as self-aggrandizement.
- 1.8 In your interface with the media, print or electronic you should not contribute, lay press articles and give interviews, which may have the effect of advertising yourself or soliciting practice. However, you are free to deliver public lectures, give talks on radio broadcast, write articles for the press and also inform the public about such events.
- 1.9 You may inform the public at large about the facts of the following :
 - your availability for consultancy
 - your area of specialization

- your change of address
- your charges for various medical services
- your temporary absence from work
- your resumption of work
- your succession to another's professional service
- your appointing of temporary or permanent substitute or assistant
- your publishing information about your services in directories/yellow pages

2. Prescriptions

- 2.1 You must provide every patient a proper prescription stating the drugs prescribed/dispensed.
- 2.2 All your prescriptions should be legible, dated and duly signed by you.
- 2.3 As far as possible, you must make use of generic names of drugs in your advice/prescriptions.
- 2.4 You should not prescribe/dispense a drug or a combination of drugs of which you are not aware of the constituents.
- 2.5 You should not prescribe a course of treatment/ a regimen/ a drug about which your own skill/ knowledge is inadequate.

3. Responsibility towards patients

Patients trust their doctors with their lives and well being. To justify this faith as a doctor you must conduct yourself responsibly. In your ministrations you must be mindful of the fact that the health and lives of those entrusted in your care depend on your skill and labour and sincerity. As a professional you must observe the following guidelines/ precepts in the discharge of your duties:

- 3.1 You must make the care of your patient your first concern.
- 3.2 You must work with colleagues in the ways that best serve patients' interests.
- 3.2 You must make sure that your personal beliefs do not prejudice your patient's care.

- 3.4 You must never abuse your position as a doctor.
- 3.5 You must treat every patient politely and considerately.
- 3.6 You must respect patients' dignity and privacy
- 3.6 You must listen to patients and respect their views.
- 3.8 You must give patients information in a way they can understand.
- 3.9 You must respect the rights of patients to be fully involved in decisions about their care.
- 3.10 You must respect and protect confidential information.
- 3.11 You must protect patients from risks if you have good reasons to believe that you or your colleague may not be fit to practice.
- 3.12 You must keep your professional knowledge and skills up to date.
- 3.13 You must recognize the limits of your professional competence.
- 3.14 You should not publish photographs or case reports of your patients in any medical journal in a manner by which their identity could be revealed, without their consent.

4. Patient Care

- 4.1 Ordinarily you can decide whom you will treat but in an emergency situation you are expected to respond with alacrity to the calls of the sick and injured.
- 4.2 In an emergency you must attend to a patient, in a manner which is within your competence and the facilities available. After providing essential life saving care, you may refer the patient to an appropriate level of care.
- 4.3 You should neither exaggerate nor understate the gravity of a patient's situation. You should assure yourself that the patient and his/her caregiver have such information that would serve the best interest of the patient.

5. Consultation

- 5.1 In the course of your treatment, due to complexity and severity, if the situation warrants it, you must request consultation for your patient. The benefit to your patient should be your sole criteria. You, as the attending physician have to continue to take the responsibility.
- 5.2 When you refer, recommend or procure investigative, medical, surgical or any other treatment for your patient, you must do it solely with the motive of it being beneficial to your patient.
- 5.3 You must not offer or receive any gift or consideration for referring, recommending or procuring any treatment for your patient.
- 5.4 You should not refer, recommend any person, specimen, material for diagnostic or any other study with any vested interest.
- 5.5 The patient and his care givers should be kept informed and be part of the collective decision as to the course of the treatment to be followed.
- 5.6 When the attending physician refers a patient to you, you should communicate your opinion on the matter, but not make it binding or conditional.
- 5.7 You should refrain from direct/oblique references pertaining to the ability or the conduct of your co-professionals.
- 5.8 In your temporary absence, you may instruct the care of your patients to another physician.
- 5.9 You must attend to your pregnant patient in her confinement on terms agreed upon. If exceptional circumstances prevent you from providing your services, another physician may be sent for. When the delivery is accomplished, the visiting physician is entitled to his/her professional fees, but he/she must obtain consent from the patient to leave, when you arrive.

6. With reference to the public

- 6.1 You must observe the laws of the country pertaining to the practice of medicine. You must cooperate in observance and enforcement of the guidelines enunciated by the centre / state governments for e.g.

- The Drugs and Cosmetics Act
- The Pharmacy Act
- The Narcotics Drugs and Psychotropic Substances Act
- The Medical Termination of Pregnancy Act
- The Mental Health Act
- The Environmental Protection Act including Rules for Biomedical Waste Management.
- The Persons with Disability Act
- Rules concerning Organ Transplantation
- Rules pertaining to Transfusions of Blood.
- Other Acts, Rules, Regulations made by the Central/State government and local administrative bodies from time to time.
- Amendments to such Acts as amended and notified from time to time for protection and/or promotion of public health.

6.2 You, being engaged in public health work, should enlighten the public about quarantine regulations and measures for the prevention of epidemics and communicable diseases.

6.3 In the event of an epidemic, you are expected to continue with your services, notwithstanding any concern for your own health.

7. With reference to professional certificates, reports and other documents :

7.1 You must maintain a record of medical certificates you issue and the issuance of such certificates should be done in an appropriate form.

7.2 You must enter the identification marks of the patients, his signature/ or thumb mark, his / her address on the certificate, you would issue.

7.3 In certain cases you may be bound by law to give official reports/ depositions in your professional capacity.

7.4 You should not issue certificates of efficiency in modern medicine to unqualified or non-medical persons.

(This provision does not apply to restrict proper training and instructions to bonafide students, employees, midwives, dispensers, surgical, attendants, or skilled mechanical and technical assistants and therapy assistants under your personal supervision.)

8. Obtaining Consent

Successful relationship between doctors and patients depends on trust.

- 8.1 You must respect your patients autonomy, their right to decide whether or not to undergo any medical intervention.
- 8.2 Patients must be given sufficient information in a way they can understand to enable them to exercise their right to make informed decision about their treatment.
- 8.3 You must give patients details before he/she decides to consent to an investigation or a treatment.
- 8.4 You should give details of the diagnosis and prognosis of the disease, if left untreated.
- 8.5 You must inform the common and serious side effect for each option available to the patient. And also of any lifestyle changes which may be caused by or necessitated by the treatment.
- 8.6 You must respond honestly to any question the patient raises. You must answer such questions as fully, accurately and objectively as possible.
- 8.7 You must not exceed the scope of authority given to you by your patients, except in an emergency.

9. With reference to serious communicable disease

The term serious communicable disease applies to any disease which may be transmitted from human and which may result in death or serious illness. It particularly concerns, but is not limited to infections such as human immunodeficiency virus, tuberculosis, and Hepatitis B and C.

- 9.1 You must keep yourself informed about serious communicable disease and particularly their means of transmission and control.
- 9.2 You should always take appropriate measures to protect yourself and others from infections by adhering to infection control measures.

- 9.3 You must make sure that any staff for whom you are responsible are also appropriately informed and cooperate with measures designed to prevent transmission of infection to other patients.
- 9.4 You must not deny or delay investigations or treatment because you believe that the patient's actions or life style may have contributed to his / her condition.
- 9.5 You must obtain consent from patients before testing for a serious communicable disease. The information you provide, when seeking consent, should be appropriate to the circumstances and the nature of the conditions being tested for. Some conditions such as HIV have serious social and financial as well as medical implications.
- 9.6 When investigating / treating a child who cannot give or withhold consent, you should seek consent from a person with parental responsibility for the child.
- 9.7 You must disclose information about serious communicable diseases in accordance with the law / general guidelines.
- 9.8 If you are HIV positive or have contracted hepatitis B or C; you should refrain from performing interventional procedures, which carry a risk of transmission to your patients.

10. With reference to the Profession at large

- 10.1 You are expected to uphold the dignity and honour of your profession.
- 10.2 You should affiliate with medical societies, for the advancement of your profession. You should contribute your time, energy and means so that these societies may represent the ideals of your profession.
- 10.3 You should not allow admission into your profession of persons who are deficient in moral character or education. Such persons should not be permitted to attend, assist, treat or perform practices/ procedures which may be harmful to individuals or to public health.
- 10.4 You should expose without fear or favour, incompetent, corrupt, dishonest or unethical conduct on the part of a member of the profession.

10.5 If you held an official post, and you have to examine and report upon an illness/injury and its treatment, you should communicate this to the attending physician. He/she should have an option of being present.

11. With reference to specific practices

11.1 You may undertake in vitro fertilization and/artificial insemination with the informed consent of the patient and her spouse in writing. They should be explained, at their level of comprehension, about the purpose, method, inconveniences, rate of success as well as probable and possible risks.

11.2 You must follow guidelines laid down by the Indian Council of Medical Research for research and therapeutics trials.

12. Proscribed Practices

12.1 You must not attempt to mislead the public about your professional skills/ qualifications.

12.2 You should not give untrue, misleading, documents or opinions on any medical matters.

12.3 You should not sell schedule poison under cover of your own qualifications to persons other than whom you are treating and who may need such drugs for medical reasons.

12.4 You should not perform or enable unregistered persons to perform an abortion or any other procedure for which there is no medical, surgical or psychological indication.

12.5 You cannot refuse on religious grounds to conduct or assist MTP, sterilization or craniotomy or other procedure when there is medical indication.

12.6 You should not advise, assist or conduct sex determination tests.

12.7 You must not advise, assist in selective sex conception.

12.8 You must not practice euthanasia, as it constitutes unethical conduct.

12.11 You must not withdraw/or ask for withdrawal of life support devices of a brain dead patient on your own discretion in the capacity as the attending physician. Such a decision can be taken only by a team of physicians.

- 12.12 You must not commit any impropriety or any act of indecorum in your association with a patient.
- 12.13 You must not aid or abet torture or be a party to either infliction of mental or physical trauma or concealment of torture inflicted in violation of human rights.

EPILOGUE

The CODE should not be violated in letter or spirit. The CODE does not enlist an exhaustive enumeration of instances of professional misconduct. The DMC may on its part initiate enquiries upon receipt of a complaint of a malpractice of a medical practitioner.

Correspondingly, if a medical professional is impeded in his/her work, his/her professional growth obstructed; if he/she faces harassment; he/she is entitled to approach the DMC and the Council will consider his/her complaints, offer guidance and take protective measures to ensure that the said member can conduct his/her medical services without hindrance and hazards.