

ROLE OFGANDHIAN CONSTRUCTIVE WORKERS

1. I must begin by saying that the Gandhian oriented Constructive Workers all over India were divided in their attitude towards the Emergency (26th June 1975) and what followed. It is necessary to think over this matter and decide that this kind of division does not recur among the ranks whenever and wherever fundamental Gandhian values, such as Human Rights, Human Dignity, Rule of Law and Justice, Democratic Functioning are at stake.

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2. The next important thing is to understand clearly people's vote (elections to Parliament, March 1977) against Emergency and the excesses committed was a negative vote. It was a rejection of the Congress Party. It is now the duty of the Constructive Workers to turn the people's mind into a positive attitude for Gandhian values and the remedies Gandhi suggested for the reconstruction of India.

3. The third thing is, while welcoming the irrevocable merger of five political parties into one, the Constructive Workers may note that it was under a kind of compulsive situation that the merger was decided upon. The Constructive Workers should do everything in their power to promote the unity which has come about and see that it wipes out the old distinctions among the parties which have come together.

4. The fourth thing is, we should express our happiness at the taking of the pledge by leaders and MP's of the Janata Party at Rajghat Samadhi, to uphold Gandhian values. The Constructive Workers should help the Janata leaders and workers in implementing the pledge to the best of their ability and give it a concrete shape in the form of policies and programmes.

5. The fifth thing is, it is opportune to test the effect and performance of all the Constructive work that has been done and is being done, (for the last 57 years - 1920-77) on the touchstone of real change and how far and to what extent Constructive Workers (1) continue to have faith in the Gandhian Reconstruction of India; (2) Constructive Workers have been working, and (3) Constructive Workers have been able to influence the policies and planning of the governments concerned in the matter of Gandhian ideas of worthwhile socio-economic change.

It is necessary to assess objectively the work of the Constructive Workers from the above three points of view.

6. It seems necessary to reorientate and link up every item of the Constructive Programme with the total Programme of Gandhian Socio-economic-political change and see that every worker is given opportunities to nourish the full vision of Future India in that

light, so that he feels at home in the Gandhian view of a Sarvodaya Society, a classless and a casteless society, sans exploitation, but based on truth, love, justice, and equality of all.

7. It is time to realise that ideological education & commitment to an ideology is necessary to promote solidarity in the ranks of Constructive Workers. It is also time to understand that Gandhi-oriented Constructive Programme is aimed at a basic socio-economic change & not merely a reformist or ameliorative program, and therefore, constructive work has to bring about that kind of change in the minds of people in approach, attitude, & fulfilment.
8. Regarding "resistance to injustice", I would add "removal of grievances" and "eradication of socio-economic evils" as targets to be studied and where necessary, all possible persuasive and non-violent means should be sought to be used. Satyagraha should be looked upon as only the last remedy to be adopted with great caution and circumspection. Corruption of different varieties, the cancer of casteism and nepotism, varied kinds of exploitation of children and helpless women, cruelty to animals, should be looked upon as proper targets.
9. The following are some of the fields of Gandhian action which have been left unattended to or very poorly attended to, namely, (a) labour, (b) growth of population, (c) national unity on the basis of Indian culture, humanism, and common secular needs of all communities, (d) wasteful expenditure, (e) literacy and (f) women's status and progress.
10. It is obvious that Constructive Workers, while alert and fully cognisant about political forces and parties working in the country, may not identify themselves either with political parties or with those struggling for political power. However, they ought to have the political sense to know that fundamental rights are not jeopardised by the powers that be.

The reason for non-identification with any one party or struggle for power is to make their own work more effective and avoid their own work being looked upon by other parties as politically motivated, whereas, all Constructive Programs are per se universal, above party lines, and such as can claim cooperation from all, irrespective of party alignments.

11. The Constructive Workers have to take note of the fact that no democracy can be real democracy if it is based only on vote-catching. Therefore, attempts ought to be made to create and sustain as many Democratic institutions at all levels as possible so that the initiative rests with the people. That is the meaning of the movement of gramrajya in villages. Similar must be institutions in cities which could take care of city problems, be they rate payers associations, voters' councils, consumer protection bodies, councils of public affairs and so on.

In fact, hope & achievement lies in the successful establishment of the Non-party peoples' committees at the grassroots as well as at the highest level, so that peoples' institutions to cover other fields may be started.

No.301
Health
Gujarat

Bohasan Gujarat Blind Relief and Health Association (GBRHA),
 Chikodara, Anand Taluka, Kaira District, Gujarat

1. Started in 1950
2. Coverage 405 villages (111,000 children)
3. Activities
 - a. Trachoma control
 - b. Eye clinics
 - c. Mobile eye camps (for cataract and curable blindness)
 - d. Health/Nutrition Education - a link between malnutrition and Vitamin A deficiency
 - e. Undertakes relief operations on behalf of the state government whenever called for
7. Sponsorship & Funds. This organisation was founded purely voluntarily by a social worker, Mr. Ravi Shankar Maharaj, with the main objective of "restoring sight to the blind and preventing blindness in the sighted".
11. Contact. Dr R.R. Doshi, Honorary Secretary and Eye Surgeon, GBRHA, Bohasan, District Kaira, Gujarat
12. Reference. WIO, UNICEF Note

Note: No information available on items 4, 5, 6, 8, 9 & 10

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SOLAR ENERGY SOCIETY OF
GUJARAT

(Regd. Office: C/o Vedhashala, Naranpur Railway
Crossing, AHMEDABAD - 380 013).

APPLICATION FORM FOR MEMBERSHIP

I wish to enrol myself as a member of the Solar Energy Society of Gujarat in the following class of membership. My short bio-data and particulars etc. are given below:

- Patron Member Institution Member
 Life Member Student Member Organization Member

(Please tick mark which is applicable. For details of membership fee see on the reverse side.)

1. Full Name (in Capital letter :
(beginning with Surname) :
2. Academic qualifications :
3. Fields of Specialisation : _____

4. Profession :
5. Office Address & Tele.No. 6. Home Address & Tele No.

7. Mailing Address : Office/Home (strike out one)
8. Membership of other Scientific : _____
Organisations.
9. Enclosure: Postal order/Bank draft/cheque drawn in favour
of "Solar Energy Society of Gujarat"

OR

I have sent by M.O. Rs. () only towards the admission fee (Rs.5/-) and annual subscription (Rs.)/ Life Membership fee under M.O. receipt No. _____ of post office _____.

I have read the rules and regulations of the Solar Energy Society of Gujarat and I abide by the conditions therein.

Date:

(Signature)

P.T.O.

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47/1, (First Floor), St. Marks Road
Ahmedabad

Subscription:

<u>Membership</u>	<u>Admission Fee</u>	<u>Membership Fee</u>
1. Patron	-	Rs. 2,000/-
2. Life Member	-	Rs. 250/-
3. Member	Rs. 5/-	Rs. 10/- per annum
4. Student Member	Rs. 5/-	Rs. 5/- " "
5. Institution	Rs. 5/-	Rs. 50/- " "
6. Organisation (Business/Commercial)	Rs. 5/-	Rs. 150/- " "

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Institute of Rural Management, Anand

Admission Notice

The Institute

The Institute of Rural Management, Anand was established in 1979, with the active support of the Government of India, the Government of Gujarat, the National Dairy Development Board and the Indian Dairy Corporation, to provide management education, training, research and consultancy services for co-operatives and other organizations working for rural communities.

The Programme

The Institute offers a practical, two-year, residential post-graduate Programme in Rural Management. The Programme prepares motivated young men and women for managerial careers in rural enterprises. It is specifically designed for those who wish to pursue management careers in co-operatives and other organizations serving producers of milk, oilseeds, cotton and other agricultural commodities. The two-year Programme curriculum includes extensive field work, practical training and class-room education.

Sixty students will be admitted for the Programme beginning July 1981. Successful candidates will receive their Post-Graduate Diploma in Rural Management in March 1983.

Financial Support

Loan scholarships are available to all students. The value of such scholarships is Rs. 600 per month in the first academic year and Rs. 800 per month in the second year. All students will have to enter into an agreement to serve a designated rural organization for at least three years after completing the Programme. Such designated organizations will include co-operatives and other agencies serving rural producers. The initial gross salary on placement is expected to be around Rs. 1250 per month.

The entire amount of loan outstanding under the scholarship scheme will be waived (i.e. not recovered), after the student completes the agreement with the designated organization.

Eligibility

Those with a Bachelor's Degree in areas such as agriculture, agricultural engineering, animal husbandry, dairy science, veterinary science, mechanical, electrical, civil or chemical engineering and technology, arts, science, commerce, social welfare, management, education etc.

Those with a chartered or cost accountancy qualification. Final year students who expect to complete the requirements by July 1981 are permitted to apply.

The applicants must have at least 50 per cent of the maximum marks in the degree and school ending examinations (45 per cent for SC/ST candidates).

Experience relevant to Programme objectives will be preferred.

Application Procedures

Eligible applicants will have to appear for a written test on February 22, 1981, at one of the following centres:

- Anand, Ahmedabad, Bangalore, Bhopal, Bombay, Calcutta, Chandigarh, Coimbatore, Delhi, Hyderabad, Madras, Varanasi and Waltair.

Based on the application rating and test performance, short-listed candidates will be interviewed in April, 1981 before final selection. The final results will be communicated by May, 1981.

Twenty per cent of all admissions are earmarked for SC/ST candidates meeting the requirements.

How to apply

For application form and brochure write to:
The Admissions Co-ordinator,
Institute of Rural Management,
Anand-388 001,
(GUJARAT)

Please send one self-addressed, stamped (40 paise stamps) envelope of a minimum size of 11 cm x 23 cm for application material.

The last date for accepting request for application forms is December 26, 1980.
The last date for accepting completed application forms is January 12, 1981.

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APPENDIX

IDENTIFYING THE CRITICAL COMPONENTS IN A
SUCCESSFUL CO-OPERATIVE

A bright spot on Co-operatives in India is the successful experience of the Kaira District Co-operative Milk Producers' Union Ltd. (AMUL). This Cooperative, centres on the formation and operation of hundreds of village milk producers' cooperatives (a typical member owns ten buffaloes and tills less than one hectare). These village level cooperatives are sold together into a cooperative Union (AMUL) which owns and operates its own facilities for milk and food processing, collection and distribution and provides its members a full range of technical services. The Union is responsible for setting milk prices and never refuses to buy milk in any quantity from its members. Beside being assured of a round the year market for their milk, members are provided with a package of services which include routine veterinary health, breeding coverage, concentrate feed, fodder seeds and training.

The village cooperatives are practicing democracy by living it. There is no favour shown to any individual or community for a sense of caste, creed or status prevails. These cooperatives besides collecting milk, paying twice a day to the members supplies on the basis of quantity and quality and having an intensive system to infuse technical inputs in collaboration with the union also serve as the retail outlets for the sale of balanced cattle feed and fodder seeds. Using a part of their annual net returns, these societies contribute substantially towards the community development work in the villages. This includes the building of schools, libraries, health centres, youth activities, roads, water supplies, cattle development and cooperative extension.

The Union, which now is a cohesive apex of some 2,40,000 farmers from 837 villages of Kaira, has a Board of Directors elected on a complete

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democratic pattern from these villages. This farmers' elected Board governs the Union whereas the market oriented management of hired professionals operate it. Since beginning the Union realized that viability of a milk producer will depend on the difference between his cost of milk production and what he realizes out of it. Consequently, the market was created at his door where he pours his milk, gets paid twice a day and is free from his worries. The on-ward transportation of milk is the responsibility of the Union. Side by side APUL has always tried to upgrade its services with a package of inputs.

Following the spectacular success of APUL, other unions in different districts of Gujarat were organized a similar lines, and have amalgamated themselves into a State level federation. Not only this, the experience has encouraged the Government of India and other states to foster the establishment of similar programmes in other parts of the country.

Therefore in identifying the critical components of a successful cooperative, we may take APUL as a standard and analyse it. The various components which can be listed, therefore may be :

1. The system itself
2. The Bye-laws
3. The organization of village cooperatives.
4. Pricing, Payment & Procurement
5. Responsibilities of the Chairman, Members of the Managing Committee and staff of the village cooperatives.
6. Responsibilities of the Union
7. The leadership
8. Timely solution of the problems arising in the process.

We will now enumerate the various parts :

It must have been clear from the foregoing lines that the whole system is a two-tier one. The base level unit being the village cooperative and the apex unit being the district union. This has enabled the farmers to derive the direct benefit from their own organisation and at the same time put before their federated body, their demands, suggestions and grievances, if any. The unique postal system operated by the milk transport trucks has brought the farmers members in contact with their federated body twice a day. This two-way twice-a-day system has helped to bring the scientific ideas organised/adopted by the union to the individual members at the quickest possible time. On the other hand any suggestion/requirement/complaint from the farmer's side can be brought to the notice of the Union within almost no time.

Had there been any third agency in between these two there was possibility of getting lost somewhere or the Union getting the distorted/delayed information. If we analyse it in the light of economics, the entire overheads on any intermediary organization have been wiped off leaving alone any operational losses - and thereby the Union has been able to pay better prices to its member-producers. If we analyse it in the light of the healthiness of the set-up, any possible chances of creeping by politics, vested interests, etc. are minimized.

2. THE BYE-LAWS :

We will discuss the broad outlines of the Bye-laws of both the primary societies and the Union. Of course, to discuss the complete Bye-laws, may not be possible within this short span of time, we will take up the salient features of these Bye-laws. However, it will be worthwhile to indicate that as both of these units (Society & Union) are an out and out democratic set-up and hence it has been framed in such a manner that every member has a say in it and that the policies are framed not on the vindication of a single individual but on the common agreement of all the participating members.

A : Over-look of Primary Societies :

We can deal this under the following sub-heads :-

i. Object :

The objectives of a society are mainly :

- a. To provide facilities for more profitable marketing of the commodity (milk in this case) through the Union.
- b. To take necessary steps to increase (milk) production per unit (animal) and to give necessary guidance and assistance to its members to achieve this.
- c. To undertake necessary (dairy) extension activities and sale of nutritional inputs (cattle feed and fodder production in this case).

It may be apparent by looking into the objectives that the society not only strives to provide ready market for the commodity (milk) produced in the village but also helps in maintaining the inflow of it by providing necessary technical and extension inputs to enhance the production. It is worth while to note that these aspects are a part of the obligation on the society and that any member has got his right to demand for these/or question any deviations from these objectives.

ii. Funds.

Various sources have been indicated for raising funds for the society but two clauses are of significance:

- a. Amount on fixed or current deposits may be received at such a rate of interest and for such a period as may be decided by the managing committee, but the rate of the interest on this fixed and current deposits should be one per cent less than the rate on such deposits offered by the banks.

- b. The total loans and deposits should not exceed ten times the total amount of share capital, accumulated reserve fund and building fund minus the accumulated losses. This means that the liability of the society has been limited.

iii. Membership.

Although there are some pre-requisites which must be observed while enrolling the members in a society, there is no restriction of any race, caste, creed, social status etc. The important points that are worth mentioning are :

- a. Any man who wants to be a member of the society should have a cow/buffaloes (raw material production unit) with him.
- b. He has to supply milk (commodity) for atleast 180 days or 500 litres to make his right of vote effective and make himself eligible to contest the election for the Managing Committee of the society.
- c. The liability of a member does not exceed any unpaid amount on shares subscribed by him. This means that by paying only the share money he can be rest assured of the benefits rendered by the Society and at the same time his liability towards the financial position of the society is always limited.
- d. No member shall have claim or any interest on the shares of the society exceeding $\frac{1}{5}$ th of the paid up share capital or Rs.1,000/- whichever is less. This means that the share is always open to the majority of the people and participation from all sectors is ensured, and,

- g. A member is entitled to receive back his share/s after completion of two years of his possession of the share/s but before making the claim the person shall have to give a three months prior notice to the society. However, the total amount of such refundable share capital shall not exceed $1/10^{\text{th}}$ of the total paid up share capital as shown at the close of the previous cooperative year (30th June)

iv. General Meeting :

The General Meeting of the society has the supreme powers subject to the state cooperative act, rules and bye-laws. The general meeting will be held every year within a period of three months after the end of the cooperative year. Among its numerous functions, the important ones can be enumerated as below :-

- a. To receive the Managing Committee report on the working of the society for the preceding year together with the statements of trading account, profit & loss account and balance sheet for the year and to sanction the appropriation and distribution of profit.
- b. To appoint the internal auditor and to sanction the budget for the next year.
- c. To examine fix the limits of funds to be raised as permissible under the Bye-laws.
- d. To make necessary amendments, additions, alterations etc. in the Bye-laws and sub-laws of the society.
- e. In a general meeting, $2/5^{\text{th}}$ of the total members or 20 whichever is less will form a quorum. If, on the day of the general meeting there is no quorum, the meeting shall be held on another day and time notified accordingly. If on the day to which the meeting is adjourned, no quorum is obtained after waiting for 30 minutes, the business shall be disposed off without a quorum. At all the

general meetings, the president shall be elected by the members present. No resolution passed in the annual general meeting can be put for a change or cancellation within six months from the date of resolution but if 2/3rd of the members of the Managing Committee are of the opinion that a particular resolution is required to be changed or altered in the interest of the society, and if the District Registrar agrees to such change, the Managing Committee may call a special general meeting within six months for carrying out such work.

A special general meeting of the members may be convened at any time by a majority of the managing committee, or on receipt of a requisition from 1/5th or 50 members, or from the directions of the federal body. The chairman of the society is duty bound to call such meetings within a month of the receipt of such requisition.

Each member has one vote irrespective of the number of shares held by him.

In case of any tie or any matter, the president has a casting vote, over and above his general vote.

v. Managing Committee

The elected managing committee of the society consists of nine persons of which 1/3rd retire every year in rotation. In any meeting presence of more than half of the members of committee forms a quorum. The eligibility of a member to become or to continue as a managing committee member has been elaborated in the Bye-laws. Some of the salient points are :

- a. He should not have direct or indirect interest in the property purchased or sold by the society or any other dealings with the society.

- b. He should not be a paid employee of this or any other society and should not be related to any of the paid employees of the society.
- c. He should not have performed duty as a paid employee for the last three cooperative years.
- d. He or any member of his joint family should not have any business of the kind carried by the society nor has any partnership interest in such concerns.

Any member who absents himself for three consecutive times in the meeting, will cease to be the member of the managing committee. The committee may meet as many times as is deemed fit, but atleast once in a month. The Chairman of the committee is supposed to preside over the meeting but in his absence the members elect the Chairman for the day among themselves.

The decision taken by the Managing Committee is always by a vote of majority. No member shall remain present and vote on any matter in which he has personal interest but if any decision is to be taken against him, he shall be given full opportunity to explain.

One of the duties of the Managing Committee enumerates that besides making arrangements for raising funds and framing administrative rules for the society, it has to take steps to increase milk (commodity) production and conduct necessary animal husbandary activities as per the directions of the Union. This means that the society is a dynamic one and strives for better production, hence better-returns, to its members.

For the day today working of the society, the Managing Committee appoints the necessary staff. The staff thus appointed are all paid employees and have to furnish a surety (tangible). The surety papers are kept in the district cooperative bank to avoid any chance of tapering or loss.

The Secretary is duty bound to ensure payment to the members of the Society twice a day, i.e. after every twelve hours from the time of his supply of milk.

Thus we can see that the whole set up is a democratic one and the participant farmers are the sole masters of their organization.

In the case of any serious mismanagement on the part of the managing committee/society, the Registrar can suspend the managing committee and appoint an administrator.

vi. Distribution of Profit :

The gross profit for the year is declared in the annual general meeting and the following deductions are made :

- a. Interest
- b. Working expenses of the society
- c. Losses
- d. Depreciations
- e. Bad debts sanctioned by the Managing Committee and approved by the District Registrar.
- f. Contribution, if any.

The balance is taken as net profit and is distributed as under :

- a. 25% reserve fund
- b. Dividend @ 5% of the share holders on the value of their paid-up share capital
- c. 2½% cooperative Education Fund.

The remaining balance is distributed as follows :

- a. 65% as bonus to the members in accordance with the price of milk supplied by them to the society.

- b. 10% cattle development fund
- c. 10% charity fund
- d. 10% staff bonus
- e. 5% cooperative propaganda fund.

vii. Miscellaneous :

- a. To maintain uniformity, accounts and records are maintained in the forms prescribed by the Registrar, cooperative societies.
- b. The Chairman, or one or more members of the managing committee and the Secretary, as may be authorised by the managing committee have the powers jointly to execute documents, grant receipts, sign share certificates, make transactions with bank and sign cash book of the society.
- c. Any member of the society may inspect any of the registers or records during office hours so far as it relates to his own business.
- d. Each member is given a pass book and all his transactions with the society are recorded in it.
- e. The election for the managing committee is by secret ballot system.

B. Bye laws of the Union :

Among the objectives of the Bye-laws of the Union, the following may be listed as important ones :

- a. Purchase, pool, process, manufacture and distribute commodities from the member of the affiliated societies.
- b. Purchase, process, manufacture, distribute and sell cattle feed.
- c. Give veterinary and artificial insemination services and provide medicines etc.
- d. Render technical, financial, administrative and other necessary helps to other similar schemes.

This makes clear that the union has three main broad objectives :

- a. To develop the marketing facilities for its members
 - b. To plough back the inputs to its members to maintain a profitable relation between his investments and recovery and at the same time maintain a continuous flow of the raw materials.
 - c. To create conditions and render help to let grow similar organizations and there by proving a faith in co-existence
- ii. The funds for the union can be raised by almost similar sources as that enumerated for the societies except that it can obtain grants, aids and subsidies from the governments and International Agencies and foreign collaborations.

The membership of the union is open to all the registered societies engaged in similar work (Milk Producers' Cooperative Society) and no society once affiliated can be disaffiliated without the sanction of the Registrar, unless it is dissolved.

The face value of each share is Rs.100/- and the liability of a member does not exceed the amount, if any unpaid on shares subscribed.

- iii. The supreme authority vests with the General Meeting, which is convened every year. The Chairman of the societies affiliated as on 31st March of the previous year shall be invited and may cast their votes. A special meeting can be called by the majority of the Union or by the Registrar cooperatives or a federal body to which the Union is affiliated. In meetings, a member can bring forward any proposal by a majority of 2/3rd of those present for any matter not specified in the agenda, provided he does not propose the expulsion of another member or amendment in the Bye-laws. Only the General Body has the powers to remove the General Manager..

The Board of Directors consists of 15 members as indicated below :

- a. 12 elected representatives of affiliated societies.
- b. One nominee of the Registrar of Cooperative Societies
- c. One to be co-opted by the Board of Directors from experts in the business.

The Board of Directors elect a Chairman and a Vice Chairman. No member can be present or vote on any matter in which he has personal interest. This Board in the interest of the smooth execution of the working of the Union, may appoint two sub-committees. Although the Board appoints the General Manager, fixes his remuneration etc. The General Manager is delegated with the powers to appoint other staff fix their remuneration and terminate them.

It is worth while to note that although the Board of Directors appoints the General Managers, he can be removed by the General Body only, and thus giving him a free administrative limits to act his best. Also the other professionals are being appointed by the General Manager, the administrative decorum is always maintained. However, it does not mean that the Managing Committee is not aware of the day to day developments, rather for any policy decision, the powers are with it always.

iv. Distribution of Profit :

The gross profit made is declared in the annual General Meeting and the following deductions are made :

- | | |
|------------------------|---|
| (a) Interest | (d) Depreciations |
| (b) Working expenses | (e) Land assessment, rates and rent |
| (c) Losses | (f) Contribution to staff Provident Fund. |
| (g) gratuity for staff | (h) Staff bonus not exceeding three months salary and |
| | (i) Income tax and its provisions. |

The net profit thus remaining is distributed as follows :

- (a) 25% to reserve fund
- (b) To educational fund to the state cooperative union as required under the State Cooperative Societies' act
- (c) 9% of the value of the paid up share capital as dividend to members.

The remaining money is then distributed as under :

- a. Upto 80% towards bonus to the members in proportion to commodity sold through union
- b. 10% towards charity funds.
- c. 2% towards dividend equalization fund
- d. 5% towards cooperative propoganda fund.
- e. 3% for research work in allied industry.

Any change in the distribution of profits is to be made with the prior approval of the Registrar of Cooperative Societies.

3. ORGANISING OF VILLAGE COOPERATIVES

We definitely do not want to enumerate the various procedures involved in the process nor we want to list the various extension methods used to organize a village society. Mahatma Gandhi once said "That Co-operative Societies should be the link binding parties together like a silver wire that holds the pearls together. They can function like a water tight compartment of the ocean liner and be the shock absorber in the economic organization. The secret of a successful cooperative effort is that members must be honest and know the great merits of cooperation and it must have a definite progressive goal".

This means that while organizing the village cooperatives, we have to see that it has participation from all sections in the village and that they all strive, together to progress towards a better social and economical goal. Experience says that no sinner one is economically better off, he may prove a socially better-off man.

This means that the organization of the cooperatives should primarily aim at the economic viability of the set-up and the participant. The base level unit should have always a profit showing balance sheet. To ensure this we may enlist few essentials. :

- a. The society should be in a position to procure enough raw material (here-milk) to earn a gross income of 7 to 8% of its volume of business.
- b. The society should ensure that there is no spoilage/wastage while collecting as well as despatching the milk to the union.
- c. The society should not spend more than 2.5 to 3% of its income on the staff, etc.

Some of the important points for consideration in organizing and efficient running of a society may be put as :

- a. Before starting the society proper spade work must be done in the villages to create confidence in the farmers/producers.
- b. When a society is organized in a particular village, the members of the Managing Committee should be elected in such a manner, that each locality/community of the village is represented. This would avoid any party politics and the whole marketable surplus milk of the village can be brought to the society.
- c. Farmers of the village should have full reliance on the staff. The selection of these persons should be decided by the Managing Committee and not by those who organise the societies.
- d. Training of the staff of the society should be undertaken before starting a new society. Hence, no haste should be done in organizing and starting.
- e. After the start of the society regular supervision should be done every 4th and 5th day for atleast four months.
- f. Managing Committee members should meet every month, where profit & loss account, breakage of equipments, shortage of milk miscellaneous expenditure are produced by the Secretary and proper resolution is passed and recorded. For any loss, the person responsible should be punished accordingly.

4. PRICING, PAYMENT & PROCUREMENT

As already indicated the Union of the cooperative societies always looks that the price a producer gets from the sale of his commodity should be greater than what he invests on its production. Apparently, this means that the price paid to the producer suppliers should always be remunerative and if this is not done, the commodity may find a better avenue for disposal.

Hence, the union formulates to pay on quality. As the commodity in this case is mostly buffalo milk, the fat is taken as the basis for payment. Better the milk, higher the fat, higher the price. As time advanced, the need for formulating some different methods for the purchase of cow milk was evolved, and the two axis pricing payment on fat as well as on solids-not-fat in milk was introduced.

The aim is not to discuss the procedure adopted and other aspects in this, but to bring out that the changing times have not stopped the union in adopting the best possible pricing structure to ensure remunerative payment to its members. Round the year the producer is paid a provisional price which is subject to increase at the end of the year, not any decrease. The provisional price structure always gives a margin on the price paid to the producer during the year and the actual price worked out at the same end of the year.

Apart from the price fixation, the frequency and the mode of payment tell a lot on the smooth running/success of a cooperative. The payment to the farmer members must be directly linked with his daily needs. Although in a village farmers have limited wants, the need of ready cash to meet these is of paramount importance. Therefore, the payment has been scheduled for every twelve hours. A farmer brings his milk to the society in the morning and gets paid in the evening and for evening gets paid the next morning. This has enabled him not to stretch his hands before anyone for meeting his day to day needs. One can find invariably, a man getting paid for his milk and buying the cattle feed from a part of the same money. This twice-a-day payment is ensured by the village level society.

The society in turn gets paid every ten days. All transaction from/ to the society and the Union is through the cooperative Bank. This bulk payment has enabled the society to buy the other inputs for its members (e.g. cattle feed) on a credit basis from the Union. It pays back to the union from its bill for the sale of commodity (milk).

Each member has been provided with a 'Pass Book' where in entries are made, each time he delivers milk, for his quantity, butter fat content and the value thereof. Every month at the end, the total milk delivered by the individual member and the value thereof, is recorded for the calculation of the bonus he will earn at the end of the year.

The procurement of raw material is also a planned operation. It is designed to ensure quick reception of the raw material at the processing dock. Milk being such a highly perishable commodity the effectiveness of the ANMUL will be revealed from the fact that the annual sourage of milk is 3% only. This becomes more significant when we analyze it in the light of the vast difference in the ambient temperature of summer and winter and the area covered for procurement (it covers almost 2,500 sq. miles). Needless to emphasize that any lapse on the procurement arrangements, especially in milk, is going to result in huge spoilage and thereby reflecting bad on the balance sheet. The organization which has to give the economic uplift to its members, cannot afford to go negative.

In ANMUL today, each society has a pre-determined time to have its milk lifted by the Union and each route has a pre-fixed time to reach at the dock. Anyone causing a lapse has to pay for the spoilage. The members obligation is only to deliver milk at time declared by the society.

5. RESPONSIBILITIES OF CHAIRMAN MEMBERS OF THE MANAGING COMMITTEE AND STAFF OF A VILLAGE CO-OPERATIVE SOCIETY :

Besides those indicated in the bye-laws there are certain points to be considered by these persons for ensuring smooth day to day working. Enumerated below are some of the points in respect of a milk cooperative society. With slight amendments, these can be incorporated for any cooperatives :

- i) The building for milk Collection Centre rented or owned by the society in the village should be at a place where the milk truck can easily passthrough and every producer can have easy access.
- ii) The milk collection centre should be kept clean
- iii) Work should be distributed among the employees and ensured by the Managing Committee that is properly followed.
- iv) Chairman or one of the Managing Committee members must be present at the time of collection to solve the problems that may come up.
- v) Arrangements should be made to deliver the milk at the time set laid down by the plant/Union.
- vi) The appliances used for milk collection and testing should be cleaned properly.
- vii) Before starting the milk collection, the empty milk cans should be cleaned.
- viii) Testing machine should be cleaned after each operation. It should be numbered inside.
- ix) The name of the society should be clearly written on the milk cans.
- x) If the society is sending cow's, Milk it must be clearly indicated on the cans and should be entered in the truck-sheet.
- xi) After the milk collection is over, the total quantity of milk received from the individual suppliers should immediately be worked out and checked.
- xii) A routine should be formed to take the signature of the milk collector and tester in the milk purchase register.
- xiii) The pooled sample, for finding out the general test of society's milk, should be collected from all the cans on equal proportion after mixing thoroughly.
- xiv) Tester of the society should not be allowed to see the number of milk bottles of individual milk supplier at the time of milk collection.

- xv) There should be a separate test register and the tester should sign it every day after completion of testing.
- xvi) After completion of testing, the tests should be entered in the purchase register from the test register. The amount to be paid to the individual producers, should be entered, after verification from the payment table.
- xvii) After the testing is over, the Secretary should do random testing every day.
- xviii) Arrangements of retesting of milk of the producers should be done after the testing is complete.
- xix) Arrangements should be made to train all the employees in milk testing work.
- xx) Dairy Register should be written regularly from the daily weight and fat slip.
- xxi) Routine should be made to write all the registers regularly.
- xxii) On each account register, page numbers should be given and each page should be stamped. The Chairman should sign on the last page.
- xxiii) File should be maintained subjectwise.
- xxiv) Vouchers and correspondence file should be maintained properly.
- xxv) Routine should be made to write separate letters for each subject.
- xxvi) All the employees should know the use of truck sheet.
- xxvii) When can or acid jar is not received, it should be noted in the truck-sheet and a separate letter should be written to the plant/union immediately.
- xxviii) Request for retesting of milk and information for non receipt of any material from the plant should be written in the remarks column of the truck-sheet.
- xxix) Only Secretary should sign the truck-sheet. If secretary is absent the next man should be assigned with the job.
- xxx) The Secretary, Milk Collector, Tester etc. should fully understand the information given in the fat and weight slips received from the plant/union.

- xxod) Outgoing letters should be signed by the Chairman or Secretary of the society only.
- xxoii) All employees of the society should know how to work out costlier or cheaper purchase. It should be recorded every day in the purchase register.
- xxoiii) Staff should know to findout SNF, besides knowing general test of the pooled milk.
- xxodiv) If there is problem of SNF, the lactometer should be used at the time of milk collection.
- xxov) Staff should know the reasons for sourage and low SNF. If there is a problem of sourage of milk, arrangements should be made to accept the milk only after smelling the individual milk.
- xxovi) The employees should know how to calculate the kilofat and the rate
- xxovii) New stock of acid and alcohol should be tested for traces of any fat to avoid loss to the society.
- xxoviii) Whenever new stock of butyrometers and pipettes is received it should be checked for their variations.
- xxovix) Testing equipments such as pipettes, butyrometers etc. should preferably be procured purchased from the plant or from the Union.
- xxovx) Secretary should always check the milk bills received from the plant. Discrepancy, if any should be intimated to plant/union.
- xxovi) A package of policy for the money to be brought from the Bank should be obtained.
- xxodii) Money for more than six times the payment should not be kept in hand by the Secretary
- xxodiii) Arrangement should be made for giving Cooperative Training to the Secretary of the Society.
- xxodiv) The behaviour of the society employees should be courteous and they should be fair in their dealings.

xxxxxx) Chairman or Managing Committee members should seek guidance from the staff engaged in the work of procurement.

6. RESPONSIBILITIES OF UNION

From the very beginning, the union, realised that it is the small and marginal farmers who are increasingly dependent on milk production to maximise their meagre resources. The privilege of milk collection and marketing must, side by side, carry the obligation of helping these producers to increase their milk yield. The viability of a milk producer depends on the difference between his cost of milk production and what he can get from his milk.

While the prices realised from milk and milk products are governed by the National Market, the Producer's income can directly be enhanced by helping increase his milk yield through the optimal technical input mix which will substantially reduce his cost of milk production. With these aims in mind the Union has the following responsibilities to shoulder:

A. Collection and Marketing of Milk

Of course, the Union collects milk from feeding sources (societies) and sells it in the consumer market, but its marketing is incomplete unless the producer gets back the better value of his produce. Therefore, it is binding on the union to take care of all necessary steps so that the producers are given a remunerative cash price of milk round the year.

B. Handling and Processing

Economy of the two tier cooperative system is the biggest factor to be always kept in view. To handle and process the milk economically is the greatest responsibility of the Union and unless this economy is maintained, it may not be able to give better prices and the input mix to its members.

C. Supply of optimal Technical Inputs

In the course of building a sound of milk procurement system, the Union comes to process the input giving machinery as a complementary system, which is the cheapest and most effective way of providing technical inputs and service to the producers. The package of technical inputs includes Artificial breeding, Animal Health Cover, Balanced Cattle Feed, Green Fodder Development and extension services.

Artificial breeding of milch animals is the most important single service-cum-technical input and is directly related with the annual rate of calving and milk production. The attainment of success in artificial breeding programme depends largely on how sound and vigilantly, the optimum results could be shown to the producers. To provide the best sperm to produce better calves, the selection of the best sire is a single factor to be kept in mind. The Union ensures how best the semen collection, its processing, packing, distribution and insemination can be done and the results obtained.

The production efficiency brought about by better breeding can best be maintained by giving a better health coverage to the animals. The Union therefore provides Veterinary medicines and treatment to the animals at the producers door.

The increase in milk production is likely to go down if the animals are left to graze or are fed unscientifically. To replace the un-economic traditional feeds, the Union has manufactured and marketed a balanced cattle feed which is palatable, nutritious and economical. Green fodder development cannot be separated from the input-mix programme. A nutritious protein rich and succulent green fodder is not only the cheapest source of feed nutrients, but also substantially enhances the milk yield.

reducing the cost of milk production and increasing thereby the net returns from milk. The union arranges to demonstrate the economic impact of feeding green fodders like Lucerne, Berseem etc. to convince the producers for its adoption at the optimum level.

To carry out such responsibilities, the best extension activities become a part and parcel of this system. The village societies can serve as best centres for initiating new services, ideas and extension programmes. The important media used are mass campaigns like the milk yield competitions, A.I. Campaigns, Incentives, Newsletters and other publications, mobile exhibitions, Film shows, Visits and interviews.

D. Ploughing back the Returns

To complete the cycle, the returns of the economical milk marketing are ploughed back in the form of bonus or other kinds to the producers for giving them a feeling of belonging to the Union.

7. LEADERSHIP :

Napoleon once said that he would prefer to have an army of rats with a leader as a lion rather than an army of lions with a rat as a leader.

Definitely he meant some one who can have the individuality and make his presence felt among others as well as under :

A. He should have faith in the movement

Unless a man has faith a firm faith in what he is going to lead for, he will always have a half-hearted participation to the organization. The role of this quality is most important at the initial stages when the whole affair is in a fluid state.

A man having no faith, will most probably like to compromise his efforts for some other activity, than this.

B. He should have the dynamism to impress his ideas on others in the INTEREST OF THE ORGANIZATION :

By this, we mean that he should have clear understanding of what is to be done about the organization and that he should have the dynamism to communicate the ideas to others in the interest of the organization. Over and above, he should be able to impress upon others not to have undesirable interference in the day to day working of the organization. The cooperatives may be known and heard to many persons, but the leader should be in a position to infuse the real essence of cooperatives in others especially those who are going to have active participation.

C. He should preferably be a man free from foul politics and in case he is in politics, he should not bring it in to the organization

It is a decided fact that once foul politics is brought in to any organization, the seed of destroying it has been sown. The leader therefore refrains from such activity. Even though he may be an active politician, he should maintain a clear demarcation between politics and cooperatives. A cooperative is supposed to be a democratic set up in the right sense of the term and the participants (mostly farmers) are very susceptible to the term 'politics'. Hence, the leader should have the quality to get the cooperative run in the true sense rather than create a sense of insecurity by infusing foul politics.

E. He should have no personal interest in the business :

To have interest in the organization and to have personal interest in the business of the organization are definitely two different things. By personal interest, we mean the vested interest. Corruption, it is said, always percolates from top to bottom it never ascends from bottom to

top. Co-operatives especially in India are a weapon of the multitude to use against their low social and economic standards and not a weapon of the mighty. The leader should be clear in his mind to use it as a weapon for those whom he represents and not as a sword for them.

F. He should have Dedication

A cooperative formation has no short-cut because it is a change against the resistance of the people till they understand. We have not been able to develop any magic wand by which we can hasten the process. Therefore, the leader of a cooperative organization should have dedication towards it.

G. He should be able to bring results up to the hopes of his followers

No one accepts a man as a leader unless he proves himself by bringing out the results in a way anticipated by the majority of the people. A cooperative organization is a cohesive structure of masses varying in their ways of life but aiming at a common point their social and economical upliftment. A leader should therefore prove that he has been able to lead them to achieve these. Apparently enough only words are not going to convince the masses to accept anyone as a leader unless he has been able to deliver the goods.

D. PROBLEMS AND THEIR TIMELY SOLUTION :

An organization which has the participation of persons from different strata is liable to develop problems. An efficient cooperative organization should, therefore, act in all readiness to solve these problems lest they may not become complicated.

The problems may arise at various levels. In a village primary society, problems may come from the participants almost every time they transact with it. In a milk cooperative society, it is twice a

The primary milk Producers' cooperative society transacts its business through the village level workers whose knowledge of the subject is comparatively low in the initial stages. It is at this juncture where a continuous guidance, persuasion and checking is required. To achieve this, the union employs a team of supervisors.

It is evident that most of the farmers supplying milk in the society belong to low income group and look forward to get the payments regularly. If the society is unable to cope up with this aspect, it may create a misunderstanding among the farmers and they may loose confidence in their own organization. The society should in association with the union, therefore, ensure a regular payment.

The basis of payment for the milk supplied by the farmers is quality. The Managing committee should therefore ensure that person (s) engaged in this work neither favour nor deceive any one he should be impartial.

The Society may face other problems like competition in milk trade, low fat %, low SNF %, spoilage of milk, loss due to costlier purchase of milk at the society. If not checked in time, these problems may effect the business of the society and it may incur loss. Whenever, such problem arise, the reason for these should be detected immediately. Solutions ~~methods~~ should be worked out, keeping in mind the conditions prevailing in a particular area. Apart from these, the Managing Committee may not hold regular meetings to review the work of the society and problems faced, Managing Committee and supervisors should ensure that they meet regularly.

The society may also come across problems arising at the Union level such as shortage in weight of milk, transportation of milk transportation on head load, irregularities in payments, supply of chemicals, equipments, balanced feed etc.

An efficient cooperative organization ~~takes~~ the problems ~~arising~~ ~~Union-level-issues~~ whether at society or at union level, as its own and tries to find out solutions/jointly at the appropriate time.

Our experience tells that where these components were missing the whole organization has met two ends :

1. If at all it has existed it has almost remained dormant
2. Otherwise, it has vanished in due course of time.

Any organization, the moment it loses its dynamism, fails to deliver the results and ultimately vanishes.

We have come across cooperative organizations which advocate and practice a three tier system. Here the base level unit is a village cooperative but it is affiliated to an intermediary, Taluk level union, which in turn is federated to the district level union. This system has been followed for a long time but has failed to bring the desired result. The farmers, who are the real participants could never know when to look forward for help in need. The federation could never know when to look forward for help in need. The federation in this case was never represented by the farmers directly, but from the members of the Board of Directors of the Taluka level union. Any discussion and decision on the policy laid down or to be adopted always remained between these two units and the real participant was always in dark. Further more, no scientific programme could be launched as the 'UNION' and the FEDERATION could never decide whose responsibility it was.

Similarly Bye-laws at various places have no provision for an employed staff for the society. It was always a case in these sort of cooperatives that they had an elected cashier and an elected Secretary. Both these persons were supposed to work on an honorary basis. Naturally, only two types of people could come forward for these jobs: either those who had their vested interests and wanted to use it as an instrument to achieve it or those who had nothing to do with it and came forward only because they selected the simplest men in the village who can further be used as tools by the others to fulfill their interests.

Usually, we have come across with societies, where bringing of money from the bank was the responsibility of the cashier and the expenditure was done by the Secretary. This always resulted in misappropriation of accounts and in turn quarrel between these two persons, the system advocated and adopted by a model cooperative dairy has a provision of getting staff as an employee of the society against a tangible surety and that this staff is supposed to handle cash and maintain the books of accounts and records

These cooperatives also failed to bring any result where the apex body had no representation on the farmers. There are some apex body of the village cooperatives where the District Magistrate/Collector has been made the Chairman and the political leaders as the Board of Directors.

Evidently no one ever knew that really the problem was and at the same time all the suggestions floated by the Chairman, was acceptable to all. It was therefore in short, working in autocracy than in democracy.

Though there are cooperative dairy societies which give payments to the members after a gap of a week, ten days or fifteen days, the accumulation of accounts in an organization which is handled by the villagers always resulted in some faults mischief with the accounts and ultimately the society failed because of dissatisfaction among its participating members.

Last but not least almost all dairy cooperatives aimed to buy the milk from their members but only those succeeded which tried to increase the milk production in their areas of operation by floating a package of inputs. This is one single factor where the cooperatives could boast of differentiating themselves from the various organizations engaged in dairying.

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Anand: Milk and money - I

By DARRYL D'MONTE

THE imposing campus of the National Dairy Development Board (NDDB) in Anand — the small town in Gujarat — whose name is synonymous with Indian dairying — bristles with self-confidence and vigour that is rare in other public institutions today. Indeed, if its top technocrats are worried about the growing criticism of 'Operation Flood' (OF) at home and abroad they seem less concerned about a United Nations Development Programme team that has just arrived to evaluate the entire OF scheme, which is the world's biggest.

The NDDB's milk schemes have attracted criticism on two broad counts. Firstly, contrary to what the very name suggests, it is not flooding the four metropolitan cities under its milk with milk — more correctly, not at a price at which most urban dwellers can afford. The other contention is that it ties the country to foreign aid in general and the availability of surplus dairy produce in the EEC in particular.

The whole idea of the first phase of OF launched in 1970 and completed in two six scheduled time only a decade later, was to obtain Rs 100 crores worth of giffed milk powder and butter oil from the EEC, reconstitute these into liquid milk and with the sale proceeds, build modern dairies round the four cities, eventually with co-operatives in the hinterland to trigger off a 'white revolution'. Significantly, Dr. Verghese Kurien, the dynamic head of NDDB and pioneer of dairy co-operatives in India, himself no longer refers to such hyperbole, unlike a decade ago.

The country's co-operatives can now produce 80 lakh litres of milk a day — ten times more than when OF began. While consumption has dropped steeply from 140 gm a day per capita at independence to 105 gm. by 1970, it is now 120 gm. But prices are rising all the time: only recently, the Greater Bombay Milk Scheme raised a litre of whole milk by a whopping 90 paise to Rs 4.30, and the Delhi Milk Scheme, run by the NDDB, is about to hike its rates too.

Assuming that a young child in Bombay needs at least half a litre of standard milk this amounts to Rs. 44 a month on just one litre of expenditure for a single member of a household. What happens to infants who cannot be breast-fed or for that matter, lactating and pregnant mothers? As is well-known, the physical growth of the brain takes place till a child is four years old and the lack of milk, being today the main source of protein, can mentally debilitate him for life. Under the plea of modernising

the dairy industry, critics point out, the provision of sophisticated equipment (much of it imported) cross-bred cows artificial feeds, immunisation, veterinary services, new packaging and vending methods, all add to cost making milk more and more expensive.

The technocrats in Anand, however, have an answer to this criticism that sounds shocking: that milk is not the best source of nutrition in conditions here. As Dr Michael Halse, a Briton who has been the FAO representative in Anand from the inception of OF says: 'There is a mythology of milk the world over. In India, it is reinforced by the role the cow plays in the traditional imagery of the country'. Dr Kurien, with his characteristic lucidity, points out that milk consists of fat and nutrients; this animal fat is three times more expensive than vegetable and, what is more (at least for those who over-consume it), it clogs the arteries. Similarly, vegetable protein is three times cheaper. 'In fact, for the rural poor drinking milk is like eating cake', exclaims Dr R. P. Anjeja the NDDB secretary.

This is certainly true of those milk, which has 6.2 per cent fat in Bombay, and is eagerly sought by the urban and rural rich on the entirely wrong assumption that it is the best nourishment. High-fat milk is also in great demand for making sweets — a colossal 3 million tons are distributed as gifts and on auspicious occasions in the country every year. Indeed, the introduction of high-yielding cows in States like Punjab has been held up because of the preference for buffalo milk, which has a higher fat content. This is why some nutritionists have demanded that production of milk be made with khor should be curisilled.

The Anand experts have found out that the poor in cities can't afford even the minimum half-litre bottle of milk; they generally buy just 100 gm a day. Its actual function, as far as technologists are concerned, is to whiten tea (one million kg of which is brewed every day in this country, the biggest consumer in the world). Their discovery was that protein, not fat is the wantener.

Hence they have introduced 'Amul Chaisathi' — a liquid Indian counterpart 'Coffee mate' powder in the West — which is a blend using sorabean milk and other vegetable ingredients, containing more calcium phosphate and Vitamin A than milk. In slum areas of Baroda at Re 1 a litre.

As many as 50,000 litres a day are now being planned for Delhi but in slums only, and it will be

collected in the purchaser's own vessel at 10 p. gms. To the obvious question why more can't be produced, and in other cities, the Anand technologists say that more plants are in the making but as far as the middle class is concerned, there will be tremendous resistance to switching over to it. Last the very idea sound awful, it is as well to remember that in cities like Bombay, a slightly fancier product like Milhone and Milbro was being marketed in bottles. The only difference, as Dr Anjeja mentioned with a chuckle, is that the sterilisation costs alone of such products amount to Rs 1.50 a bottle!

As a corollary, the second surprise in store at Anand is that the experts see the production of milk primarily as a means of generating more income for the rural producer (preferably belonging to a co-operative) and not to provide nutrition to India's 150 million urban population (incidentally, also the world's largest). Indeed, they believe that in milk, as in agriculture generally, the terms of trade have been adversely tilted in favour of the cities all these years.

This is why they are bent on capitalising the dairy industry as fast as possible and recognise that the best way to do this is to organise producers however small into co-operatives. Although Kalra district (whose headquarters is Anand) remains the country's showpiece, 17 other 'Anands' have already been built elsewhere in the country, including parts of Karnataka where no one imagined such a feat was possible.

In other words, the achievement of Dr Kurien and his dedicated team is that they have organised what is, and will always be, a subsidiary activity in agriculture to bring it face to face with the modern market, which eliminates both seasonal fluctuations in production (summer is lean) and the hefty mark-ups pocketed by middlemen (which still exist for other agricultural produce, especially fruits and vegetables). Milk, which had only a 'use value', now has 'exchange value' to the producer, who can market it twice a day to the nearest co-operative collection centre and collect cash daily with which to purchase his food needs.

(This fits in with belated recognition the world over that the rural poor do not suffer from protein malnutrition, as was generally believed, but calorie deficiency — more simply, what they lack is sufficient food in cereals and pulses and no amount of protein enriched diet by itself will make this up).

Hence the NDDB sees nothing wrong in flooding the cities with milk, which should bring the farmer higher returns. In fact, Dr Anjeja says that the only limit to the growth of dairying is the urban consumption of milk. If such consumption increases at 2 per cent per year, he believes it is safe for the growth of Indian dairying.

Somewhat surprisingly, therefore, the NDDB is advocating the conversion of 'surplus' milk into products in addition to milk powder, baby food, cheese, butter and chocolate, which are already being sold under the Anand and Sagar co-operatives labels. In the best traditions of consumer good manufacturers, it conducted a market survey of what Baroda did with its milk and found that one-fifth of the milk sweets consumed was in the form of the Gujarati favourite Shrikhand. It discovered that the traditional manufacturer charged Rs. 16 a kg, for this sweet when his cost was only Rs 12.50, and he produced it under terribly insanitary conditions with the 'bonus' of a dangerous yellow chemical dye. The Baroda dairy, run with NDDB help, has now entered the shrikhand market in a big way: it sold Rs 1 crore worth last year at Rs. 14 a kg., hygienically produced (no colour added) and packed in plastic. It is now on the verge of marketing gulab jamba which sell for Rs. 20 a kg although the cost of ingredients is the same as in shrikhand. Pedas are next on the list. The idea eventually is to subsidise the provision of cheap milk to 'target' groups in cities like children and nursing mothers.

Ironically, the economics of mass-production in the flush season is such that today canned Bal Amul baby food, at Rs. 24 a kg. (equivalent to 8 litres of milk) is cheaper than 'the real thing' with sugar thrown in. For that matter, cattle feed processed in the USA was designed by the NDDB costs 50 p. less a kg. at Re 1 than conventional oilcake.

This is why Dr Kurien is, since 1979, trying to do with oilseeds what he has done with milk. He is obtaining 1,60,000 tonnes of vegetable oil as a gift from the Co-operative League of USA (CLUSA) and possibly another 60,000 tonnes from Canada. With this, he hopes to modernise the cultivation of oilseeds, also on co-operative in lines, and thereby eliminate the 100 powerful families in Gujarat who now speculate in the commodity. Indeed, Dr Kurien's messianic vision knows no boundaries: cotton may be next on his list, then jute...

(To be continued)

Anand: Milk and money - II

By DARRYL D'MONTE

WILL producing milk for producers rather than consumers help in a massive transfer of resources from the cities to the country-side, as the NDDB fondly imagines? India is already the fourth largest producer of milk in the world: its output is half Australia's. But the benefits of OF show little sign of trickling down to the small farmer with a single buffalo or cow. In much the same way, the Green Revolution has helped produce a record 132 million tonnes of foodgrains this year but many Indians still starve and marginal farmers continue to eke out a precarious existence.

The NDDB claims that in a particular sample area of Kaira district one-third of the co-operative society members are landless and marginal farmers, owning less than 2.5 acres of operational land. It is difficult to find out to what extent this is true of other areas and whether this section of society — many of whom are Harijans — benefit by being absorbed into the money economy and being able to sell their milk to buy other goods. Despite some euphoric claims by the NDDB, villages in Kaira district which this reporter visited tell a quite different story.

Palana, for example, has a population of 4,000. There are 400 members of its dairy co-operative, but only three are Harijans. In Bamrol, with 6,500 people, there are 950 members but not a single Harijan member; no low-caste family even possesses a buffalo. In Pij — which is something of a special village because it has a TV transmitter which beams special programmes from Ahmedabad as a legacy of the SITE project — the much-vaunted claims of social barriers breaking down once high and low caste members join the same queue to sell milk, sounds somewhat hollow. A lady from the richest family, Ambalal Chaturbhai Patel's, asserts that she won't let her low caste maidservant even stand near the choola. (Indeed in the wake of the medical college agitation in Gujarat, caste antagonisms have hardened perceptibly. One should also remember that a marginal farmer with a buffalo may be a co-operative society member along with rich Patels who have several animals).

The implication that in a poor country the introduction of modern agricultural methods can raise the living standards of producers who now have no 'market' deserves to be carefully examined. This after all was one though by no means the main, aim of the Green Revolution, which employed high-yielding strains, fertiliser etc. to boost yields but in the process tended to turn marginal farmers into agricultural labourers. In any case, the initial momentum of the Green Revolution has now been dissipated for a number of reasons.

Anand experts hasten to point out of the difference between OF and Green Revolution. The ownership of cattle is not as skewed as land: even those farmers with a little land have a head or two. But it will be interesting to study how, in the absence of other socio-economic changes like land reforms, dairying can serve as a means of raising the living standards of small farmers, as against middle and big ones. To cite only one example, if such a farmer perceives that it is in his interests to produce more milk, he may go in for a cross-bred cow which is both more susceptible to disease and lacks draught power.

Besides, to produce more milk, the farmer has to grow more fodder (cattle now scrounge whatever they can). This will divert land from food crops, thus the acreage devoted to pulses has already shrunk alarmingly. Moreover, with the start of the oilseeds scheme, yet more land will be devoted to this cash crop. The "linkage" which the NDDB expects, of course, is that the huge increase in oilcake output will help feed Indian cattle, while the surplus can be exported.

Kurien, as a super-technocrat, dismisses "generalised" farm programmes as being difficult to administer (a management problem?) as also to organise "producer-to-consumer systems" (a marketing problem?). But who can deny that the only solution to the cycle of poverty in this country is to raise the real income of the rural poor and in the process, sustain the country's industrial growth by generating the demand for such products? It will be revealing to conduct a cost-benefit study, for instance, on whether the Rs 100 crores generated in OF-I would have wider spin-offs if invested in say, irrigation, rather than dairying (though, in that case, the dairy aid may not have been forthcoming to begin with!).

The other broad criticism of OF, as we saw earlier, was its foreign dependence. Although OF is in many ways a sitting target, since it was not only initiated with dairy hand-outs from the West but continues to receive aid and expert advice all time as the largest dairy programme in the world, what many have failed to recognise is that India's indigenous dairy industry is now strong enough to withstand many pressures from multinationals and donor countries.

One serious allegation, for example, is that the EEC wanted to dispose of its surplus dairyproduce (its "butter mountains") to make India dependent on supplies of milk powder rather than allow it to develop its own domestic production of milk. This was certainly true of the Mother Dairy in Delhi which, in 1978 only got 14 per cent of its fresh milk from its "milksheds" in surrounding States. Between 1970 and 1978, the share of milk products in total milk production rose from 24 to 38 per cent in the four big cities.

However, any hopes that India would remain a big importer of milk powder have

now probably vanished. In the mid-'sixties, 65,000 tonnes of milk powder were brought in from abroad, half of its as commercial imports and OF areas produced 8 lakh litres of milk a day. Now commercial imports have ceased totally, and only 20,000 tonnes per year are received as gifts, while 30 lakh litres are produced every day. The domestic production of milk powder has increased eight-fold in the last decade, and this helps to tide over the lean season.

Caught off-guard, NDDB officials admit that it is not as if Western dairying countries and multinationals have not tried to influence affairs here. They point out, for example, that it was no coincidence that the head of the World Food Programme and World Bank teams in India concerned with OF both happened to be New Zealanders; the latter once made persistent attempts to find out exactly how much milk powder India was going to produce that year and offered to finance a survey for this purpose. In fact the Aarey milk colony in Bombay is a good example of excessive dependence in its early years: it procured only one lakh litres a day itself and obtained as much from Anand while an equivalent 2 lakh litres were produced by reconstituting imported skimmed milk powder from New Zealand.

Two years ago, an outspoken NDDB official was referred to as a "bloody Indian" by an Australian dairy industry representative at a Singapore conference when the former called for a switch-over in Asian countries to use milk products to build up their domestic capacity. In Pakistan and most ASEAN countries today, 93 per cent of the milk comes from Australia and New Zealand.

Similarly, the NDDB has shown remarkable enterprise in fabricating and adapting technology for dairy equipment. The bulk vending machines used in Delhi, for instance, were to cost Rs 1 lakh apiece if they were bought from a US manufacturer; they were eventually designed at the NDDB at a fraction of the cost. Similarly, for the controversial Tetrapac, to be used for packaging long-lasting milk, the NDDB has obtained a licence from the foreign manufacturer to make it at home and a paper plant is being built near Baroda. The same capability has been demonstrated in making electronic 'milkotesters' (for measuring the fat content) and huge dairy churns.

It seems inconceivable, however that American and Canadian edible oil producers should, in a sudden fit of generosity, part with 2,50,000 tons of oil (which are being bought by USAID and gifted to India) in order to help this country modernise its old and inefficient oilseeds trade. Even NDDB officials concede that "there's no such thing as a free lunch!" The donors' calculation in this case appears to be that India may turn out to be a big producer of cheap oilcake (which the country already exports). Whether, once again, the "new" co-operative oilseeds organisation here is able to resist such designs remains to be seen.

Meanwhile, the NDDB is already meeting with concerted resistance from edible oil speculators in Gujarat. A car in which Dr G.M. Jhala, head of the Indian Dairy Corporation as well as the Gujarat Oilseeds Co-operative Growers' Federation, was travelling was pushed off the road by a truck; a mysterious fire also started in the Bhavnagar oil mill which his organisation has taken over.

In the ultimate analysis, the crucial test of the success of the NDDB will be whether its intervention in milk, oilseeds and possibly other produce helps to raise the living standards of the poorest farmers. As for its other objective — helping to restore the imbalance between the city and countryside — this is as much a political as an economic issue, the resolution of which will largely be an outcome of the current agitations in several States for higher prices for agricultural produce.

(Concluded)

GUJARAT - 6

VALOD/RURAL RECONSTRUCTION IN ACTION

96.7

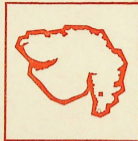
VALOD RURAL RECONSTRUCTION
PROJECT
BANDHARA, VALAD



INDIA



GUJARAT STATE



VALOD
SURAT DISTRICT

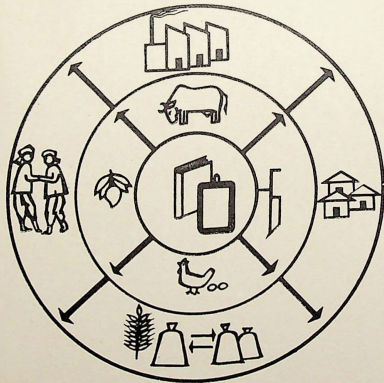
If I were to be born again, O Lord
Make me not a trader
Who has to live on lies
Make me not a landlord
With mind corrupted by cunning,
But make me a tribal again, Lord
So I could live in my beloved jungle
Free and happy as a bird.

(from a tribal song)

VEDCHHI INTENSIVE AREA SCHEME
VALOD, SURAT DISTRICT, GUJARAT, INDIA

Tribal
art
Forms





The Valod area comprises of 40 villages with a population of 52,000 out of which about 80 per cent are farm labourers on a casual basis. Their standards in education, housing, health, food and workskills, analysed in 1961, were found to be way below the national level.

The return from most of the land is low while farm techniques and facilities in the villages are extremely poor.

The terrain is slightly uneven, stony and 74 per cent of the population are tribals who are economically backward. Their landholdings are small, the land is of poor quality and the people lack the resources, organisation and skills to make their farming a success. In general, this has been a backward and much-exploited community.

The rural life offered few opportunities and the Vedchhi Intensive Area Scheme was started after prolonged consideration by the All-India Khadi and Village Industries Commission. The Valod group began its work in 1948 and has achieved results which, perhaps could be used as a prototype for rural development anywhere in other developing countries.

The Valod Group was helped by several agencies like the local taluka panchayat, the state government, the state Khadi and Village Industries Board, the Small Farmers Development Agency, banks and some foreign agencies like Community Aid Abroad, Australia, Freedom From Hunger Campaign, Australia, NOVIB from Netherlands and OXFAM from the United Kingdom.

Village : It is a far-away place from major communication points and its inhabitants do not enjoy any technological advantages. They strive hard to come up in the fields of education, economy and social justice. They are the under-privileged section in need of suitable opportunities and justice.

History : The Valod group started its work against heavy odds. Nothing much had been done in the area except the social and rural work on gandhian lines by Shri Jugatram Dave. The band of youths, motivated by a spirit of idealism started their work under his guidance but very soon felt that such work in rural areas needed greater action flexibility and an analytical approach. Thus they started work at different rural points. The group was of the view that rural and social reconstruction could be achieved only through an

integrated approach and therefore planned out the following programmes :

Education through establishing basic schools, production and employment through establishing industrial centres and co-operatives and improvement in the living conditions of farm labour through different types of co-operatives. The programmes were planned and executed by the group having diverse skills and background to follow and develop a pattern of life based on decentralised economy. The group was supported by a number of workers in the area and the rest of the State. The Vedchhi Intensive Area Scheme was formally inaugurated in 1954.

The Objectives : To reconstruct the socio-economic life in the villages by catalysing the rural population • to create awareness and facilities

for rural service-oriented education • to use local talent at all levels thereby creating and encouraging village leadership and initiative • to create an action-oriented plan based on fact-finding surveys for the present and the future • to evolve production programmes with a view to develop the viable, decentralised rural industries like textiles, food processing and agriculture and animal husbandry • to seek the co-operation from all possible agencies in developing the experiment as a prototype.

The broad outline of programmes and the types of schools such as ashram and basic schools through which the Valod Group is achieving its objectives : • The education is rural-based with rural crafts given pride of place. • Adult education is spread through informal methods like community meetings, group singing and

training camps. • Diversification and development of rural economy through rural industry, animal husbandry together with the creation of modern services and activities.

Training : The skills of the local people are encouraged and developed through industrial training which has already recorded many benefits.

Production : Village industries and craft centres are the two major types of production units. Their activities include khadi handspun cloth, food processing, garments, woodwork, date palm juice, bricks and stone grits.

Goods worth Rs. 40,00,000 are produced in these industries directly managed by the Vedchhi Intensive Area Scheme. The scheme provides employment to 1,750 people besides raising

the per capita income of the total population of the taluka by Rs. 100 per annum.

Socio Economic Revival : Antyodaya (Uplift of the poorest of the poor) is a programme meant for the weakest sections of society. The survey shows that in 1972-73, 5500 families out of 9,000 living in this region were existing below the poverty line with yearly income being less than Rs. 3,000.

This particular programme upgrades incomes of the families by providing suitable programmes such as supplying buffaloes, cross-bred cows, poultry farming techniques and guidance in agriculture development. Financial aid is provided through loans. Five rural health centres have been started on the pattern of barefoot doctors.

New roads
are reaching
some of the villages

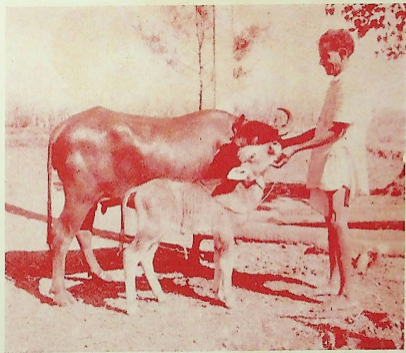


The schools
for tribals
are a success
Vanasthali School.

Vocational Centre
is need-based.
Palm Centre

Dairy and poultry development
are being supported
by small
returnable loans.





Traditional crafts
are revived
for economic
betterment.



The same agency is conducting all these activities with expertise and co-ordination and its impact is visible on individual families.

There may not be many dramatic changes in the tribals' way of life but the quality of their life has definitely changed for the better.

The programme of rural development is particularly significant to the underprivileged and the middle class people. All the villagers in the Valod area are covered by the programmes mentioned above and their execution is through a network of institutions and grassroot workers spread over the entire area of about 202 sq. kms.

VEDCHHI INTENSIVE AREA SCHEME
INDUSTRIAL TRAINING PROGRAMME IN ACTION
TRADEWISE LIST OF TRAINEES :

Sr. No.	Trade	Details		Total
		Ladies	Gents	
1.	Master Cutter	—	10	10
2.	Tailoring	21	28	49
3.	Textile	—	7	7
4.	Press Compositor	—	20	20
5.	Radio Mechanic	—	2	2
6.	Automobile 2 Wheels	—	10	10
7.	Automobile 4 Wheels	—	10	10
8.	Typewriting-Shorthand	4	2	6
9.	T.V. & Radio	—	1	1
10.	Air conditioning and Refrigeration	—	1	1
11.	Motor Driving	—	2	2
12.	Repair (electrical) instruments	—	6	6
13.	Motor Rewinding	—	64	64
14.	Wireman	—	64	64
15.	Watch Repairing	—	2	2

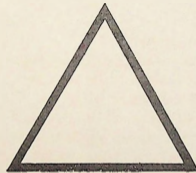
16.	Commercial Painting and designing	—	3	2
17.	Diploma Engineering	—	3	3
18.	I.T.I. Songadh	—	15	15
19.	Carpentry	—	25	25
20.	Wood Carving	—	4	4
21.	Hand Made Paper	—	2	2
22.	Sweet Oil	—	2	2
23.	Canning	—	54	54
24.	Tappers Training	—	50	50
25.	Handloom Weaving	—	15	15
26.	Mat Making	40	—	40
27.	Diamond Cutting	—	30	30
28.	Miscellaneous Training	—	70	70
			Total	550

**PRESENTLY VEDCHHI INTENSIVE AREA
SCHEME OPERATES THROUGH FOLLOWING
MAJOR AGENCIES**

- Gram Bharati Post Basic High School
- Vanasthali Post Basic High School
- Upasana Post Basic High School

- Vidyamandir Post Basic High School
- Gram Tirth Post Basic High School
- 6 Centres (Balwadi)
- Udyogwadi (Industrial Centre)
- Udyogbharati
- Udyog Mandir
- Udyog Kendra
(10 different industries in 4 centres)
- Valod Taluka Milk Co-Operative Society
- Valod Taluka Tapper's Co-Operative Society
- Mahila Griha Udyog Lijjat Papad Society
- Valod Taluka Labour Co-Operative Society
- Landless Labour's Co-operative Society, Bajipura
- Landless Labour's Co-operative Society, Buhari
- Landless Labour's Co-operative Society, Titwa
- Landless Labour's Co-operative Society, Kalamkui
- Landless Labour's Co-operative Society, Golan
- Landless Labour's Co-operative Society, Valod
- Landless Labour's Co-operative Society, Jamania
- Sarvoday Planning & Evaluation Cell
- Poultry Farmers' Co-operative Society

Planning Triangle :
To provide primary human needs



Natural Resources

Human Resources

These three, joined, create gainful employment

Slogan : MORE EMPLOYMENT — MORE PRODUCTION — MORE INCOME

**For our work we need
Technical, economic and philosophical support.
We could ourselves solve our problems
Yet we need some friends with us.
One major area of support could be
seed money help for basic capital promotion
which would generate a wide range of
Economic activities.
If change is a challenge
Valod has taken it up.**



**"VALOD IS THE FLASHING BEACON
FOR DEVELOPING NATIONS
IT IS THE SOLE RAY OF HOPE FOR MANY
THE CONCEPT OF RURAL CONSTRUCTION
WOULD FAIL.
IF VALOD ITSELF FAILED"
DR. BREMMEN (NETHERLANDS)**

Published by
Bhikhu Vyas
VIA SCHEME VALOD
INDIA

VEDDEBI PRADESH SEVA SAMITI

The Vedobbi Pradesh Seva Samiti, Valod 394640, Dt. Surat, Gujarat began its work in 1948. Its area comprises 40 villages with a population of 52,000 out of which about 80% are farm labourers, and 74% are tribal. The Valod group had been inspired by the social and rural development work initiated by Sri Jugatram Dave, a prominent Gandhian educationist and constructive worker. They were supported/several foreign funding agencies, besides government assistance on various projects.

Objectives :

The objectives of the Samiti are:-

1. To reconstruct the socio-economic life of the villages by catalysing the rural population;
2. To create awareness and facilities for rural service oriented education;
3. To use local talent at all levels thereby creating and encouraging village leadership and initiative;
4. To create an action-oriented plan based on fact-finding surveys for the present and the future;
5. To evolve production programmes with a view to developing viable, decentralised rural industries like textiles, food processing, agriculture and animal husbandry;
6. To seek the cooperation from all possible agencies in developing the experiment as a prototype.

Programmes:

The programmes are educational and reconstructional. The education through the Ashram and its basic schools are rural craft-based with adult education spreading through informal methods like community meetings, group singing and community training camps.

Skills of local people are encouraged and developed through industrial training.

Diversification and development of rural economy have been attempted through rural industry, animal husbandry together with the creation of modern services and activities. Village industries and craft centres are two major types of production units. Their activities include Khadi, food processing, garments, wood-work, date palm juice, bricks and stone grits.

Goods worth Rs. 40,00,000 are produced in these industries directly managed by the Vedchhi Intensive Area Scheme. The scheme provides employment to 1,750 people besides raising the per capita income of the total population of the Taluka by Rs. 100 per annum.

Socio-Economic Revival:

Antyodaya (uplift of the poorest of the poor) is a programme meant for the weakest section of society. A survey conducted a few years ago shows that in 1972-73, 5,500 families out of 9,000 living in this region were living below the poverty line with yearly income being less than Rs. 3,000.

The particular programme has raised the economic level of the families who have been provided with buffaloes, improved cows, poultry farming facilities and necessary inputs for agricultural development. Five rural health centres have been started with a team of bare-foot doctors.

These programmes are run through a network of various institutions.

ANAND NIKETAN ASHRAM

Bangpur in Baroda district of Gujarat is an inspiring example of social change that has taken place among the tribal people there. The Anand Niketan Ashram at Bangpur, (P.O. Bangpur, Via: Kosindra, Dt. Baroda) is one of the oldest experiments in this country which has not only survived but also progressed from success to success through the personal efforts of Sarvallah Parikh in the last 28 years.

Objectives :

The objectives that can be deduced from the activities done by the Ashram in about 1,000 tribal villages around Bangpur are to change the very way of life of the tribal people. The tribal people were steeped in their age-old tradition of hunting, drinking and merry-making and they would not hesitate to kill a person on a slightest provocation. They were exploited and all their land was alienated by the money-lenders and they were reduced to serfs and slaves for their tormentors. All this has changed and they have changed the landscape from the denuded hills and waste lands to reforested hills and lush crop lands once again. It is, however, not the economic development which significant, but the new sense of social life through a succession of nonviolent struggle that has emerged in the form of people's court that has really organised them into a self-reliant, cooperative and progressive-looking community of people.

Agricultural Breakthrough:

With land restored to them, it was now the question of providing them the wherewithals for modern agriculture, a concept which was alien to them before. Water was the crying need. It was decided to introduce pumpsets, making a technological leap over intermediate levels of traditional irrigation processes. The first diesel pumpset was installed experimentally at the ashram, and with its success, more were installed in the villages. The experiment provided enough technological know-how to the ashram workers to improve on and expand the programme of

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providing irrigation facilities. The initial costs were provided by private donors but later projects were mostly financed by the 14 nationalised banks.

There are, at present, over 400 irrigation projects in 800 villages where 56,000 acres of croplands are irrigated for multiple crops. Although the ashram keeps an eye on all these projects through its trained workers, only 25 of them are under its direct control. The rest are managed by the Gram Sabhas of the villages where these are located. Irrigation today covers 80% of total croplands in these villages. No wonder, therefore, that irrigation has provided a breakthrough in agriculture in these tribal villages.

Cooperatives:

Modern agriculture is an industry, It must be supported by a steady supply of inputs, credit and expert guidance. The network of cooperatives set up in the villages with headquarters Sangpur looks after their needs.

The cooperatives are financed by the Central Bank of India, Central Cooperative Bank of Baroda and the people's own Gram Swarajya Bank, and together they carry on a business of several lakhs. The figure was Rs. 32 lakhs in 1974. The most remarkable feature of these cooperatives functioning in 156 villages is their hundred per cent loan recovery.

School :

The school run by the ashram is appropriately called 'Jeevan Shala' or 'Life School', for it is destined to shape the life of the new generation there. The education imparted to boys and girls in the school does not conform to the official education pattern but nevertheless it prepares them to face life with courage but without a certificate which is a useless piece of paper if it does not bring in a job. The children are taught modern methods of agriculture, technical skill to run and repair irrigation pumps and engines, construct

wells and generally act as functionaries in cooperatives, Gram Sabhas and thus help the villagers lead a better life.

Some of the children are 'adopted' by outsiders including some foreign sympathisers of the ashram who take care of the expenses involved in their education. The UNESCO has recently sponsored a research study on the role of the Jeevan Shala.

People's Court :

The People's Court at Raigpur is a unique institution of the tribal people of the area and the ashram's finest contribution to the nation. It is an open court of trial by jury, composed of assembled villagers, assisted by the ashram that provides its secretariat and maintains records. The emergence of the people's court is the result of a succession of successful people's nonviolent struggle against money-lenders, traders, police, revenue and forest officials and minions of vested interests. Because of its moral sanction flowing from the people with a long tradition of struggle against injustice, the court is both feared and respected by all concerned.

A review of the cases dealt with by it shows that although they represent the entire spectrum of human frailty, ranging from cognisable crime like murder and rape to those of civil nature, by far the largest number of cases brought to it relates to conjugal conflicts.

The court pays due respect to the time-honoured traditions and customs of tribal life like bride-price divorce and remarriage. At the same time, it sees to it that justice be rehabilitative rather than retributive, and it enjoins that necessary compensation, both material and psychological, is paid to the aggrieved parties. Its main concern, however, is to see that all people in the society are properly rehabilitated so that discords and conflicts arising out of family maladjustment and social distortion are reduced.

86-9

LOK BHARATI

The Lok Bharati is an experiment in rural higher education as envisioned by Gandhiji. Started in Sonora in Bhavnagar district of Gujarat in 1953, it became a pulsating centre of Sarvodaya workers to fulfil their ambition of rural development education. It is a trust registered in 1964 located at Sonora 364230, Distt. Bhavnagar, Gujarat, it has a ring of post-basic schools in the district.

Objectives :

- a) To impart all prevailing education based on principles of truth and non-violence to the people residing in Gujarat, Saurashtra and Kutch and to run and develop with that aim, the institution named Lok Bharati.
- b) Subject to above limitations, to make efforts to mould the society through education as may be consistent with civilisation and psychology of India.
- c) To prepare ground for realistic education as may enable the people of India to develop moral and healthy personality on their natural level, to contribute to build up a pattern of society and to protect and foster the same through democratic principles conducive to truth and nonviolence.
- d) The basis of progress of the entire future generation rests on the progress of its rural population. The educational experiment of Shri Lok Bharati will start, therefrom and will prevail to cover up entire population thinking on that line.
- e) As the attainment of education of truth and non-violence rests on life uniting personal exertion with knowledge and faith, the positive care will be taken that labour and academic education are given equal importance.

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In further elaborating its objectives, the following have been added:-

- a) To run and develop "Shri Lok Bharati Gram Vidyapeeth Gram Sanstha".
- b) To carry on educational activities of Child education, Primary education, Secondary education, Adult education, Mass education, Higher education, experimental institutions and other such activities of education of the people and to publish text books, periodicals and other publications related thereto.
- c) To conduct activities related to khadi and village industries.
- d) To carry out constructive activities conducive to Gandhian view of life.
- e) To carry out or to help the developmental activities in the field of Agriculture, Animal Husbandry, Local Self Government (Panchayat) Co-operation etc. with a view to serve the village society.

Programmes :

The Lok Bharati Loksewa Mahavidyalaya offers two graduate courses in education and agriculture. It also runs a training course for secondary teachers, a training centre for primary school teachers, a panchayatiraj training centre and conducts extensive services in the villages.

The extension programme for agriculture provides better seeds, grafts, technical knowhow, and assists in the installation of Gobar gas plants. It also carries on analysis of samples of soils, water and fertilisers. Its agricultural programmes cover 15 villages and 20,000 population.

The livestock development programmes consist of providing veterinary services, rearing and supply of pedigree bulls to villages, encouraging practice of good animal husbandry and organisation of cattle shows. These are also done for the benefit of the people of the 15 villages covering 3,900 population.

Research and experiments are carried on for various agricultural operations. Research has been conducted on improving wheat seeds of high yielding varieties. Improved cotton seeds are also distributed and demonstrations are organised for the benefit of the farmers.

Workers :

There are 81 employees under the Trust working for various educational and extension programmes.

- - -

80-10
MNN

ST. XAVIER'S SOCIAL SERVICE SOCIETY

Opp. St. Xavier's Loyola Hall
Ahmedabad 380 009

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REPORT FOR JANUARY - JUNE 1980
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In this report we present:

- 1. Organizations and their work -
The Pragati Seva Samiti
The Jagruti Mahila Mandal
- 2. The Community Health Programme
- 3. Economic Activities
- 4. The Team and its training
- 5. Plans and expansion

.....

I. (1) To develop the resources of the people, making them participant in their own development, this we have decided is our role in our Community Development Programme and this is the challenge we have taken up in our work in the slums of Ahmedabad. We are faced with enormous obstacles - the dependent culture created by traditional and caste-cultural value patterns, by selfish shortsighted and paternalistic policies and the consequent "miseducation", or by openly exploitative interests under which they live; and then their internal conflicts lead to a dissipation of human energies with little left to contribute to the common good. On the other hand, the city slums usually house an enormous human potential, as it is mainly the alert and forward looking among the rural poor that come to the city slums. The sheer struggle to find their way through, develops in them alertness. And in this particular area of our present work, the oppressive caste system, such big obstacle of the rural poor in their development process, is less a problem here, because the hierarchical caste structure does not make itself felt, or has not yet organized itself following the resettlement.

Because of all this, our main effort has been, and is, to organize local groups and strengthen them once they are organized. Such are the PRAGATI SEVA SAMITI, the JAGRUTI MAHILA MANDAL and the COMMUNITY HEALTH PROGRAMME.

I. (2) The Pragati Seva Samiti

We can say that the Pragati Seva Samiti has come of age during these months. Shaking away its timidity and hesitation it has

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established itself in the settlement and is becoming its spokesman. The change came somewhere last January when in their weekly meeting they took a resolution to pay the rent instalments to the Municipal Corporation and to make a campaign to convince the people to do the same. This was honoured when, after three days, they went to the Municipal Corporation and after obtaining clarifications and safeguards, 20 of them paid the first instalment.

(In our previous report we explained the problem involved consequent to the neglected services and refusal of the Municipal authorities to repair them etc., and the people's retaliation by not paying the instalments. The result is untold misery for the settlement - broken drainages that spill over into ponds that breed mosquitoes and cause a heavy malaria incidence; contaminated water supply, and the entire settlement remains littered with heaps of rubbish which none cares to remove. To break this deadlock the Pragati Seva Samiti entered into a dialogue with the Municipal Corporation. Soon it was realised that the non-payment of the instalments stood on the way.)

And so the Pragati Seva Samiti took the plunge and followed this action by a concerted campaign to convince people to do the same.

As it was to be expected the opposition to the move came soon and strong. Soon a steady number of people went on paying instalments. The gangsters of the place - who are still taking illegal rents from several families of the settlement, made an all-out efforts to prevent this. Intimidation and false rumours and threats were used. As this did not stop at least a steady trickle of people from paying the instalments, the gangsters resorted to a more vicious means: they started to incite the people through highly sensitive communal feelings (harping on the traditional hindu-muslim antagonism). Things came to a head on Republic day, January 26th, when the gangsters called a public meeting with the declared intention of starting a riot. The Pragati Seva Samiti promptly approached and informed the police, who acted immediately. Nothing really happened, but most probably a nasty situation was averted and, more important from our point of view, everybody understood that the Pragati Seva Samiti would not be intimidated.

Proclaiming that their strength is in the people becoming aware, they conducted all these months systematic local meetings in different wards, where the people aired their problems and were made to see the value of being united. The same was done through systematic meeting with individuals, even those opposing the Pragati Seva Samiti, and it is to their credit that some of these last were won over and have come to strengthen the group. This process still continues.

A public meeting was also held for the same purpose. It turned out to be a flop, because one of the gangster-politicians worked it to his advantage and made use of the gathering to oppose precisely the Pragati Seva Samiti and their drive for paying the instalments. But far from being discouraged, the group evaluated the failure and learnt lessons from it.

Today the Pragati Seva Samiti remains the only organized group - all others are disbanded and isolated and weakened by internal fights, though still capable of disrupting positive moves by the Pragati Seva Samiti.

Besides the work with the Municipal Corporation, similar efforts and work is being carried out in other areas of need, like providing ration cards, getting a fair-price shop, and activities for income supplementation.

All this does not mean that the battle for building a community at Sankalitinagar is won. Far from it. The Pragati Seva Samiti is still weak and has not sufficient strength at the base nor is its membership sufficiently spread out to be able to speak authoritatively for the settlement. And so at present an effort is being made in several directions to make it truly representative. This is important in order to have the backing for concerted effort.

Then so far the Pragati Seva Samiti cannot claim any clearly apparent benefits obtained for the settlement. The efforts with the authorities have not yet been successful. There is an absolute need for success to gain credibility, and as decisions to be taken are very much in the hands of the authorities, this takes time to come.

One positive result of this is the awareness created among the members of the Pragati Seva Samiti, that the settlement of their long standing problems and needs will have to be tackled by themselves, and therefore their organization has to become strong and mobilize itself to get funds from individuals or Government sources for implementing programmes for the settlement. We hope this will be a positive development and will help to create a sense of identity.

In the same direction, efforts are being made to strengthen the different cultural groups, like the "Marwari" the "Vagri" and other localised groups. The effort is centered around their culture and particular needs, through organization of youth clubs that are encouraged to find out and get the advantage of Government schemes for their benefit. The Pragati Seva Samiti acts as the overall body with, ideally, local committees for every ward and group. This is now in the process of formation.

I. (3) The Jagruti Mahila Mandal

Efforts at organizing the women of the settlement have gone on for a long time. The first face is now completed with the registration as a Public Trust of the JAGRUTI MAHILA MANDAL.

The challenge of involving the women of Sankalitnagar in their own development is greater than with men, for they are more suppressed, more dependent. Providing them with skills helps them develop self-confidence. Thus the stitching classes have been helpful, not only to bring a welcome income to those trained through them, but also as an asset to rely upon.

More important still is to provide them with community organization and managerial skills. This is being done through a process of discussion in meetings and through a process of decision taking and the actual administration, also financial administration of the group's activities. Thus decisions about quantum of payment for stitching garments and other items are taken by common agreement of the group and the payments are carried out by the members of the executive committee. Gradually they are building up a common fund into which are pooled the "profits". After this fund reaches Rs.10,000, part of the profits will be distributed among the members in accordance with co-operative principles. The following is a 2-month economic activity of the Mandal:

	No. of women working	Work done	Labour payment	Com.Fund	TOTAL
1.	15 Women for 10 days	Grain seed sacks	Rs.1267	Rs.206	Rs.1473
2.	25 Women	100 Mattresses	300	135	435
3.	20 Women	Hand-stitching, cover-stitching, etc.	318	250	568

Labour income during two months: Rs.1885

Common Fund " " " - Rs.591

As it appears from the above, the activities are still in a very small scale and it will be so for some time to come. We consider as important that the growth of the Mahila Mandal be slow, so that it may at all times try for self-reliance and the economic growth may be accompanied by human growth and group growth. Already there are interesting developments, like the remarkable part taken in common discussions and the sense of group that is developing.

Meanwhile intense planning is going on and both supply lines mainly at the Government level for obtaining cloth at competitive prices,

as well as markets for the products are being explored, always with intervention and part from the group members.

Another important part remains and this is the organization of the local trades, like "aggarbatti" making etc. These are disorganized and exploited by merchants. We have already planned to direct our efforts towards the forming of cooperatives that will foster these trades while they also help in community building.

II. (1) The Community Health Programme

The rationale for the Community Health Programme was explained in our previous report. In trying to evolve such a programme we have to work though, not only the obstacles caused by underdevelopment, like dependance and internal conflicts, but also by the special problems created by both the ignorance of the people and the professionalism of medicine: People, poor people still more, believe that health is the responsibility of the Doctor. The result is an excessive dependence on him leaving them exposed to exploitation. We explain here an attempt as to how we are proceeding to promote the health of the community through their participation to and towards the avowed aim of demystification and simplification of the health care system. A tough job that requires ingenious approach and perseverance of efforts.

II. (2) We have at present 9 Community Health Workers (CHW) - one was relieved recently because of consistent inefficiency and one more is likely to join soon. We wish that everyone of them have a minimum of 100 families whose primary health care they take. But somehow we have not yet reached the target and have so far just over 400 families. People are still coming forward to join our community health scheme and we are determined enough to reach our target in the near future.

The opposition, too, from the vested interests was overcome, though for a time caused some anxiety: The gangsters did a house to house campaign against the programme and even went to the extent of manhandling and abusing two of our CHW. Luckily, all the CHW closed ranks, stood by one another and forged ahead. This, the support from the Pragati Seva Samiti and the assurance of our full support and backing, developed in them new courage and helped them establish themselves better with the families they want to serve.

The families that joined the scheme were examined thoroughly with the help of volunteer Doctors coming from the hospital. This work still continues and will intensify shortly. The main problem areas identified were Tuberculosis and Malnutrition.

II. (3) Previous to that, our CHW carried out a survey, or family profile, which included complete enumeration of population, total no. of births in the previous year and total no. of deaths of all ages.

The objectives of the survey were:

1. To know the pattern of mortality in the community
2. To identify the target population for selective and intensive health inputs
3. To collect a base-line information to evaluate the performance of the programme in the future.

The analysis of the survey data helped us to identify the pregnant females and under five children as the most vulnerable section of the community, and helped us in general for the planning of a comprehensive health programme.

We have conceived an "At risk approach" as a very pertinent one. It consists of Antenated clinic and under five clinic.

We have established an antenatal clinic to deal with problem of pregnant females. This clinic is being run on every Monday by Dr. Lata Shah a gynaecologist. About 15 females take advantage of this clinic every Monday. Our survey indicates that we must have about 60-70 pregnant females under our scheme, hence we intend to motivate the remaining females to attend the Antenatal Clinic. For this purpose Savitaben, the nurse, will visit the house of the pregnant females and will impart some pertinent information about nutritious food, alleviate the anxiety related with pregnancy and motivate them to attend the Antenatal Clinic. We are trying to secure attachment with a Maternity home where cases of high risk can be referred during delivery and that can take care at subsidized charges. This will enhance the effectiveness of our Antenatal Clinic.

As malnutrition is a problem of some magnitude among pregnant females and under five children we shall embark on a Nutritional Supplementation Programme. (NSP)

We are trying to integrate our health activities with community development. People must come to realize and accept that their health and that of their children is their responsibility. NSP is to be implemented by them, for the wellbeing of their children. We are here with technical expertise to help them solve their problems, they are uninitiated but cannot afford to remain so and have to take the initiative.

II. (4) Meetings were held in all the wards conducted by the CHW. They explained the rationale behind the NSP and efforts were made to drive home the point of their responsibility. The results were morale boosting - people showed readiness to participate actively

in financing the programme at least in part, in preparing the food and in its distribution. The underfive clinic will be evolved from this NSP and that will complete our 'At risk approach' or Maternal child health care (MCH) programme.

We have initiated a process of training the Community Health Workers. To us this is a mile-stone of high importance in the development of the health project, because ultimately these health workers are going to be the liberators of their community. They are going to concretize our ideas into actions. Their training was a complex problem because of multiple reasons. The morbidity pattern in urban slums is quite different from rural areas. We are not cognisant with any urban slum project, where CHW are trained. So we didn't have any help from ready curriculum and had to start from scratch to indentify relevant topics for them, to choose the relevant information to be imparted and to simplify that information so that it be comprehensible for their intellectual level. So far we have taught them the following topics.

NUTRITION

Infant feeding
Food for Growing children
Food for Pregnant females
Balanced diet.

ANTENATAL CARE
INFECTIOUS DISEASES

T.B.
Polio
Measles, chicken pox, etc.
Worm infestation
Scabies
Malaria

DIFFERENT METHODS OF FAMILY
PLANNING

Diarrheal disorders, a very important disease group, remains to be taught. That will complete, for the time being, the training of the CHW. After that we intend to start revision classes for them.

To impart Health education to people is going to be a very important function of the Health Workers when they start operating in the Community. After their present training sessions are over, we have arranged a workshop to be conducted by Mr. Ramesh Kothari, where the CHW will be exposed to different communication media - slides, flannel charts, flash cards, puppetry, etc. so that communication is simplified and ensured.

II. (5) MORBIDITY PATTERN ANALYSIS

A survey was carried out in O.P.D. spread over 10 days time span from 10-3-80 to 19-3-80 survey contained the House Number.

Age of Patient

Sex of Patient

Diagnosis

Treatment and whether case was old or new.

The aim of the survey was to find out answer to four components of Community Health:

1. What is the most common disease of the community and what other diseases are found?
2. Where - in which part of the community is it most common?
3. Why is it so common?
4. The above three components - community diagnosis - would help to know how to tackle the problem and how to organize services in such a way that with a minimum input of manpower, finance and time, maximum advantage can be secured.

The results of the analysis are attached herewith.

The following interpretations can be drawn from the data.

1. The Morbidity lead was found to be low above the age group 45, whereas it was more among the females of age 15-45.

2. Old cases were less as compared to new cases, which could be due to acute episodes.

3. The preponderance of male children in O.P.D. as compared to female children.

Children UNDER 5 and FEMALES OF REPRODUCTIVE Age formed the largest group of patients.

4. Maximum cases of Respiratory tract infection were reported. A small epidemic was likely to have occurred as less cases of RI were reported subsequently.

5. Diarrhea was the next biggest culprit. A large part consisted of under five children. This finding emphasises the importance and need of ORT and setting up of diarrhea clinic.

6. Anaemia was common in the reproductive age group females. It seems it was underdiagnosed in under five children.

7. Skin sepsis could be severely underreported.

8. Similarly there was probably under reporting of worms. This raises the questions - should we do deworming even without reporting?

9. Scabies was found to be more than skin sepsis and more in Ward A and B.

10. Most patients hailed from wards A to E. Few patients came from wards F to J. One reason was that these wards are away from our dispensary. What are the other causes.

Some of the above observations raise the question. Does this represent the picture of the entire community? The answer to this question will be found by a follow up and a comparison of this data with subsequent surveys.

I

Age	Sex	New	Old
0-1	M	24	13
	F	8	1
2-5	M	18	2
	F	16	4
6-15	M	19	10
	F	24	13
16-45	M	11	13
	F	61	17
46-65	M	1	3
	F	6	3
65...	M	1	-
	F	0	-

II

Age		Rl	GE	Am	W	Mal	An	Scabies inf. Nl	Skin sepsis	Arth	Others	
0-1	M	25	12	04	0	1	0	1	3	1	0	0
	F	6	2	0	0	0	0	0	2	0	0	0
2-5	M	10	5	1	4	1	0	1	0	2	0	0
	F	13	3	0	1	1	1	0	1	0	0	2
6-15	M	41	0	0	0	4	0	0	2	1	0	3
	F	21	2	2	4	5	3	4	5	1	1	4
16-45	M	7	1	0	0	3	2	0	3	0	0	3
	F	20	1	7	1	10	20	0	1	7	2	28
46-65	M	3	0	0	0	0	0	0	0	1	0	0
	F	2	0	1	0	0	2	0	1	0	1	5
65...	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	1	0
		148	26	15	10	25	28	6	18	13	5	45

III

WARDS	Under fine		Above fine	
	M	F	M	F
A	12	6	13	19
B	16	8	12	11
C	6	0	10	11
D	10	1	6	8
E	5	8	9	37
F	0	1	0	1
G	5	0	2	8
H	1	0	2	5
I	3	2	2	5
J	0	0	0	8

IV

WARDS	Rl	GE	AM	W	Mal	An	Scabies l	Nl	Skin sepsis	Arth	Others
A	24	6	1	1	9		0	5	2	0	7
B	27	3	5	2	0		6	6	7	1	8
C	13	2	1	0	0		0	2	1	1	4
D	6	3	3	0	0		0	0	0	0	5
E	21	3	2	4	10		0	2	2	2	10
F	0	0	1	0	0		0	1	0	0	0
G	11	1	0	0	2		4	1	1	0	1
H	2	1	0	0	0		0	0	1	0	2
I	9	2	0	1	0		0	0	0	0	2
J	1	0	0	0	0		0	0	2	3	2

MORTALITY PATTEEN SURVEYII. (6) Introduction

A survey of 336 families was carried out by the CHW's in Sankalitnagar, Juhapura, Ahmedabad during the year 1978-79 (1st Dec. 1978 - 30th Nov. 1979)

The survey included:

1. Complete population enumeration
2. Enumeration of total number of births in the previous year.
3. Total number of deaths at all ages in the same period.

OBJECTIVES

1. To find out the mortality pattern in the Sankalitnagar settlement.
2. To identify the Target Population for selective and intensive health inputs.
3. To collect baseline information for evaluation of the programme in future.

Analysis of data revealed the information which is juxtaposed for the comparison along with the Nation's average and with the result of a similar survey carried out at Chandrabhaga slums, Wadej, Ahmedabad during July 1978 to June 1979.

PROBLEMS

1. How accurate are the figures?
2. Are the numbers too small?
3. Time related factors, e.g. an epidemic could swing the mortality pattern.

How to solve these problems?

1. Recheck the data.
2. Repeat observations for over 3-4 years.
3. Carry out morbidity pattern - analysis and detect occurrence of epidemic in the community.

Interpretation:

Though the data of Sankalitnagar and Chandrabhaga are small and we cannot compare it very vigorously with the National Average a definite pattern emerges which is unmistakable. If we look at Chandrabhaga and Sankalitnagar superficially, Sankalitnagar could create the impression of being better off with the provision of latrines and a closed drainage system. Culturally, Sankalitnagar with a Muslim preponderance is different from Chandrabhaga, but the figures of both the communities are apallingly similar, both are from urban slums still similar to rural areas, with all the hallmarks of a very poor settlement.

In Sankalitnagar 66% of the mortality is concentrated in the under-five population. It is 75% in Chandrabhaga, whereas the National Average is 50%.

The Infant mortality is 128.57/1000 live births in Sankalitnagar, 139/1000 live births in Chandrabhaga, whereas the National average is 85/1000 live births (IMR).

The neonatal mortality is 42.85/1000 live births in Sankalitnagar, 81/1000 live births in Chandrabhaga, whereas the National Average is 30-40/1000 live births (NNM).

We have to recognize the under-five population as the most vulnerable section of the settlement because of the high IMR and so high concentration of mortality in the under-five population.

On the basis of studies in poor communities elsewhere it can be inferred that in both the settlements there is a high prevalence of malnutrition and infectious diseases among the child population.

High NNM is a reflection of fairly widespread malnutrition in pregnant females. NNM at Chandrabhaga is higher than at Sankalitnagar so we could infer that malnutrition must be much more widespread at Chandrabhaga than at Sankalitnagar. But IMR is almost similar which is suggestive of same vicious environmental factors operating at Sankalitnagar and causing so high IMR.

The birth rate at Snakalitnagar is 41/1000, at Chandrabhaga 50/1000, whereas the National average is 28.3/1000. Such a high birth rate could be due to high infant Mortality rate.

Very high NNM is a very sensitive indicator of fairly widespread calorie malnutrition among young women and pregnant women in particular. Because high NNM is related with poor birth weight, which in turn is related very strongly with poor maternal wt. and poor maternal wt. gain during pregnancy because of inadequate energy intake.

This preliminary survey helps us to identify the most important and urgent factors of morbidity and mortality in the community. It helps us to identify under-five and pregnant females as the most vulnerable section of the settlement.

The main health problems are malnutrition and infectious diseases.

MORTALITY PATTERN ANALYSIS

	<u>Sankaltnagar</u>	<u>CHANDRABHAGA</u>	<u>NATIONAL AVERAGE</u>
Total No. of Population	1707	1794	-
Total No. of Families	336	506	-
Average Family Size	More than 5, Less than 6.	Less than 4,	-
No. of children under five	357	378	-
% of under five children as cf % of population.	20.8%	21%	-
Total No. of women between 15 - 45 years	392	413	-
Crude Death rate (C.D.R.)	10.54/1000	11/1000	9.5/1000
Infant Mortality Rate (I.M.R.)	128.57/1000 live births	139/1000 live births	85/1000 live live births
Neonatal Mortality Rate (N.N.M.)	42.85/ "	81/ "	30-40/1000
NNM as % IMR	32.30%	58%	40%
% total deaths below 5 years	66%	75%	50%
Post NNM	75/1000 births		
Birth Rate	41/1000 pop.	50/1000 pop.	23.3/1000

Though our role in the Community Health Programme appears, and is at present quite prominent, we keep constantly in mind the need for us to play a subsidiary role. For one thing, the Doctor does not run the OPD. That is the responsibility of the Nurse in charge and we try to play down our curative effort. Our role is mainly an educational one, educating, guiding and encouraging support for the CHW who are playing a major role in turning the settlement from passive receivers of aid into active participants in their health care.

From here onwards and through the skills they are acquiring at communication we hope they will eventually create very meaningful groups that will become active not only in their health care, but also tackle other related problems like community cleanliness and programmes of income supplementation that will help them provide better diet and secure better health. We hope to make substantial progress in this line during the coming months.

III. (1) ECONOMIC ACTIVITIES

Providing the people with economic security is an important part of community development. The more so in the settlement of Sankalitnagar where the economic conditions of many are quite precarious. The medical studies, for instance, that go with this report indicate widespread malnutrition, indicative of very weak economic conditions.

On the other hand, a community development worker must not fall into the temptation of organizing and fostering relatively easy programmes of economic activities by himself. Paternalism and dependence will result and they are the opposite of true development.

Our approach to economic activities is through the organized groups of the settlement, the Mahila Mandal and the Pragati Seva Samiti. Some activities are still in the planning stage and all are in the slow process of growth, in fact we are trying to make them grow together with the group. Planning grows from them and decisions are taken by them.

Because of this the programme has not yet reached many people. We console ourselves thinking that the slow growth is a condition of normal and healthy growth.

III. (2) We divide the economic activities in two groups:

1. Skill promotion. Under this come
 - Garment and Quilt making
 - Electronic components
 - Masonry, Plumbing

2. Promotion of existing skills or trades

- Poultry
- Aggarbatti (Incense-sticks), kite making
- Screen printing

Garment and Quilt making has already gone on for some time, as reported under the Mahile Mandal section. The electronic components programme is under a feasibility study. The preliminary findings are encouraging, both as an avenue for promoting employment and for its potential for expansion. The masonry and plumbing programme has already helped some people with skills and meaningful employment in the building industry, that is in need of skilled labour, as many skilled masons and plumbers are going to the Arab countries for better prospects.

Regarding the existing skills and trades (in No. 2), so far nothing substantial has been done and we plan to put in much effort in them, after a detailed survey and study to organize them into co-operatives.

Our role will be one of promotion and initial financial support where needed, for which we hope to create a supporting and revolving fund, always with the aim of making each of the activities eventually self-supporting and self-managed.

IV. (1) THE TEAM

Important changes have taken place in the team:

Miss Ramila Shah, MSW, has joined us from February, 1980. She is experienced in community development, both in city slums and in rural areas where she carried out important and highly successful schemes of village organization.

Miss Shubhra Almoula, MSW, joined us from May, 1980. She has brought new freshness to the Community Health Programme with which she has been entrusted.

Dr. Lakadawala who was serving as part-time, is now on a full time basis and the medical studies in this report show him quite active. On the other hand Mrs. Kalyanwala has now become an honorary member of the team.

Our weekly meetings have worked as in-service training sessions. We shall intensify the same by studies and expert guidance from the Behavioural Science Centre of St. Xavier's College.

V. (1) PLANS AND EXPANSION

Three important lines of action have been adopted for the coming months, that will mean expansion of the team's activities:

the right type of discipline and the positive outlook to human relationship."

In the wake of the above basic ideas, four institutions of Gandhi Vidyapith have emerged. The main concern of each of them are given below:-

Somaj Shastras Mahavidyalaya : (School of Sociology)

Established in June 1967 with the following broad objectives:

1. Social workers prepared to face most difficult conditions will have their training in evolving the right approach to work;
2. Youth will be encouraged to go into ^{the} very interior and most neglected parts of the country areas, and serve there;
3. Education will be imparted by direct participation in social work;
4. Organisers of camps, relief works and other social service activities will be trained here;
5. Students should be ready to perform any difficult task. They should be prepared for hard manual work and not shirk social responsibility.
6. They are expected to be sincere and honest.

Satyak Adhyapan Mandir : (Graduate Teachers' Basic Training Course)

Established in June 1968 with the following objectives:-

1. Teachers, who are interested in all fields of education from pre-primary to higher education, will have their initiation in this college;
2. Field work and various educational activities are planned and executed on the lines that are different from the

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traditional educational institutions. Trainees are made more responsible in organisation and execution of these activities;

3. A model farm is run for the first-hand knowledge and direct experience for students in developed with a view to providing a model farm to the students, improved agricultural practices, the benefits of which also go to the villagers in the surrounding areas;
4. The traditional approach to teaching is abandoned and is replaced by learning//direct work experience.

Mantra Vidyalaya : (School of Technology)

Established in June 1970, this Vidyalaya makes a positive effort in doing away with the malaises of the existing educational system. Its approach is based on the following objectives.

1. To prepare youth who will be interested in total upliftment of the society; to bring in a scientific and technological change in production methods and efficient utilization of raw materials through skilled workers;
2. To instil in the minds of trainees that skilled manual work is the sign of good education that helps the technician to understand and "felt-needs" of the masses and keeps him mentally and physically fit to put in his best efforts;
3. To work for the benefit of the society without self-aggrandisement, the hall-mark of the traditional education;
4. To accept 'work-grant' only and on direct financial aid.

The institution seeks work, technical and engineering assignments which the government and semi-government agencies needs to execute. The students and the staff execute these projects which earn enough to meet their needs. The society does not spend an extra

coin on this training programme. Moreover, the students, thus get a real life experience in the real situation, away from the four walls.

Shanti Sern Vidyalaya:(Peace Corps Training)

Established in August 1968, it trains Shanti Seiniks (Peace Corps volunteers) and participate in peace activities with the objective of bringing about peaceful change in social order. It provides the trainees a situational programme with challenging problems demanding their solution, and thus, it offer a task which may be discussed in a text book but must be tackled at the field level. Although leaders and workers come for training, the Vidyalaya takes the entire community as its participants in its training programme.

Performances:

Now a brief review of activities of these institution are given in the following paragraphs :

Sana j Sastra Mahavidyalaya:

The activities through which this school of sociology attempts to educate their students are of varying nature. There are regular activities in about seven surrounding villages and relief and reconstruction work on special occasions.

a) Regular Activities

1. Agricultural extension
2. Sanitation and health
3. Balwadi
4. Social Education
5. School complex
6. Cultural activities.

b) Occasional work

1. Communal harmony
2. Relief among Bangladesh refugees
3. Youth against famine
4. Flood relief

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c) Constructive work

1. Padyatra
2. Blood Bank
3. Eye Camp
4. Bandi March
5. Annual fair - Gandbi Mela.

d) Agriculture

1. Hybrid-4 Cotton seed production
2. Supplying of improved variety seeds and plants
3. Farmers fairs.

e) Tours

The educational tours are organised in such a way that on completing four years a student has travelled almost all parts of India.

f) Camp Organisation

Students were directly involved in organising the following camps :-

1. N.S.S. Camps of various universities of Gujarat
2. Youth Against Famine Camps
3. Social Work Camps.

At present seven graduates have gone to work in Arunachal Pradesh. They are running agriculture extension work, Balwadi, primary schools etc. They have decided to give 5 years of their lives to serve the aborigines of the area. Some others are engaged in establishing new institutions in interior places of Broach District.

Snatak Adhyapan Mandir:

1. 50% of the parents of our students reported last year that their agricultural practices have improved;
2. Over 22 agriculturists introduced potatoes as their winter crop, having seen results of the trainees' crops;

.....

3. Dynamic teachers who are carrying out experiments in daily school work can be counted by the score. Results are so good that the post-basic schools are eager in getting help from our trainees.
4. Winter vegetables cultivation has succeeded in all the schools touched by the extension-cum-training camps;
5. Exhibition and displays as a method of teaching are taking a right shape as teachers are found using them in their normal work;
6. Involvement with national causes have generated good socially responsible attitude amongst the teachers trained here.

Recently, UNESCO, Paris, has shown interest in our training programme. It has decided to prepare a case-study of the methodology and philosophy of our centre for educational training for rural development. Dr. Buch of the Centre for Advance Studies in Education (CASE), Baroda, will prepare the case study for UNESCO which will be published from Paris.

Saruchi Yantre Vidyalaya:

The atmosphere provides the right training. Since we have a real life situation in our workshop, the senior forger refused the students to undertake the work of forging with hammer/is a very /which skilled work. An unskilled man can injure the craftsman too. Hence the/refusal. Within five to six months the students pick up this work.

al are
Electric fittings/ carried out as per plan without any tangible mistakes. The students had seen the building in the plan only. But on reaching the site they set up without mistake the various machines of an industrial technical school.

.....

The emphasis is on learning rather than teaching. In the beginning the students did feel that it was all work and no learning because the idea always is that learning means lectures, notes, examinations and so on. But now the third year students have found how to go into details and seek deeper knowledge. They themselves selected and purchased 4 good technical books for their own use.

Handling of responsibility has given them self-confidence of a very high order. A student went to a farmer to repair his oil-engine. The farmer refused and said that he should bring his mechanic master with him. The student humbly submitted that he would himself repair the machine and said if the farmer found the engine alright and got water pumped out by it he would charge the same as the mechanic. The farmer was impressed and allowed him to work. He successfully set the machine in order and earned the fee of Rs. 25/-. He came back happy and deposited the money with the school declaring that he was "as good as a mechanic now!" His confidence was his real gain.

The problem of employment does not haunt these students. They will all be self-employed technicians.

The School has been functioning commercially and runs a workshop on sound economic basis. It earns not only for the teachers but also for the entire group of student. Students are paid monthly stipends to cover their expenses. The work done is efficiently and scientifically executed. Thus they become skilled workers. The student is introduced as an apprentice and attached a skilled worker. And he learns bit by bit by working and assisting in various jobs. Production methods are not of "assembly line" methods.

The approach to various services provided by the workshop to farmers and the society in plumbing, electricity, agricultural tools, maintenance of oil engines, pumps and electric motors is sincere. The

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total satisfaction of the "Suruchi" customers is the basic expectation from the technicians.

The institution has three sections: Research, Extension and Education. All three are directly involved in the production and servicing works undertaken.

Shanti Senn Vidyalaya :

By now 600 teachers have been trained to become group leaders of Peace Corps Volunteers. They have been trained to train other volunteers as also to engage themselves in the task of building up a non-violent social order. This had made an impact in surrounding areas where youth are getting attracted to this task.

A nation has to grow as a whole. Lop-sided growth has brought in so many ills causing concern to the society that it is urgently necessary to reverse the entire process. Those who gain out of the pyramidal system have fattened themselves like white elephants, contributing little to the growth of the society. That is why the elitist approach has been given up as it has been found that the percolation theory does not work in a society where the majority of the people are deprived of education and enlightenment. The emphasis of the institution has been on mass education.

No educational institution can work as an ivory tower. Its weals and woes of the people to be really effective and useful to them. The school is, therefore, required to function as a catalytic agent of people's power which could be put to use for socio-economic improvement. Agriculture naturally comes first in the order of priority, as the school has tried to do.

Sports and physical education are not to be neglected but /the encouraged as part of educational process.

Rajesh Shah

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URBAN COMMUNITY DEVELOPMENT PROGRAMME

An Environmental Improvement, Sanitation Maintenance and Community Healthcare Programme in Slums of Ahmedabad.

1.0 Introduction:

Growing magnitude and complex nature of the problem, corresponding lack of resources, both public and private and administrative and technical difficulties on part of the organisations working in the field of housing seem to have made it difficult to provide healthy living environment to urban poor, who finally resort to extreme steps like squatting in unhygienic settlements which lack in basic infrastructure services, or street sleeping. Such slum settlements are growing in size and number and have become an inevitable part of the present urban scene in India. Ahmedabad, the sixth largest city of India is no exception with about 1,00,000 families living in slums and chawls.

2.0 The City:

Ahmedabad like many other cities of India, faces the problem of rapidly growing squatter settlements. The annual growth rate of the city is about 4% but the city has failed to provide basic amenities and services to its over increasing population. The Census of Slums carried out by the Ahmedabad Municipal Corporation in May 1976 indicates that 81,255 families with about 4,15,103 members were residing in about 700 slums settlements in the city. 28.9% of these households had an average income of less than Rs.200/- per month while 54.5% earned between Rs.200 and Rs.400. To cope up with such massive backlog of housing shortage, attempts made by the Government and other agencies were most inadequate. The Fifth Perspective Plan of Gujarat State had a provision of Rs.200 million to build only 3000 houses for slumdweller in the whole state of Gujarat. The Ahmedabad Municipal Corporation built 7000 houses in 13 years. By any standard, this is a very poor performance to provide adequate housing to larger segments of the city population.

Several attempts have been made by various Government and non-Government agencies to solve the housing problem of the urban poor. These attempts aimed at rehabilitating the people, on new sites, generally on the periphery of the city or in multi-storeyed buildings, dislocating the people socially and economically and changing their lifestyle substantially. Experiences have shown that such houses ultimately got converted into worse slums.

It is felt that mere rehabilitating the people will not solve the problem of housing but there is a need to introduce other socio-economic inputs to bring about a healthier change in their lifestyle and hence the approach should be one of identifying the felt needs of the people. In most of the cases, Government and civic bodies by necessity have become major dispensers of social services. The absence of adequate channels of conveying the needs, lack of knowledge or poor fit between services offered and perceived needs, it has been observed that the low income urban population often underutilise these services available to them. How these resources of Government and civic bodies and communities can be harnessed to effectively provide services to low income urban population on a sustained basis and how adequate channels of communication can be established between these communities and the Government are not clearly understood. It is these processes which are necessary to comprehend to improve the access of the urban poor to needed social services. Even in situations, where Government have political will, however, they generally lack the resources to provide extensive services to their low income populations.

3.0 Can We Provide Houses to all the Urban Poor ?

Looking at the magnitude and the nature of the problem, it seems that economically and administratively, the provision of new houses to each and every family living in slums is an impossible task. On the basis of studies and work in slum areas, it has been observed that people living in slums can be classified in three major categories considering their priorities of expenditure.

- | | | |
|----|--|------------|
| a. | House seekers: | 10% to 15% |
| b. | People who have been consolidating their stay: | 60% to 70% |
| c. | Fresh migrants: | 20% to 30% |

In light of this, it is observed that any organised housing programme for the last two categories which is popularly known as economically weaker sections, is totally ineffective because amongst their priorities, housing figures last. Thus such houses are occupied by top 10 to 15% - house seekers - who are economically comparatively sound and if left to their resources, in due time would build their own houses.

This is not a new observation by professionals, voluntary agencies, administrators and people involved in the field of low income housing. Thus the question arises, can organised housing programmes cater to the needs of the urban poor ?

It is observed that the cost of each house of any organised housing scheme by any Government or non-Government agency ranges between Rs. 4000 to Rs. 5000 which includes overheads expenses. As observed earlier, 80% of the slum population whose first priority is job and second, security of job, can afford a shelter costing only about Rs.1000. This is shown the way slum dwellers manage and spend their resources by recycling waste materials in constructing their houses - 'Zopadies'. Can our present housing delivery system provide a solution which is within the reach of these 80% of economically weaker sections of the society ?

4.0 Slums as Transitional Habitats:

One of the positive aspects of slum settlements is that it acts as a transitional habitat for rural migrants which constitute the major portion of our housing target group. The rural migrants begin to adopt an urban way of life living in familiar socio-economic conditions. This process of transition from rural to urban way of life is slow and unavoidable and hence, it should be recognised and understood. At present, rehabilitation programmes do not seem to take this process into account and ultimately, such housing schemes become expensive organised slums.

Ahmedabad has about 22,000 families i.e. about 30% of the total urban slum population (excluding chawls) living in about 200

rural - urban pockets spread over the western region of the city. Such rural pockets are either small villages engulfed into the expanding city boundaries or are built by the rural migrants coming from various villages of Gujarat and neighbouring states. These settlements have very strong overtones of village environment, reflected in their total physical, social, economic and cultural set up.

However, slow but constant interaction between their rural lifestyle and strong urban influences is inevitable and obvious. In this context, it may be stated that slums are an inevitable part of urban system at present. The Government, civic, technical and voluntary agencies should participate in the process of change through which urban poor are going through and create conditions by which the process become smoother and faster. Hence it is imperative that slums should be accepted and attempts should be directed towards improving and restructuring the total environment by positive intervention in the process of change.

In short, we need better slums and along with provision of new houses, slum improvement programmes should be recognised as an important strategy in attempting habitation problems of urban poor. With this in mind, it is our intention as a voluntary agency to actively participate with the urban poor in such rural pockets who are in the process of adopting urban environment with their strong rural background.

The provision of housing is a dream which is not likely to be realised in the near future, hence we feel that the problem of the population living in slums and insanitary conditions has to be met with in realistic terms. With a view to provide minimum quality of life, the following Urban Community Development Programme has been envisaged which consists of three major components viz. Environmental Improvement and Sanitation Maintenance, Housing Improvement and Primary Healthcare.

5.0 Objectives :

- * to provide sanitary living conditions to slum population and

to improve and restructure the total physical environment in slums by positive intervention

- * to improve communication channels between the civic body and the urban poor for providing better civic amenities and health services to the poor
- * to initiate the process of education among the urban poor which makes them aware of their rights and responsibilities and also increases their access to the services provided by the civic body.
- * to demonstrate to the civic body an alternative approach for providing basic services at relatively modest cost to larger sections of the urban poor
- * to create necessary infrastructure to increase access to construction materials and credit facilities to improve the houses
- * to impart training in basic construction trades to youth to create a skilled labour force for the city
- * to establish a community health system by recruiting and training community health promoters
- * to address the main health problems in the community and provide curative, preventive, promotive and rehabilitative services
- * to link the healthcare aspect with that of environmental sanitation so that a better quality of life can be provided to the slum dwellers.

6.0 Environmental Improvement and Sanitation Maintenance:

This component has been divided into three major phases.

Phase I: Environmental and Sanitation Maintenance Support :

It is felt that improvement and regular maintenance of sanitary services would improve the environmental conditions in the slums. The basic services package for this component would include :

- * cleaning of streets and paths
- * garbage collection and disposal
- * disposal of household waste water by providing appropriate service drains, soak pits etc.
- * disposal of human wastes
- * maintaining cleanliness and sanitation around water stand-pipes, if available in the community

- * cleaning and maintaining community latrines, if available in the community
- * paving the paths and providing roads in the community
- * all measures to provide drainage for rain water during the rainy season
- * all measures and steps to assure that minimum sanitation and hygienic conditions are maintained in the community

If the above services are being provided through the Ahmedabad Municipal Corporation, every attempt would be made to see that these services are provided regularly by the municipal staff to the community. The municipal services are not provided in many slums as they are located on private plot of land. In this case, it would be up to the community to get organised for these services. The Municipal Corporation is also responsible for few of the following services :

- * street lighting
- * community standpipes for drinking water
- * community latrines
- * preventive health measures such as Malaria, control, immunisation and vaccinations for diseases like small pox, B.C.G. etc.

Attempts will be made to assure the access of the community to these services.

6.1 Organisation :

The programme will begin in selected communities in the slums of Ahmedabad. Local leaders and the communities will be contacted and depending upon the response, these slum communities will be selected where people are ready to cooperate and work closely with the programme. The community must be ready to share the burden in implementing the programme, both by taking over the responsibility of management and by providing financial contribution. A series of meetings will be organised with the people to explain objectives and details of the programme and attempts will be made to identify potential young people interested to work for the cause of their fellowbeings. It is proposed to form a local level Residents' Committee which will plan,

implement and supervise the programme. This Committee will have people from the community, a sanitation supervisor, an elected representative of Ahmedabad Municipal Corporation of the area and representatives from VIKAS. The role of the municipal corporator will be to link these efforts with that of the city municipal corporation, seek active participation of the civic body in the programme and smoothen the process of transferring responsibilities of providing the required services to the poor at a later stage. A community worker for every 100 families will be appointed whose task will include maintenance of available community services, cleanliness of the exterior open spaces, streets etc., garbage collection and disposal and all measures necessary to maintain the minimum sanitation and hygienic conditions in the area. It is expected that this community worker will be more than a janitor and will help people change habits in order to keep the area clean.

A sanitation supervisor will be appointed for every 1000 families who will supervise the work of 10 community workers and guide them for effective implementation of the programme. This sanitation supervisor will be a trained person from Safai Vidyalaya, Gandhi Ashram, Ahmedabad which is actively working since past 40 years in the field of sanitation. The role of the sanitation supervisor, besides supervising and monitoring, will be to work closely with the Ahmedabad Municipal Corporation to provide linkages, the community workers and the Resident's committee to assure the people that all the basic services are available to them. He will also organise sanitation camps and educational programmes in the community.

To coordinate these activities, one project coordinator will be appointed. He will be expected to supervise the programme, work as a liaison between the municipal corporation and its various departments and the community Residents' committee. He will also administer the financial aspects of the programme and provide managerial guidance to the community Residents' committee.

This programme will be implemented over a period of 5 years and will cover 5000 families. In the first year, 1000 families will

be included and insuccessive two years, 4000 more families will be included in the programme.

6.2 Modus Operandi :

Initially, we would attempt to provide assistance upto Rs. 1800/- per year per 100 families for providing the above mentioned services in the community. This assistance shall be used for employing the personnel to perform the above mentioned duties and to buy necessary equipments and tools. This assistance shall be provided on a condition that the community would start contributing funds for this work so that eventually, the work could be financed by the community itself. It is hoped that each households shall pay Re.1/- per month for these services made available to them. This means that these 100 families will contribute Rs. 100/- per month towards the salary for the community worker. We feel that a worker paid at Rs. 200/- per month would be able to perform some of the basic conservancy services mentioned above in a small community of 100 families. These tasks would engage the person for about four hours a day. Hence, VIKAS will provide a matching grant of Rs. 100 per month per community worker i.e. Rs. 1200/- per year. The remaining sum of Rs. 700/- will be used for purchasing necessary tools and equipments. In case of a compact community, number of community workers will be less.

7.0 Phase II : Housing Improvement :

Once the environmental and sanitation maintenance programme is introduced, the next important phase will be the improvement in shelters. Most of the hutments, permanent as well as temporary, are built by utilising different kinds of building materials like jute and gunny bags, mud bricks, timber, polythene sheets, galvanised iron sheets, packing materials, recycled waste etc. Such shelters are temporary arrangements either on private or public plot of land and have been there in many cases for more than two decades. In case of Ahmedabad city, according to the Census of Slums, carried out by the Ahmedabad Municipal Corporation in May 1976, 78% of the total slum settlements are located

on private plot of land, while the rest, on the Government or municipal land.

In many cases, the slumdwellers pay a monthly rent ranging from Rs. 5 to Rs. 35 per month either to the land lord or to the slum lord. Most of the dwellers have made investments in the shelters from their own meagre resources and are unable to make further investments for two major reasons. Firstly, they do not have secured tenure of land and secondly, they do not have access to adequate resources necessary to improve their houses. In light of this, it is proposed to provide technical, financial and material dwellings such as putting a proper roof, building a wall, a bath area, taking a water tap or even putting a latrine, if they have land.

This seems legally feasible and administratively possible as concerned civic and Governmental agencies like Ahmedabad Municipal Corporation and Gujarat State Slum Clearance Board are making policy level changes in favour of slum improvement programme instead of slum clearance programmes. The provision of basic services like community water taps, latrines and street lights under Environmental Improvement Schemes, is the result of encouraging policy level changes in civic and Governmental organisations. The attempts are also being made by the civic authorities to give security of land tenure to slum dwellers by taking legal measures. All this implies that the slums will not be cleared and conditions will be created to improve the quality of life in slums.

7.1 Material Bank and Labour Cooperative :

Under the proposed programme, the assistance will be by way of interest free loans which would be repaid by the slumdwellers in instalments. Initially, under this programme, 1000 - 1500 families will be covered and provided with assistance upto Rs.500/- per household. Whenever it is possible, advantage will be taken of the subsidy provided by the Government, civic or other agencies and benefits would be passed on to the beneficiaries. This programme would require a revolving capital from which loans can be made available to slumdwellers. The alternative form of

assistance can be in form of materials of construction. This can lead to establishing a material bank and construction cooperative where any member of the slum family can participate. The production of materials can be taken up by the material bank where members of the slum family can work and for which they get a coupon. This coupon can be encashed when need arises to procure materials to build or improve their own houses. This material assistance can also be given to the community by the material bank to construct community centres, pathways within the community or necessary community facilities. Thus material bank will add to the housing material stock in the city and also provide assistance in form of materials to the people at a very modest cost. This will also save people from fluctuating high prices of construction materials in the open market.

In case of homogeneous community, the idea of a labour cooperative or an organisation of labourers can also be mooted where people share skilled and unskilled labour while constructing or improving their houses. The administration of loan assistance in this programme would be channeled through the Community Residents' Committee and they will be made responsible for identification of beneficiaries and recovery of loans.

7.2 Training Programme:

A skill training programme in various construction trades will also be organised which will be closely linked up with the material bank and the labour cooperative. The prime objective of this training programme will be to impart training in various technical skills and crafts to youth in slums. It has been observed that most of the slum children leave their formal education at an early age for various reasons. In absence of appropriate alternatives and due to lack of formal/informal training in any skill required in urban areas, they pick up petty jobs and are forced to work as unskilled labourers. It is proposed under this programme to impart technical skills in construction and other urban trades to school dropouts and youth in the slums. This will be done with the help of the

construction companies, technical institutions and the master craftsmen already working in the field. The selected candidates will be required to work as an apprentice for the specific period of time with the master craftsman on the actual construction site. During this time of apprenticeship, frequent meetings with other participants will be arranged to exchange their views and solve their problems. Along with skill training, functional literacy will also be introduced i.e. for a mason, how to estimate the number of bricks required for construction of a wall, or for a plumber, how to measure the length of pipe etc.

It is proposed to provide training to about 200 young boys per year. The estimated cost of the programme will include stipend both to the trainees as well as trainers and the cost of the training materials like bricks, cement, spade, pick-axe etc.

Initially, the activity will be run on an informal basis, however, a formal organisation run by the participants themselves is envisaged in future.

8.0 Phase III: Community Health Care:

This component of community health care has been linked up with the environmental and sanitation maintenance, because environmental sanitation and its related programmes can not be looked into isolation. To make the programme realistic and comprehensive, it is very important to weave the community health care part together because it is closely related with the insanitary and unhygienic conditions prevailing in the slums. Illnesses related to poverty, malnutrition and filthborne organisms abound here. Poverty is pervasive here, in such slum settlements, contributing to and resulting from illhealth. A most sobering statistic is that spending for health services by developing countries has been decreasing at an annual rate of about 2% per year over the past 15 years. High rates of population growth have serious impact on both rational socio-economic growth and families, contributing to crowding, scarcity of food and limited maternal attention.

It has been becoming increasingly clear that the traditional models of health care services with a hospital-based programme are just inappropriate for the slum people. The basic issues of health and diseases require a comprehensive approach to community and development in urban areas. Hence a health care aspect should stress the preventive and promotive health activities as part of the environmental and sanitation maintenance programme.

The health care programme has been divided into two phases.

8.1 The Study: Phase I:

This study proposes to inquire into some aspects of the health problems faced by the urban poor and the pattern of utilising the existing health and sanitation services in the city.

This inquiry into problems pertaining to health, their causes and reasons and how people utilise the available medical services will provide us with a better understanding of the health problems of the urban poor, help us identify possible areas of intervention and channelise proper utilisation of resources available to civic and other agencies to help meet the health needs of the people.

Following major areas of inquiry will be included in the study.

- * Health problems of the people which will include illnesses, their reasons, sources of medical help, frequency of utilisation of medical services, cost involved in it etc.
- * Care of children and mothers
- * Communicable diseases control e.g. Tuberculosis
- * Family Planning
- * Nutrition
- * Civic amenities like water supply, public latrines, drainage services etc. and related health problems.

The study will be carried out in different slum settlements which will cover more than 400 families which represent the total slum population and give us an impressionistic picture of health problems of the slum people. Various sources of medical help like Government dispensaries, private doctors, witch doctors etc. will also be contacted.

A period of six to eight months will be devoted to the study to gain the complete and correct picture of the situation before introducing the health care programme. During the study period, efforts will also be made to establish close contact with the people who are ready to participate in the programme.

8.2 Community Health Care: Phase II:

The integrated approach to human development takes into account the needs and aspirations of the population and aims at providing the community with the means to promote its own wellbeing and to participate in its own health care. Meeting community needs is the basis for the design and implementation of any primary health care activity. It calls for the involvement of the community members at all the stages of planning and implementation of such activities and in satisfying those needs, promotes a confidence within the community for further involvement in development activities. Initiation of health care services often provides the opening wedge for a broader approach to community development.

There are several approaches to health care and none is universally applicable. The appropriate form of primary health care will vary with the differing needs of the community but, there should be a rational balance among the curative, preventive, promotive and rehabilitative components.

It has been recognised all over that any community health care programme should start with the curative health measures to gain confidence of the people in the programme and to establish rapport with the community. It is important that the community be approached in the very early stage of development of the programme. Close cooperative between the health service and the community is essential.

The switch from the curative health care to the preventive and promotive health care should be done very carefully and gradually so that after a certain period the community becomes self sufficient in their matters of health.

During the study period, the idea of the health care programme will be put forward before different communities and the community interested in the programme and willing to participate actively in the programme will be selected to initiate the programme. Regular meetings will be held and the people's suggestions will be invited. It will be made clear to the people that nothing will be provided free from the health centre which will be set up in the community. The health centre staff will consist of a nurse and a part time doctor who will act as a consultant to the health programme. Some community health promoters will be trained by the nurse who will eventually work in the community but while the health centre will provide curative health services. All the efforts will be made to utilise the existing health services provided by the Government or the civic body.

A Residents' Health Committee will be set up which will consist of the representatives of the community, doctor, nurses and two representatives of VIKAS. The committee will meet regularly, will help identify the community health promoters (CHP), will motivate people for their active participation in the programme and above all monitor and supervise the programme.

After a period of five years, the health centre will stop functioning or will shift to a new settlement and hence attempts will be made to make the community self-sufficient who will be required to run the health programme from their own resources.

8.3 Primary Health Care and Its Components:

Primary health care includes education concerning prevailing health problems and methods of preventing and controlling them, promotion of proper nutrition, an adequate supply of pure drinking water and basic sanitation, maternal and child health care including family planning, immunization against the major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of communicable diseases, injuries and provision of essential drugs.

The major diseases that afflict the urban poor in India are gastroenteritis, pneumonia, malnutrition, conjunctivitis and

parasite infestations e.g. Malaria still continues to take a heavy toll among children in slums.

Major components of primary health care will be

- * simple curative services and treatment of common ailments
- * Maternal and child health services (MCH)
- * Environmental Sanitation
- * Chronic diseases control
- * first aid
- * Health screenings and referrals
- * Follow up and convalescent care at home
- * Supportive services programme e.g. training, drug supply, specialist care etc.

8.4 Key Personnel and their Functions:

Doctor: A part time doctor will be appointed who will be a consultant to the programme. He will advise the health centre staff and help set directions for the programme. He will also guide the nurse in the training programme of the CHPs. His role will be that of an adviser to the health centre rather than a manager of the centre.

Nurse: Full time qualified nurses, preferably with public health experience, will be recruited for the programme. Their main functions will include running the health centre, treating the patients, identifying the CHPs, supervising the work of the CHPs, training the CHPs etc. They will also be responsible to educate the people to promote their health.

Community Health Promoters :

The CHPs are the comprehensive grass roots health agents within the community. They are workers from the community selected by the community and the nurses and trained by the health centre staff. Through out the programme, the skill of the CHPs will be strengthened and they will gain more importantly the confidence in their work. This person - to - person communication will also give the programme a deeper human dimension, a factor so often lost in the complexity of bureaucratic programmes and procedures.

The fundamental advantages of the CHPs will be that they are 'insiders'. So they know the community better and the community understands and accepts them more readily. Their contact with the community is also more permanent in nature compared to the health centre staff.

Secondly, their training is specifically geared to local situations and emphasises problemsolving skills. The CHPs put their knowledge and skill to work through supervised problems solving activities hence it does not become a standard health education programme.

The CHPs qualification for work may differ. She can be a midwife or just anybody but should have a desire to serve the people and have a good name with them.

The major tasks, the CHPs have to perform will include treatment of minor illnesses, giving first aid in case of emergencies, simple dressing, initiating dialogue with the people to keep the surroundings clean etc.

8.5 Training :

The training given by the health centre staff will be very practical, problem solving and action oriented in nature. The emphasis will be put on understanding basic health measures, nutrition education, under five care, maternal care and environmental sanitation.

The objectives of such training are to instruct each member of the CHP team in the functions and activities of her job, to promote a team approach to health care and to feed back information from the field staff on the functioning on the service, the deficiencies, inconsistencies etc. so that effective corrections can be made.

During this training, the CHPs will be given various practical assignments to equip them with necessary skills for identifying and solving the health problems. They will also be trained in the basic knowledge of diseases prevalent in the community. Priority will be given to make them able to identify serious cases such as malnutrition, dehydration, obstructed labour etc.

and refer them to the health centre. In addition to these cognitive skills, they will also be trained in the treatment of minor ailments, emergency first aid, minor diagnostic procedures etc. Necessary teaching aids and visual materials will also be prepared for the training by the nurses since most of the CHPs will be illiterates. The training sessions will be held at the health centre. The training course will be designed along the lines of an inservice training programme. Lectures and discussions will be held once a week for a total of 16 to 20 weeks depending upon the grasping ability of the CHPs. Additional course in 6 weekly sessions may be given to those CHPs who express an interest and desire in becoming an instructor for the next course. In each consecutive sessions or course, the role of the health centre staff will decrease though it will continue to provide general supervision and technical advice.

8.6 Related Programmes and Activities :

Throughout the programme, health education will become one of the very important component of the health programme. It will also be very important to communicate to people the importance of health education. Different media of communication e.g. slide shows, puppet shows, short films and other visual materials will be used to teach the people lessons in cleanliness, health care and the value of helping one another and using self reliant ways to promote better health care.

After training the CHPs, a house to house survey of the families covered under the programme will be taken up and a family health card will be maintained by the health centre for better treatment and easier record of the illnesses in the family. This analysis will help both the nurses and the CHPs to prepare a follow up going deep into causes and remedies of each family's health problems.

After the health care programme is successfully implemented and the trained CHPs (work is going on well, the idea to start a Health Insurance Scheme will be introduced to the community to gradually make the community self sufficient in the matters of health without any outside help. People will be required to pay

a regular fee which may be some percent of their total family income and in accordance with the size of the family. The members of the scheme will be entitled to health services which include curative services given by the CHPs or the health services with include curative services given by the CHPs or the health centre, total family care such as regular baby weighting etc. Successful implementation of the scheme will gradually lead to withdrawal of the services of the health centre.

9.0 Epilogue:

During this five year programme, various inputs of environmental and sanitation maintenance, housing improvement and primary health care will be introduced at appropriate time and with active involvement of the community. The total planning, implementation, supervision and monitoring of the programme will be done by the community Residents' Committee. Totally 5000 families will be covered in different slum settlements. It is our intention to hand over responsibility of the programme to people and concerned civic authorities.

Through this package of programmes, we intend to create awareness among poorer sections of the society regarding their rights and responsibilities. This will be done through active involvement of the people at every stage of the programme, establishing linkages with Government and civic authorities and organising people to demand the basic services offered by the civic organisations.

This programme is an alternative approach to provide basic services and create necessary infrastructure in absence of full fledged housing programmes. The successful implementation of this programme will demonstrate both to the people and the civic body, that minimum sanitation, hygienic living conditions and primary health services can be provided to the slum people at a relatively modest cost. We hope that this programme will provide the beginning and a new direction for the agencies working for the urban poor.

80.12

VIKAS
Centre for Development

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Tel. C/o.445407

An Introduction

1.0 General : Vikas-Centre for Development is a registered Public Charitable Trust with its members drawn from various disciplines and fields of activity like planning, design, economics, social sciences medicine etc. Vikas mainly works in the fields of low-cost - housing, community, development, education, social welfare, and income supplementation - activities. Vikas wishes to solve the problems of the people from the weaker section of the society, acting as a link between various agencies and the people. Vikas wishes to apply itself to more meaningful work using its professional skills to serve and satisfy the needs of masses with small means and limited resources. Rather than adopting a sectoral approach to solve various problems of the society, Vikas aims at evolving a comprehensive development methodology, thereby effectively upgrading the standard of living of the oppressed masses. Vikas aims at becoming an influential change agent strengthening its ideals of serving the masses-the urban poor in the cities and the oppressed in the villages.

2.0 Areas of Interest :

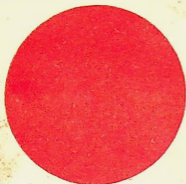
- 2.1.0 Low cost housing
- 2.2.0 Community Development
- 2.3.0 Alternative approaches to health care
- 2.4.0 Income supplementation activities
- 2.5.0 Non formal education and adult education
- 2.6.0 Rural Development
- 2.7.0 Introduction of appropriate technology in rural areas.
- 2.8.0 Slum improvement and environmental improvement schemes.

A Registered Public Charity Trust No.E : 83183, Ahmedabad.

3.0 Aims and Objectives:

- 3.1.0 To study and solve the problems of urban and rural areas to improve the mode of life of people.
- 3.2.0 To influence the public at large and the government, semi government, voluntary, development, educational and other institutions in studying, understanding and solving the problems of urban and rural areas.
- 3.3.0 To provide a forum to intellectual resource groups for persons motivated to work in the fields of urban and rural development.
- 3.4.0 To undertake, promote and assist activities related to low income housing in urban as well as rural areas.
- 3.5.0 To promote, undertake and support activities leading to the promotion of human development and welfare among the general public and awareness among the poor and backward class of the society.
- 3.6.0 To develop methods and techniques in order to help people identify their own problems and solve them.

JANUARY : 1979



medico friend circle

Objectives

Medico Friend Circle is a group of people involved in health and health related activities, dissatisfied with the present system of health services in India and conscious about the problems and its responsibilities in relation to society. It works with the following aims in view :

- a. To evolve a pattern of medical education and methodology of health care relevant to Indian needs and conditions; and
- b. To make positive efforts towards improving the non-medical aspects of society for a better life, more humane and just in contents and purposes.

Perspective

History and experience show that present health services copied from over professionalized, consumption oriented, capital intensive and centralized model of health services cannot meet the basic health needs of all the people. It is, therefore, essential to take a fresh look at the existing priority of health problems and alternative approaches to their solution.

The approach needs change in total orientation and contents of medical education, health care and research so as to focus the health programmes on rural and neglected communities rather than on big cities.

A shift will have to be made from hospital oriented and specialists based approach and more emphasis be put on human efforts than money inputs. The conflict between the traditional and modern system of health care should be resolved by evolving a national system of medicine and health services.

But all these changes cannot be brought about against the background of a socio-economic structure in which the largest mass of people still live below poverty line. There is therefore no alternative to making a direct, sustained and vigorous attack on the root cause of mass poverty.

This is clearly neither a question of applying more technical know-how nor simplifying health care techniques. This situation needs drastic and revolutionary changes in the approach to health services as well as motivation and commitment on the part of the people.

Beginnings

Keeping this in view few medicos have started a dialogue among themselves in May 1973 through a cyclostyled bulletin. Out of this dialogue a group emerged which eventually took the form of Medico Friend Circle.

So far three All India meets of MFC have been organised. The first meet was held at Ujjain in 1974 where we discussed the relevance of present health services. At the second meet at Sevagram in 1975 we decided present day health problems and needs of India, tried to study different systems of medicine and searched for an alternative approach to meet the real health needs of the masses. At the third meet at Rasulia (M.P.) in 1976 we made an attempt to understand the nutritional problem of India and questioned the traditional concepts and remedies of nutritional problem. At fourth meet in Kerala we discussed problems of community health.

Number of regional study and work camps were organised in M.P., U.P., Kerala and Gujarat. The camps departed from traditional way of service or relief work. Participants were inspired to discuss and analyse the present health system in general and specific problem in particular. The work part of the camps were designed to raise questioning process among the participants.

Number of members of MFC are engaged in community health work individually and collectively at different places in the country providing health care to the rural and neglected communities.

Bulletin

In January '76 the cyclostyled bulletin took the form of printed magazine and within a short period of two years has acquired a place among the medicos. Number of thought stimulating articles have appeared in the bulletin. Articles on myth of protein gap, population problem, drug industry, dairy research, nutrition problem, modern medicine in 2000 A.D., new national health policy etc. were appreciated by the readers.

In addition to such articles book review, reports and readers' views also form features of the bulletin. Annual subscription of the bulletin in India is Rs. 10-00, for U.K. by Sea Mail £ 4/-, by Air Mail £ 5/-; for USA and Canada by Sea Mail \$ 6/-, by Air Mail \$ 9/-. Selected articles from back issues of the bulletin are available in book titled 'In Search of Diagnosis' published by Medico Friend Circle (Price Rs. 8-00).

Organisation

MFC is not a rigid organisation. It is a loosely-knit group, dissimilar though in ramifications but thinking and working for similar goals and as a homogeneous unit. Any person who professes agreement with the aims and objects of MFC can become its member on payment of annual fee. Membership fee is Rs. 12.00 for students (this does not include interns and post-graduate students), Rs. 20-00 for those who earn less than Rs. 500.00 per month, and Rs. 40.00 for those earning above Rs. 500.00 per month. Membership fee includes the annual subscription of the bulletin. It is understood that capable members should pay more than this minimum limit and that the Convener can waive or reduce this fee in deserving cases.

MFC shall work mainly through its members and groups at various places. Central co-ordination will be done by the executive committee which among other things will perform the following functions.

Functions

1. To analyse critically the present health system so as to increase the understanding of various health and socio-economic issues involved in it.

2. To foster involvement of new groups and individuals in the task of realisation of the objectives MFC stands for.
3. To publish a monthly bulletin keeping in view the above functions.
4. To arrange camps, conferences, meetings, seminars and MFC's annual meet.
5. To encourage medicos to take up health, developmental and educational activities for neglected communities.
6. Maintaining bio-data of all members with a view to help and encourage contacts and communication.

Finances

The expenditure involved in all these central activities will be shared and borne by the members and friends of MFC. Subscription, membership dues and contributions should be sent through M.O., bank drafts or cheques to the Convener, Medico Friend Circle, 21 Nirman Society, Vadodara-390 005. If money is sent through cheque Rs. 3.00 may be added as bank commission.

Programmes for individuals and groups

- (A) 1. Each member should select a problem or topic, study it thoroughly and then circulate the knowledge to others. The study should not be a mere academic gymnastic. It should be something concerning health and health related activities keeping in view the social needs and perspectives e.g. poverty, malnutrition, failure of malaria eradication programme etc.
2. To collect data or try to study any problem which can become a topic for research. Small practical problems and simple observations should be the choice.
- (B) 1. To study other-'pathies' to learn their useful parts, and seek and enlist the cooperation of their adherents.
- (C) 1. To emphasise more on preventive and social medicine during educational period.
2. Try to curtail the unnecessary use of drugs, and use minimum amount of drugs.

3. Emphasise more on health education, prevention of diseases during practice.
4. To seek the cooperation of the N.S.S. and P.S.M. departments for these activities.

- (D) 1. Study sociology, economics, political science and similar social sciences, because a doctor is not merely a physician of individual patients but also a social being, and so he should understand society, its working and its problems.
2. To discuss various socio-medical problems with other friends, try to create an awareness among them, and try to develop a group of medicos with similar interests.

- (E) 1. To learn clinical medicine perfectly, relying less on costly investigations.
2. Try to learn nursing procedures and basic investigations.

- (F) 1. Not to accept 'physician's samples' from the medical representatives as it is a subtle corruption.
2. Symbolic acts to change the social values e.g. doing productive labour etc. and to give up cultural slavery.
 3. To oppose ragging in Medical Colleges at individual and group levels.
 4. Try to improve relations amongst the different categories of health workers.
 5. Try to learn more about health team.
 6. Help blood donation activity.

- (G) 1. To visit rural health projects during vacation so as to get a first hand experience of rural life, its problems and their solutions.
2. To develop medical services in rural areas, and devote at least one year to develop a new pattern of medical care suitable to rural India. Some of the members of MFC are already working on rural projects in different parts of the country. More are needed for similar action.

- (A) 1. To enroll new members and subscribers of the bulletin.
2. To collect fund for the organisation.

Specific programmes for groups

Having developed a group of medicos, interested in similar programmes, problems, and wanting to do something, following programmes can be taken to strengthen the group, to increase members and also to reach our goal.

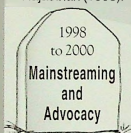
1. Develop a study circle, where friends meet and discuss problems.
2. Do collective social work like survey of a village community, some medical or social problems, relief work, inoculation, health education etc.
3. To select and adapt a village or a community and try to study their health problems, their origin, the extent and nature, and if possible help them in solving them. This will give an opportunity to understand the health problems in society 'in vivo' - as they exist with its socio-economic context and will also help in developing social relationship.
4. To have dialogues with general practitioners and develop groups to discuss problems as well as to provide medical assistance.
5. Try to expose, whenever, and wherever possible, the faults of the present medical education system and make an attempt to change it.
6. Arrange week-end one-day camps for these activities.



- Initiated the CHETNA Rajasthan unit at Jaipur, Rajasthan State, Lilavati Lalbhai's Holistic Health Centre, and Residential Training and Conference Centre in a Heritage Haveli, Ahmedabad, Gujarat (1996-1997).
- Expanded activities in Madhya Pradesh State.
- Her Healing Heritage.
- Children In-Charge for Change: A resource pack of 14 case exemplars of children's participation from all over India.
- Training kit for TBAs & Apron on female reproductive system & menstruation.



- Initiated school health programme with Municipal Corporations in Ahmedabad and New Delhi (1998-2000).
- CHETNA becomes an active member of White Ribbon Alliance-India (WRAI) and the Founder Director-CHETNA is elected Co-chair of WRAI (1999). Later as a result of advocacy efforts of WRAI GOI declared 11th April as a National Safe Motherhood Day.
- Published a study on review of status of Primary Health Care (PHC) in the States of Guj & Raj to advocate for women's access to health care services. (1998).
- Identified as a Mother NGO by GOI for Reproductive and Child Health (RCH) Programme in the states of Gujarat and Rajasthan (1998).



- Mainstreamed CHETNA's experience by developing training modules – "Women's Health Towards Empowerment" for GOI, to train members of Self Help Groups in 13 states.(1999-2000). This later got replicated by the Department of Rural Development, (GOI) and the Department of Health and Family Welfare, GOG (2004-2005).
- Learned the health and development needs of wise old women and initiated a process of developing training module (2000).
- Manual on Gender sensitive Indicators for RCH programmes (1998).
- Counselling book on Child Health.



- Launched a Safe Motherhood Awareness Campaign in Seven districts of Rajasthan –Families can make a difference (2001).
- Advocated rights based approach for holistic health of children, adolescents and women (2002).
- Initiated Rajasthan WRA for Safe Motherhood SUMA (2002).
- Promoted Traditional Health and Healing Practices by implementing AYUSH* project at Gujarat (2002).
- Contributed in rebuilding the lives of earthquake affected communities of Gujarat. (2001-2003).

- Ensured young people's participation in the States of Guj/ Raj and National level consultations, forwarded the recommendations for the National Youth Policy through the National Alliance for Youth Towards a Healthy Future. CHETNA is the founding member of the Alliance (2003-2004).
- Mainstreaming reproductive and sexual health education in Nehru Yuva Kendra- A National non formal education programme for rural youth. (2004).
- Acknowledged as a resource agency for gender sensitive health communication for the South Asian Countries on Women and young people's reproductive health (2003-2004).
- Recognised as a Regional Resource Centre for Gujarat state and union territories of Diu-Daman, Dadra and Nagar Haveli by GOI (2004).
- Recognised as an International Resource Group to promote Child-to-Child approach. Organised an International course on Children's Participation in Health and Development (2004).



- Launched an advocacy campaign to improve girl child sex ratio in Gujarat state (2004).
- Partnered with CBOs of Gujarat to register an Association of TBAs (2004-2005).
- Partnered with the "Women's health movement" through organisation of the Gujarat state and western zonal consultations to take forward the voices of grassroots women at the International Women's Health Meeting IWHM (2005).
- Reflections-Workbook for Young People /Apron on Male reproductive system.
- Resource Guide on concerns of children affected by HIV/AIDS.
- Kit on Violence Against Women "Health Providers Response" in collaboration with National Commission for Women and UNFPA, New Delhi.



12 January- National Youth Day

8 March- International Women's Day

7 April- World Health Day

11 April- National Safe Motherhood Day

12 August- International Youth Day
CHETNA's Foundation Day

14 November- Children's Day

Coming Together, Growing Together, Understanding Each Other

25 Years of Working with
Women and Children
1980 - 2005



Lilavatiben Lalbhai's Bungalow, Civil Camp Road,
Shahibaug, Ahmedabad-380004, Gujarat, India.
Phone: +91-79-22666695, 22868856



Centre for Health Education, Training and Nutrition Awareness

Email: chetna@icenet.net Gram: CHETNESS
Fax: +91-79-22866513, 22113005
Website: www.chetnaindia.org

25 Years of Working with Women and Children

March 1980 – March 2005



Twenty five years ago, time stood still for many whose lives revolved around endless toil and scarcities in every walk of life, especially health, nutrition and education. But with gradual and persistent efforts of the CHETNA team, many have begun to look up, smile and go on to build fruitful lives. In its quest for improving the lives of marginalized women and children, CHETNA lives through its achievements in a memorable and exciting journey.

TH-6



1980 to 1983
Foundation years

- The journey began with working extensively in 100 villages to improve the impact of supplementary feeding programmes in Gujarat State, India (1980).
- Engagement with the government and civil society to strengthen the Integrated Child Development Services (ICDS) in Gujarat and Rajasthan States of India (1981-82).
- Health education kit on Child care.
- Flip charts on common childhood diseases.
- Posters on maternal and child health (ICDS).



1984
Institutionalisation of learning

- Foundation of CHETNA* as a separate Activity of Nehru Foundation for Development (NFD) (1984).
- Initiated the Child Survival project in rural, tribal and urban slums of Gujarat (Guj) and Rajasthan (Raj) States (1982).
- Developed an educational kit on Anaemia and Women's Health (1984).



1985 to 1989
Widening Horizons

- Enabled participation of children through Child-to-Child approach in Guj & Raj States (1985).
- Integrated the component of women's empowerment & holistic child development in all programmes. (1986).
- Initiated a study on Traditional Health and Healing Practices related to pregnancy, childbirth and newborn care in twelve States of India (1988).
- Trained 1000 Traditional Birth Attendants (TBA) in various states of India (1989).
- Transcreation of the Universal Child Birth Picture Book in six Indian languages (1986)
- Published the first issue of CHETNA News** (1989).



1990
Emerged as a unique support organisation

- Participatory evaluation of CHETNA. As a result CHETNA expanded its focus from Maternal Health to Comprehensive Women's Health in a life cycle approach.
- Pioneered Training of Trainers for the health of women and children for NGOs and GOs of Guj & Raj States.
- Evolved innovative approaches to enable behaviour change at the community level e.g. Women's Health Mela, Gram Yatra, and Bai Mela and mainstreamed them in government programmes.
- Provided national visibility to Traditional Health and Healing Practices and child focused health education. (Children In-Charge for Health)



1991 to 1994
Restructuring of organisation

- Rearticulated CHETNA's mission: "To contribute towards the empowerment of disadvantaged women, adolescents and children so that they become capable of gaining control over their own, their families' and communities' health" (1991).
- Initiated the Child Resource Centre, Women's Health and Development Resource Centre & the Information & Documentation Centre (1991-1992).
- Innovated Adolescent girls' camps as an approach of learning about health (1991).
- Promoted the concept of comprehensive women's health in a life cycle approach through "Women and Health" programme at national and international level (1993).
- Getting ready for school/ Planning pre-school education/ Camp as an approach to parent's education.



* CHETNA is an activity of NFD which is a public charitable trust registered on May 21, 1965, E-1408, Ahmedabad, 1968, under the Bombay Public Trust Act, 1950.
** CHETNA News:- English newsletter brought out three times a year.

GUJARAT

- 1. Vedekhi Roadsh-Sewa Samiti (G-6)
Vadod 394640, D1 Surat,
Gujarat
- 2. Anand Nidopan Akharam (G7)
Rajapur P.O. Rajapur,
Via Kozindra,
Baroda. D1
3. Lok Bharat, (G8)
Sawana 364230.
Bhavnagar D1,
Gujarat.
- 4. Gandhin Vidyapith, (G11)

Sri Hanivastabh Parothk

5. Sechason Gujarat Blind Relief (G-2)
4 FLTR, 1330 (G.B.R.H.A)

Dr R.Z. Doshi

- Chikre dano
Anand TR,
Karia Dr - Gujarat.
- 6. Sr. Xaver's Seviab Sewire Society
opp Sr Xaver's Loyola Hall, ✓
Ahmedabad - 380 009.
(Rajpatl sewa samiti
Jagriti Mahila Mandali
echn HIR progr.

7. Institute of Rural Management, (G-5)
Anand - 385001 (Anand IIMU Study)
Gujarat.

8. President's Gujarat VHA.
Bokazah
via Anand

Dr R.Z. Doshi,

VHA

Dr Karia
Gujarat - 385049

Farman

9. Sec. Gujarat VHA ✓
c/o Newomar Hall
P.B No 4002.

Ambubhai Patel
(Fr Michael Justice -
Nastik utropanavasthane
of Misrao)

VHA.

Ahmedabad - 380009

10. Azad, Bhargava, (MFC)

MFC
NIMFW

21, Numan Society,
Vadodara, 390005

11. Patels (Anil, Ashim, Ashok)
Sarvejagan gram Utkas
Rajyas, P.O. Mangrol
via Raj Pipra

MFC.

(Dr Shul Patel - Centre for
Promotion of Civil
Rights & Soc
Economic Justice
opp vid Jarodwala
Raj Pipra, Gujarat
(Lokayan)

Bhanub - 393145

IAPSM

12. Post-Medical College, Surat
(RPPA - Sachin)

IAPSM

13. Medical College, Baroda.
(RPPA - Padma)

14

Dr Ganga Sharan,
5 A Prateema Park Society,
Naranpura - 380013

ICSSK

15 Navneetji Fargdar,
Sarvagya Kendra,
Pindool,

MFC Taluka Dharapur,
Dist. Valad,
South Gujarat - 396050.

16. V. Ram Sarabhai Centre for Dev. (ph - 42642)
(VIKSAI) ✓

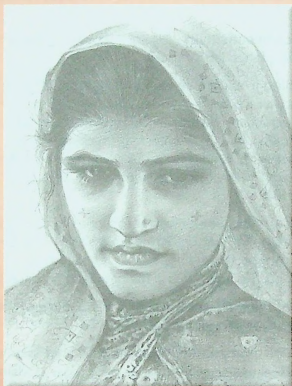
GVC Thaltaj Tokia,
Ahmedabad - 380054

17. Sajai Vidyalaya (6-12) ✓

GVC Hanijan Ashram.
Ahmedabad - 380018

18. Viskalla Environment centre for the
GVC Heritage of Dr. Dichitbattul + Rosamch
Near Vasna Taluka.
Ahmedabad - 380055

Dr Hanif Lakdarale



VIOLENCE
and
HEALTH
in a life cycle
approach



Did you know ?

In India

- 1 dowry death is reported every 78 minutes.
- 1 act of sexual harassment every 59 minutes.
- 1 incidence of rape occurs every 35 minutes.
- 1 act of molestation every 16 minutes.
- 1 act of torture every 12 minutes.

Source: National Crime Record Bureau -1999

- Almost 1 in 5 married women have experienced domestic violence in India.
- 1 in 9 women reported being beaten in the last 12 months of the survey.
- 21% women reported having experienced violence since the age of 15 years.


Source: National Health Family Survey-2 1998-99

Every day, women are slapped, beaten, humiliated, threatened and sexually abused regardless of their socio-economic status, whether in a rural or urban area. This affects their physical and psychological well being.

Definition of VAW

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation."

(WHO 2002)



Violence Against Women (VAW)

VAW is embedded in the context of cultural, socio-economic, political power relations, where male power dominates and makes women economically and emotionally dependent. The hierarchical power relations of patriarchal society give legitimacy to violence against women.

It includes spousal battering, sexual abuse of female children, dowry-related violence, rape including marital rape and harmful practices, such as female genital mutilation, sexual harassment and intimidation at work and in school, trafficking in women and forced prostitution.

Impact of Violence on Women's Health:

Violence can be fatal for all victims. Non-fatal health consequences can be further categorized as physical, psychological, emotional, sexual and reproductive. (For details, please refer Flow Chart on opposite page.)

Established risk factors of VAW:

Age: Young women and girls face more VAW. VAW is a major concern for young girls.

Marital status: More common among married women.

Alcohol: Men are more likely to act violent after consumption of alcohol.

Economic: VAW occurs in all classes of society, however it is more severe in lower economic groups.

Number of children: A woman with more than three children is likely to experience more violence.

Violence within the Health system:

Any situation of power and control results in violence. Such situations exist in the health system between health care providers and patients, especially women.

■ **Violating confidentiality:** Asking about women's health concerns especially related to sexual health in front of family members or other patients.



■ **Not maintaining privacy:** Conducting reproductive health checkup in front of others or in a place open to public.

■ **Lack of sensitivity:** Use of offensive language especially in the labour room.

■ **Failing to diagnose women's illness:** Because of socio-cultural barriers, women often do not mention their reproductive health problems when they come for consultation e.g. a woman may complain about headaches but on deeper probing you may discover a problem of heavy bleeding, which could have gone untreated.

■ **Performing sex selection:** Families force women to undergo for sex determination test, followed by abortion especially if it is a female foetus due to preference for male child in the patriarchal social set up.

Role of Health Personnel providing support to victims & Prevention of VAW

- In case of physical injury, provide first aid. Get medical examination done as per proper guidelines.
 - Women who are victims of violence generally need counselling to deal with mental and emotional trauma.
 - Refer abused women to the appropriate place for further action.
 - If she desires to lodge a police complaint. Guide/help her in writing complaints and filing First Information Report (FIR). Accompany her if necessary.
 - Make VAW an integral part of your health education.
 - Encourage linkages with local womens groups.
 - Counsel the violator, the husband and other family members.
 - Organize awareness campaigns, exhibitions and rallies to condemn VAW and to enhance women's status.
- 
- 

Violence Against Women (VAW) & Women's Health

Women's subordinate status in a patriarchal society

Society

Community

Relationship

Individual Perpetrator

Norms granting men to have control over female behaviour
Acceptance of violence as a way to resolve conflict
Notion of masculinity linked to dominance, honour or aggression

Poor access to information about women's rights
Legitimising VAW
Lack of support in area of women's development concerns

Marital conflict
Male control of wealth and decision making in the family

Being male control wives
Witnessing marital violence as a child
Absent or rejecting father
Being abused as a child
Alcohol use

Health consequences due to VAW

Physical abuse

Psychological emotional torture

Sexual coercion

Controlling behaviour

Factors associated with VAW

Physical

- Abdominal/thoracic injuries
- Bruises, wound and swelling
- Chronic pain syndrome
- Disability and Fractures
- Gastrointestinal disorders
- Irritable bowel syndrome
- Lacerations and abrasions
- Reduced physical functioning

Sexual and Reproductive

- Gynaecological disorders
- Infertility
- Pelvic inflammatory diseases
- Pregnancy
- Complications/ miscarriage
- Sexual dysfunction
- Sexual transmitted disease including HIV / AIDS
- Unwanted pregnancy

Psychological and behaviour

- Alcohol and drug abuse
- Depression and anxiety
- Eating and sleep disorders
- Feeling of shame and guilt
- Phobias and panic disorders
- Physical inactivity
- Poor self- esteem
- Psychosomatic disorders
- Smoking
- Risky sexual behaviour

Fatal health consequences

- AIDS related mortality
- Maternal mortality
- Homicide disorders
- Suicidal behaviour and
- Self harm and suicide

CHETNA's* Perspective

*Centre for Health Education, Training and Nutrition Awareness

For Action...

What can we do to eradicate violence ?

As a Woman

- Enduring and tolerating violence is an injustice to you. Speak up!
- Many times a woman has been successful in subduing the victimizer by her boldness and firmness.
- When you see violence inflicted on any women, make efforts to protect and protest.
- Ensure that you and your daughter learn self defence techniques.

As a Man of the family

- Confront any man who is found guilty of VAW and stop his actions.
- If any woman or girl of your family feels uncomfortable with a particular male relative, do not ignore her. Take appropriate action.
- If any woman or girl becomes a victim of rape or other forms of violence. Do not blame her. Provide Support!
- Do not physically or mentally abuse your daughter mother, wife, daughter-in-law. Provide opportunity to them to develop.
- Encourage an open dialogue with your wife/partner to discuss what she expects from you especially with regard to sexual relationships.
- Educate friends and society to stop violence against women and girls.
- Keep away from addictions such as alcohol, gambling and tobacco. Such vices affect your health and family relationships.

As a member of the community

- Be active! If you learn about VAW in your town/village, do not ignore or neglect the same. Support! Offer and organize temporary security to the victim of violence and her children.
- Enforce regulatory measures! Motivate local governance and women's groups to impose penalty on the offender.

As a Panchayat (Local Self Governance) member

- Listen and respect the views of women members.
- Organize educational camps and legal advise programmes to create awareness on VAW. Arrange for counseling sessions for victims of violence.
- Women and girls of your village have the right to live a violence free life. Encourage them to speak up against violence and trust them.

As a women's group member:

- Encourage the local self-governance to organize legal education programme for eliminating VAW. Encourage women to speak up against violence. Learn to file FIR.

As a corporate citizen:

- Empower your workers. Create legal awareness to stop the VAW among men and women workers.
- Allocate part of your profit for the fight against VAW.

Some safety tips for young girls and women

- Do not portray yourself as a sex object, refrain from sexuality oriented action at work/school/college. Ensure their is no hostility towards you or other women.
- Avoid going in isolated dimly lit areas specially at night. Always keep your torch ready at hand, if this is necessary
- Do not open the door for strangers
- If required, act assertively against unpleasant remarks. Do not be submissive
- Be Alert and careful to what is happening around you

Women have the right to seek legal redressal in cases of any type of violence.

What does CHETNA do?

- CHETNA recognizes VAW as a public health issue and integrates it in all its trainings
- In collaboration with UNFPA and National Commission of Women (NCW), CHETNA has developed an educational kit for medical personnel.



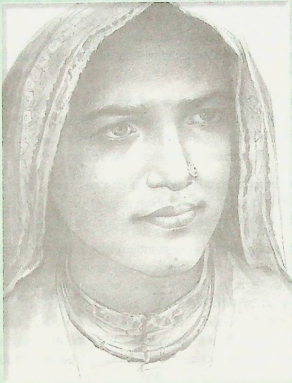
CHETNA


Women's Health and Development Resource Centre



Chaitanya

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Ph.: +91 (79) 22868856, 22866695 Fax: +91 (79) 228666513
E-mail: chetna@icenet.net Website: www.chetnaindia.org



Mental 
and
Emotional
Health of Women

Do you know ?

Recent Indian studies reveal that at any given time and place, 10-15 % of the population suffers from mental disorders. (Srinivasa R 2000)



500 million people in the world suffer from mental or neurological disorders. Out of every five persons who avail health care, one is troubled by a mental disorder. (W.H.O 2001)



Mental health problems contribute relatively little to mortality, but account for a significant proportion of disability.



Our mental health status greatly affects the way we feel about ourselves and how we relate to other people. Sound mental health helps to cope with grief, worries and problems of life. Like the body, the mind can also become ill.



Many of the mental health problems of women are rooted in oppressive social relationships and socio-economic factors. In addition, the social stigma attached to mental health problems in women inhibits both proper diagnosis and treatment.



Association between domestic violence against women and depression and anxiety has been established by several studies all over the globe.

What causes mental illness?

Mental illness is caused by biological, social and environmental factors. It usually requires more than one factor for someone to develop a mental illness.

Mental and emotional health of Indian women

The mental health problems of Indian women are more due to social factors. Women's vulnerability to poor mental and emotional health is closely associated with her marital status, employment and role in society. Circumstances and conditions that society accepts as norms often leads to emotional problems among women. Indian women face several dilemmas and conflicts in the context to marriage, family relationships, reproduction, sexuality, childbearing and rearing, divorce, aging, education and employment.

Factors affecting women's emotional and mental health

Neonatal and Infancy stage: Poor cognitive/emotional development due to neglect, negative social emotional behaviour after results in low self esteem.

As a girl child: Discrimination against girls related to food, play time, education, mobility makes them feel inferior. This may affect their personality development.

As an adolescent: Adolescent girls are socialised to be submissive, passive and are isolated especially when they start menstruating. Their mobility and expressions are restricted. They are also socialized to control their sexual feelings. Such discriminatory practices prepares a girl's psyche to subservience.

As an adult woman: A shift from adolescence to womanhood creates some amount of tension and anxiety among majority of girls, due to societal restrictions in their eating, dressing, interaction with the opposite sex, general behaviour, mobility etc. In India, after marriage, moving from one's natal family to another is also quite stressful.

Multiple household responsibilities, caring for children, meeting the needs of their husbands/in laws, fetching water and fuel also leads to stress. Women working outside the home continue to take primary responsibility of household work. These dual roles conflict with each other often causing a great deal of stress.

Culturally, every woman is expected to be married. In the Indian context, single women are not socially accepted. They go through social pressure which may lead to depression and emotional stress.

A woman goes through hormonal changes during the first 15 days after delivery. This is known as post partum depression. The symptoms are restlessness, fatigue, headache etc.

A married woman is constantly under pressure to give birth to a male child. Childlessness is viewed as a curse and it leads to emotional stress, which may result in anxiety or depression. If the husband is involved in an extra marital relation, their wives feel insecure and their emotional needs are always at risk. During menopause, the symptoms include hot flushes, increased irritability, anxiety and even depression.

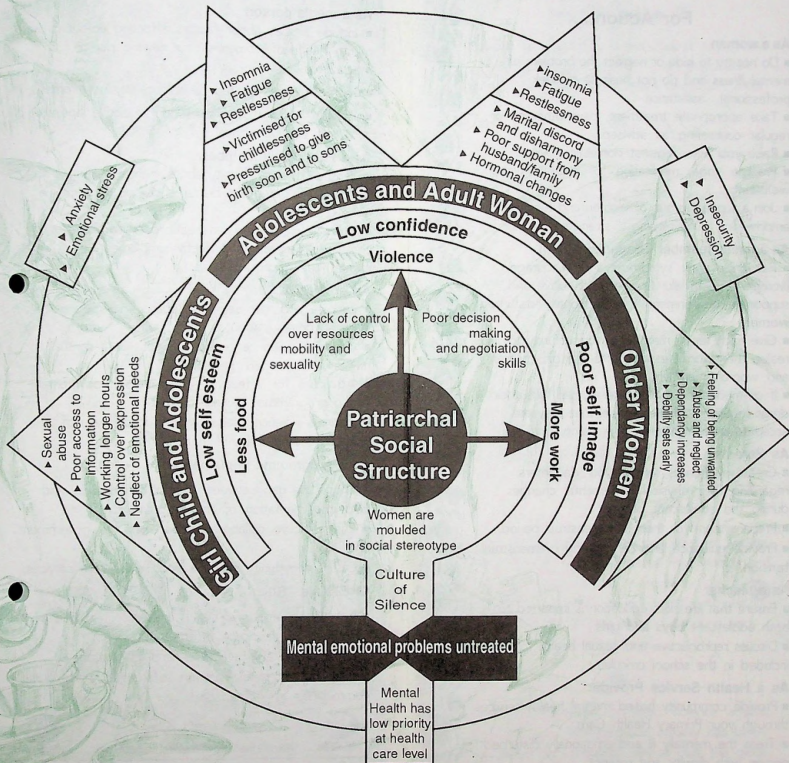
As an Ageing Woman: During this phase, women become physically weak, socially/economically dependent, and emotionally disturbed. Physical problems such as arthritis, visual and audio disabilities, mental illness may become more disabling. The two most common problems observed are depression and loss of memory.

Government of India's (GOI) Mental Health Programme

The National Mental Health Programme was launched in 1982. It has the following objectives:

- To ensure availability and accessibility of minimum mental health care for all. To promote community participation in mental health services and development.
- To encourage the application of mental health knowledge in general health care and social development.

Mental and Emotional Health of Women



CHETNA's* Concept 2004

*Centre for Health Education, Training and Nutrition Awareness

For Action....

As a woman

- Do not try to hide or neglect the problem of mental illness and do not hesitate to seek professional assistance.
- Take appropriate treatment, psychotherapy or regular counselling as advised.
- Raise your voice against domestic violence
- Practice yoga, meditation for mental-physical wellbeing.
- Join a support group of women and focus on empowering / developing / strengthening self.

As a family member (Especially Men)

- Recognize early symptoms and encourage women to seek help. Create a conducive and supportive environment for emotionally disturbed women.
- Give each family member an opportunity to realise their worth, especially to the girl children and women members.
- If on medication, make sure women take their drugs regularly. Make her feel that they are accepted and involve them in family activities.

As Parents

- Create awareness among your daughters regarding their physical and mental changes during the adolescent phase.
- Prepare them for their first menstrual period.
- Provide guidance and care during premenstrual tension.

As a teacher

- Ensure that life skills education is imparted to both adolescent boys and girls.
- Discuss reproductive and sexual health topics included in the school curriculum.

As a Health Service Provider

- Provide community based mental health services through your Primary Health Care.
- Treat the mentally ill and emotionally disturbed person with dignity and respect.

As a media person

- Include articles about factors affecting emotional and mental health of women in your news paper or magazines.
- Highlight issues related to violence against women.
- Provide information about "normal active ageing" and "self care approach".

As a Panchayati member:

- Sensitise the community about mental health problems and create a better understanding and remove stigma.
- Utilize linkages between health care providers and community groups for effective implementation of mental health programs.

As an NGO/CBO:

- Educate and train self-help groups and community leaders/workers about mental health.
- Organise guidance centres and day care centres for mentally challenged persons.
- Advocate for effective implementation of mental health programmes in your area.
- Address violence against women as an issue of women's comprehensive health.

As a programme implementer:

- Bridge the gap between mental health policy and field implementation of the programme.
- Ensure active collaboration between the government and NGOs.
- Ensure community based mental health care services

CHETNA's Role:

- Integrating emotional health concerns in all health trainings and advocacy efforts.
- Developing training modules and IEC material
- Providing counselling support to selected urban slum communities in Ahmedabad.



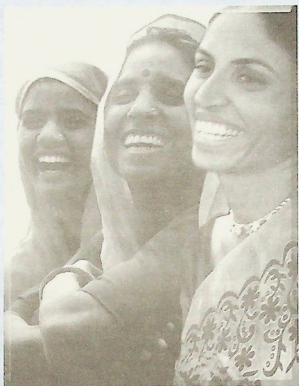
CHETNA

Women's Health and Development Resource Centre



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Panchayati Raj

(Grassroots Governance)

and

Women's Health

Do you know ?

India is one of the first countries to enact a legislation to create opportunities for women's political participation at the village level.



The 73rd and 74th Amendment of the Indian Constitution (1993) has ensured one-third reservation for women in village local governance bodies and Panchayats. Out of around 33 lakh elected local bodies' representatives, around 12 lakh are women.

(Task Force on Panchayati Raj :

Rajiv Gandhi , Foundation,2004)



Post- independence, the first parliament house had 22 seats for women i.e. (4%), of the total 499 Seats. During the 13th parliament term in 2004, there were 49 women i.e. (9.2%) of the total 543 seats. This percentage increased only by 5%.

(Sandesh News Paper -15 March, 2004)



Majority of the elected women who prioritize focussing on health, sanitation, education and access to other basic services, have also been able to ensure a qualitative change in the living conditions of entire village communities.

What are Panchayati Raj Institution (PRIs)

PRIs are institutions of local self-governance that are responsible to bring about socio-economic development, equity and social justice. This process of governance is by the people and for the people to develop democratic leadership amongst the masses at the village level. This has been made possible through the constitution (73rd Amendment) Act and state legislations that give panchayats the power and authority to enable them to function as effective institutions of self-governance. PRI has provided a three-tier system at the district (Zilla Panchayat), Taluka, (Block Panchayat) and village (Gram Panchayat) Level.

Gram Panchayat is the basic unit of the Panchayati Raj Set up. The members of a Village Panchayat are elected by eligible voters of the villages. A Village Panchayat has a Sarpanch (leader) who organises Gram Sabhas (Village meetings) at least four times a year. Besides these meetings, if required, the Sarpanch, block and district Panchayats can call meetings under Article 243-A of the 73rd Amendment.

Administrative Powers and Duties of Panchayat with Respect to Health Facilities:

Under Article 243-G and the 11th schedule of the 73rd Amendment of the Indian Constitution, village panchayats are assigned powers and duties in the context of health, which are as follows:

- Health and sanitation, including vaccination, women and child health care.
- Family welfare and relief to sick persons
- Provision for safe drinking water.

Suggestive Actions for Village Panchayat

- Registering births, deaths and ages of marriage.
- Maintaining Sex wise death-record of neo-natal, infant and children up to six years of age.
- Recording population figures of girls and boys upto age of six years.
- Registering Maternal death/death of women due to dowry harassment etc.
- Disseminating information on Family Planning.

- Raising funds to implement various programmes on women's health for different age groups.
- Ensuring sufficient staff, stock of basic medicines, instruments, laboratory facilities and stock of family planning devices at the PHC level and also proper dissemination of health education and quality health care services and referral services.
- Promoting traditional health and healing practices and motivating people for growing herbs. Discussions on existing Indigenous Health Practices (IHP) and its utility can also be organised.
- Monitoring of the Public Distribution System (PDS).
- Organising gender sensitisation camps/meetings for village leaders and other opinion leaders of the village.

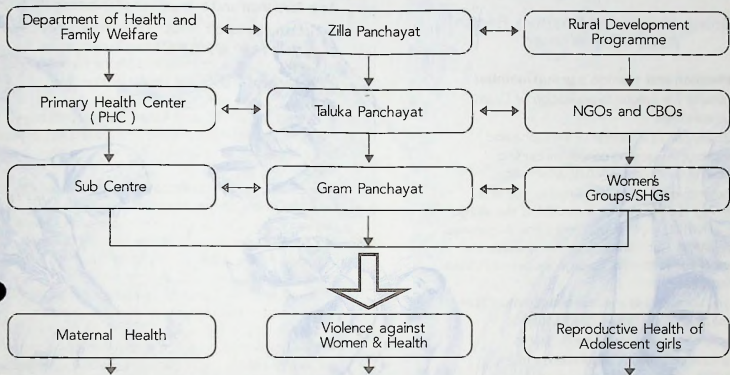
Suggestions for Proactive Role of District and Taluka Panchayat:

- Support and build capacities of Village Panchayat to perform above mentioned tasks effectively. This can be done through conducting training programmes on a regular basis, counselling, guidance, dissemination of relevant information on women's health.
- Allot enough budgets for women's health activities.
- Support monitoring of Gram- Panchayat activities.

Suggestions for Proactive Role of Village Panchayat:

- Address social concerns, which affect women's health adversely such as marriage of girls before 18 years of age, low-literacy among girls, dowry, violence against women etc.
- Advocate and implement programmes related to health and development of adolescents and children in formal and informal schools.
- Encourage village Panchayat to form Village water supply and sanitation Health Committee, including Gram Panchayat members, Auxillary Nurse Midwives (ANMs), Anganwadi Workers (AWWs), school teachers, representatives of self-help groups, the Mahila Swasthya Sangh, youth clubs and other similar bodies. The Gram Panchayat is empowered to constitute such committees under Sec.61-A of the Act.

Panchayati Raj (Grassroots Governance) and Women's Health



- Ensuring regular visit of ANMs, AWW and other health workers in villages.
- Ensuring early registration of pregnancies, distribution of iron and folic acid tablets, immunisation of pregnant women, quality referral services, medical checkups and regular supply of safe delivery kits.
- Upgradation of skills and increasing confidence of dais (traditional midwives) through training and ensure honorarium for conducting and referring delivery cases.
- Ensuring that pregnant women avail the maternal benefit schemes.
- Ensure transport during any emergency for pregnant women.
- The smooth and effective implementation of Integrated Child Development Scheme (ICDS) and ensuring enrollment of pregnant & lactating women and regular supply of supplementary food.

- **Be active!** Educate men to keep away from vices such as gambling and alcohol. Organise educational camps and legal advice programmes to create awareness on violence against women among the village community. Arrange for counseling centers for victims of violence.
- **Encourage!** Women of your village have the right to live a violence free life. Encourage them to speak up against violence and trust them.
- **Stop** domestic violence in the village.
- **Conduct** gender sensitisation training to various groups in villages.
- **Federate** link-ups with Women's Groups, networks for solidarity and lobbying against Violence on Women.

- **Impart** need-based information and counselling to couples on contraceptive family planning, AIDS, STDs/RTIs and infertility.
- **Organise** Health awareness camps for adolescent and young girls and boys.
- **Create** awareness on involvement of men in taking care of women's health and sharing household responsibilities & being gender sensitive
- **Exercise** strict vigilance to eliminate sex selection and pre sex-determination in their area.
- **Ensure** MTP (Medical Termination of Pregnancy) services at the PHC level.
- **Ensure** regular meeting with the doctor at the PHC and discussion about the quality of health services and future needs of the community.
- **Facilitate** the IEC process with PHC to organise exhibitions, talks and discussions on women's health on a regular basis and adolescent health particularly for girls.

CHETNA's* Perspective

*Centre for Health Education, Training and Nutrition Awareness
2004



Joining Hands for Positive Health Action for Women

As a woman and women's group member

- Demand for regular organisation of Gram Sabha meetings
- Actively participate in the 'Gram Sabha' and address crucial women's concerns including Violence Against Women (VAW) and health.
- Demand action on issues related to women's health e.g. regular visit of the ANM at the village level, effective implementation of the Anganwadi centre, ANM- Sub centre & proper utilisation of transport funds to shift emergency delivery cases to hospitals.
- If you come across any case of a communicable disease in the village, inform the Panchayat immediately to take preventive measures.
- Put forward women's health needs to the Panchayat and support in implementation of health services.
- Alongwith the Panchayat, organise awareness camps on issues of women's health and women's empowerment.
- Campaign for active women candidates for joining the Panchayat and support them during the election.
- Select committed women members to contest for elections for reserved seats, including women from different classes and castes.

As a man and family member

- Encourage women of your family to contest Panchayat elections.
- If you are the husband of an elected Panchayat woman member, share household work and childcare, especially, when she attends the Panchayat meetings. This will increase her self-esteem and confidence. Do not pressurise her for personal favours at the Panchayat. Instead, encourage her to voice the concerns of the community, especially of rural women.