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HEALTH FOR ONE MILLION PROJECT, TRIVANDRUM

A DREAM CAME TRUE A THOUSAND WORKERS GREW

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Health for one million programme of the Trivandrum Archdiocese has achieved the target in six years. It was a 'dream' of reaching one million people and training 1000 village level workers.

"HEALTH FOR THE MILLIONS" was the theme of the National Hospital Convention of the Catholic Hospital Association of India in the year 1973. The thought-wave generated from here inspired several participants to enter into the field of Community Health. This idea was later nurtured very much by the Voluntary Health Association of India.

A group of people in Trivandrum enthused by this concept discussed and shared this idea with their co-workers and friends. By the end of the year 1974 they arrived at some concrete plans and proposals. They decided to plan for the better health and development of one million people. Thus started the "Health for a Million" Programme of Trivandrum.

During the year 1975 several experiments were made, objectives clarified and the programme was defined as follows:-

"Health For A Million" is a philosophy/of Health Based Community Development/lived by people of community/consisting of about 1000 people in the Micro-level/under a Macro-plan covering one million people.

As a continuation and clarification of this philosophy the following Guiding Principles were established:-

1. Health care is more important than mere disease cure.
2. Health can be maintained only in the context of Total Human Development.
3. As development is self-growth or growth from within, self-Help and self-sustained Programmes are the most important. Outside assistance could be of use only to the extent of bringing people together, co-ordinating local efforts and encouraging local leadership.
4. Community Decision is more meaningful than mere community participation. This would mean working with people rather than working for them.
5. In conducting programmes, local resources in the form of personnel, finance, Government facilities, and social structures irrespective of any religious affiliation, caste distinction or political bias, are to be utilised to the maximum.
6. In implementing the programme, principles of appropriate technology would be followed.
7. In educating people on Health and Development Formal as well as Non-Formal Methods of education are to be adopted.

As a strategy of approach it was planned that in the micro level groups of 200 families consisting of approximately 1000 people irrespective of caste or creed distinction should be surveyed and registered as one Health and Development unit (H.D. unit). These people are to be helped to grow into one community and function as one unit. Any cultural centre, school reading room, temple, etc. could serve as a centre for this H.D. unit.

Similar one thousand units of 1000 people each would make this programme of one million people. The programme was to have two phases - The training period and the activities period.

First phase (training period):- The period upto the end of 1980 was to be the training period. During this period the plan was to:

- a. train 100 village level volunteer workers. From among them 100 are to be trained to be promoters of the programme; 10 from these promoters are to be trained into organisers of the programme.
- b. Each village level worker is to be responsible for 200 families of about 1000 people; and find 20 mother leaders representing 10 families each.
- c. Conduct such activities as would help for the training of the workers as well as the people.

Second phase (activities period)

- a. People would organise their own developmental activities

Possible tenfold activities are:-

- 1) Education on health and development.
- ii) Nutrition programme.
- iii) Juvenile guidance.
- iv) Special care for children under five years.
- v) Maternity care.
- vi) Family planning through responsible parenthood.
- vii) Socio-economic development.
- viii) Environmental sanitation.
- ix) Disease control and healing the sick.
- x) Rehabilitation of the disabled and under privileged.

Plans accomplished:- During the course of the past six years the dream of reaching one million people and training 1000 village level workers has been realised.

Today you can see over 1000 village-level workers instructing groups of about 20 mother leader each at least once every fortnight in 1000 centres in the districts of Trivendrum, Quilon, Alleppey and Kayskumari.

These mother leaders after attending their classes communicate what they learned to learned to at least 10 other mothers around in a most non-formal way - near the well, on the way to market, etc.

The village-level workers besides taking this fortnightly class, regularly visit the 200 families and wind the people into a community.

They help the villagers to organise associations for women and youth and encourage small savings.

They maintain the health records of children and women of the village.

The best of every ten village level workers is considered as promoter of the programme. There are such 100 promoters among the 1000 workers.

The health promoters collect reports from the health workers once in every month and guide them on the topics to be taught during the following month. The best of every ten promoters is considered as an organiser of the programme. There are ten such organisers.

The health organisers meet the health promoters once in every month and get their reports and communicate to them the topics for the following month. These organisers are united under one co-ordinator.

The co-ordinator meets the organisers once in every month, collects the report and plans together with them the programme for the ensuing month.

Thus the 100 workers function under a self-made 3 tier system under a co-ordinator. Within a month all communications reach from the co-ordinator to the worker and the feed back from the worker to the co-ordinator reaches also within the same period.

The year 1980 marks the end of the first phase and the beginning of the 2nd phase. It is proposed to hold a convention of all the trained personnel in Trivandrum on December 2, 1980.

ripples

and

repercussions

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ripples
and
repercussions
(Marianad)

a reflection about the
work and activities in a fishing
village called Marianad in
Kerala State, India. The
programme in the village has
been known as the Marianad
Community Development Project
and was initiated in 1961 by the
Trivandrum Social Service Society

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Today we speak about mass movements and mass organisation. A couple of years ago we spoke about community development and various kinds of projects. Approaches change and science develops with experience and experimentation so long as there is an openness to learn and a commitment to the cause of liberation.

The experience at Marianad, a little fishing village 25 km north of Trivandrum City in Kerala is the history of a community caught in the pangs of this painful process of struggle and the expression of a commitment to the cause of liberation by a group of men and women. It is the history of goodwill transformed into action. Action which commenced with the precept of helping people to help themselves, which bore fruits in the form of many community building efforts and organisations based on people's participation. Yet it is action which continues to be overwhelmed by the deeper questions of the basic unjust organisation of society. It is this last factor, the basic unjust order in our society that threatens or challenges even the most sincere effort in the cause of liberation at the micro level.

a macro-picture to begin with.....

Kerala has a stretch of coastline about 590 km in length. In Trivandrum District, the southernmost part of the State, there are 46 fishing villages with a population of about 150,000 comprised mainly of the Christian fishing community with a few isolated Muslim and Hindu fishing communities.

In general, fishing villages, unlike the rest of the village structures in Kerala, are very clustered and densely populated. In the southern end of Trivandrum District where we find the most ancient of fishing villages such as Vizhinjam, Pulluvilla and Poovar, population densities are as high as 5500 to 6000 persons per sq.km. These villages with their clustered thatched huts and highly insanitary conditions give rise to bad health conditions, risk of mass destruction by fire and quick quarrels. At the same time it gives a source of security and a feeling of togetherness although the latter can at times result in a very undesirable form of village chauvinism. Caste groupings exist among fishermen although all fishermen of one community belong to the same caste with no hierarchial set-up. The more educated may be more respected especially since the educated move out of the actual fishing operations.

There are basically three types of fishing crafts—the plank canoes, dugouts and the catamaran. The catamaran is most certainly one of the oldest types of fishing crafts which is made by tying together logs of a special variety of soft wood with coir ropes. In Kerala the use of this craft is predominantly in Trivandrum District. Fishing gear consist of cotton and nylon nets which are used as shore nets or at a depth within 20 fathoms in the sea and the hook-line sets which are used for fishing beyond 25-30 fathoms.

Fishing is normally a collective venture. In general the total catch or the value received for it is equally divided by all those who take part in the operation after one share has been kept aside for the equipment.

Normally when fishermen bring their catch to the shore it is auctioned by a middleman to the small merchants (men who

carry fish on cycles and women who carry fish on their heads) who then take it to the different markets. Since the bulk of the transactions are on a part-credit basis, as regards the final settlement the fisherman is always on the losing end. He does not consider this to be unjust for he has been tutored by the institutions and the individuals who express 'concern' for him that he must be generous with what he has received 'free' from the sea purely by the grace of God. Apart from playing on these sentiments he is also trapped in an ever tightening vicious circle of exploitation propagated by those who own (or claim to do so) the land on the sea-shore on which his dilapidated hut stands; by those who entice him with credit during the lean fishing seasons at prohibitive interest rates (60-120%); by some scrupulous middlemen and sometimes the merchants; and also by the educated in his community who now have left fishing in favour of other 'more respectable jobs.'

At sea the fishermen ride the crecent wave—they hold their destiny in their own hands. But once they are on land they become the easy victims and slaves of the people who in reality depend on them for their living. This is the paradox of their position.

The women play an important role in the community. Traditionally their function was to carry the fish of their husbands to the market where they disposed it directly to the consumers. Although the number of women of the community still involved in distributing fish is large, the new constraints and forces that have entered their area of operation drive them to be more competitive and aggressive. Carrying fish as a head-load to a market which can often be 10-15 kms away from their village is a task of no ease. Added to this there are the tasks of looking after the children and the responsibility of house work. It is a hard life and so it can be said that the prosperity of a fisherman's home depends to a great extent on the managerial ability of the women. Despite this the women receive a rather poor bargain in the other aspects of life. The man still is the head of the family and is the main decision maker.

Female children are certainly considered a 'liability'. The customs of the community necessitate that a girl who reaches a

marriageable age be 'settled down' soon. The choice of husband depends on the dowry that the girl's family can offer in money or as fishing equipment. Often this can lead to the penury of the family. Very early in married life the responsibility of child bearing in rather quick succession and the daily chores of house work commence and she begins to function in the routine.

Because of this routine the role of the women in the socialising process of the children is very ambiguous. In the already congested surroundings the young mother continues to stay with her parents (a matriarchial society) with no place to call her own and no privacy. A child just grows. He uses the surroundings as a latrine; cries when he wants food; goes into tantrums if he does not get what he wants, and sucks his mothers breast till a younger one takes his place. If he does go to school at a later date it is mainly because he gets a noon meal there. The rest of the time he prefers to play around in the village and enjoys the sea and the possibility of making a few paisas by grabbing a fish from a heap set out to be auctioned. His language can be shockingly abusive — but this he picks up at a very young age from the frequent fights and brawls around the vicinity of his home. Surprisingly what his mother may give him is his fear of God — this is the ambivalence in the whole community of Christian fishermen.

... of christ and christian fisherman

Francis Xavier walked the beaches of Tamilnadu and Kerala four centuries ago and converted *en masse* fishermen who have now embraced the Christian faith. Religion plays a great role in their lives. Having to fight the mighty forces of nature to earn their living it seems inevitable that they are swayed towards belief in what can be termed 'supernatural' and based on much 'ritualism'.

The entire life of the Christian fishermen revolves around the Church as an institution. One is struck by the number of churches that tower above the poor huts as one drives along the coastal roads of Trivandrum District. Practically everyone of these has been built by the daily contributions of the fishermen collected in the form of a church tax.

Their stability as a community depends on their church — the place where the three most important ceremonies take place: baptism, marriage and burial. Church committees that are dominated by the educated and the well-to-do in the village play the role of the gram sabha (village council) and are the reference point in the village. The priest is an important figure— appreciated if he is able to keep everybody peaceful — the poor and the rich. If he can't he runs the risk of being driven away by the people! Churches are crowded on Sundays, devotions are plentiful, pious associations are many. The rule of Sabbath is strictly maintained — no man goes to sea and no woman to the market. Briefly, the fishermen have a tremendous faith which, because of their dependence on nature, tends to be superstitious.

After all this it may sound paradoxical to say that the Christian fishing community lives in dire poverty — a community with a faith animated by Jesus Christ who came to challenge the old law and to establish that there is no value in ritual and holocaust if there is no justice.

new initiatives and intangible strings of hope....

Marianad was initiated by the Bishop of Trivandrum in 1961. The Trivandrum Social Service Society (TSSS) was organised by Bishop Pereira to help the underprivileged of his Diocese of whom 150,000 are members of the fishing community. The TSSS began helping the fishermen by making boats and nets available through cooperatives on an understanding that they would repay it in instalments. But since the TSSS worked through the Church, which has always been considered as a charity organisation the question of repayment was not taken seriously. Moreover the structure of the TSSS was not adapted to the situation it sought to handle and the sum total of it all was that the schemes failed.

Schemes failed but not hope. Realising that it is difficult to work in the existing villages where the accumulated problems were too massive to tackle, the TSSS decided to work with a few

families in a selected place. If this new experiment was successful, they planned to extend the work to the other fishing villages.

They selected the uninhabited coastal village Alilathura (literally meaning - 'the shore without people') and purchased some 30 acres of land to create the village now called Marianad. The programme was started by constructing low-cost houses through a house-building cooperative society. To create the community, fishermen from 7 different villages who were willing to come and stay in Marianad were selected. There were initially 50 families. For the new settlers it was a difficult choice to make—to leave their native villages and their relatives and set foot on a tract of coastal area known for its ghost stories, poor fishing and desolation. They had nothing but the intangible strings of hope to cling on to. Inevitably the majority of them were fishermen who had nothing to lose by undertaking this risk—invariably the poorest. Along with the new inhabitants also came a team of community workers who were to live with the people and learn from the people. They had nothing to give but the best of themselves as persons.

The initial approach was that of community building and community development based on self-help. Living with the people, the team was always at their disposal and a feeling of togetherness began to grow in spite of differences among the people because of their different places of origin. The only guiding factor for the team was to commence with the needs that the people felt and expressed, to involve the people as much as possible and to keep the methods of operation as simple and as open as possible. No elaborate schemes, no big buildings, no expensive and sophisticated equipment.

In this way many programmes were initiated in the village. A public health programme, clubs for boys and girls, saving schemes, a nursery and creche and many other campaigns. The basic idea behind each programme was to initiate an informal educational process to initiate change, to build awareness and allow people to inspire confidence in themselves. Hence much time was spent in trying to make the people understand what was going on, encourage their involvement and help them to take responsibility.

...*'namukku vijayikanam'* (*'we must succeed'*)

After about 7 years of such work, the team began to realise that no amount of community building would be effective and truly liberating if the economic matrix which formed the infrastructure of the community was not radically reorganised. The fishermen are poor not because fishing is not lucrative. They are poor because they are being exploited and this exploitation has become institutionalised that they do not see and realise it for themselves.

After much study and inquiry, it was realised that unless the ownership of land, credit, production, marketing and savings were linked and controlled by the fishermen themselves they would not be able to get free from the clutches of the exploitative forces. But the big question before the community workers was how they could make the community conscious of the exploitation that has become so much part of the system and accepted as the 'right order of things'?

Round about this time one great need always being expressed by the people was the need for a church in Marianad so that they can really consider this as their own village. Some members of the team of community workers was against this because they were convinced that though this was a 'need' expressed by the people it was not a priority. The male community worker in the team who had the immense advantage of being from the fishing community thought differently. He was convinced that if till now everything was taken up according to the genuine needs of the people, then this initiative of the people to build a church, must also be taken up equally seriously. How this occasion can be used to achieve the real goal of bringing the people before the reality should be the task of the team and not *prima facie* rejection of the people's expression.

The people gathered and decided that they would build their church by collecting money for it as was the practice in their native villages—a share of the daily fish catch (5%) which would be noted down and collected the next day by the man appointed to do the task.

The community worker used to spend a lot of time on the

seashore seeing the catch the people brought back, the value for which it was sold to the merchants through the moneylender and from this was able to get a mental idea of the share that the church would get for that day. In the evenings the fishermen brought their share for the church funds. Invariably the actual amounts brought always varied from what was rightfully due when calculated on the basis of the value for which the fish was initially auctioned.

'Why this difference?' they were asked. 'Is it that you are dishonest?' No, that could never be especially when it had to do with the affairs of their church. There were other reasons. Gradually at these evening meetings with the men all the reasons came out one by one:

'I'm indebted to the moneylender. He reduced the daily interest from the value of today's catch.'

'The merchant who owed me Rs. 27/- for yesterday's fish gave me only Rs. 15/- saying that he incurred a heavy loss.'

'I had to pay the auctioneer for auctioning my fish. He wanted Rs. 10/- immediately, failing which he said he'd never auction my fish again.'

The community worker talked to them about the possibility of cooperation in selling their fish; appointing a man of their own who could auction all their fish and also collect the money from the merchants; the possibility of saving where each may save small amounts but keep it all together and thus help each other in time of need.

Three months of discussions that were centred around the collecting of money for the church passed away very soon. The people had collected about Rs. 1000/-. And then the day of reckoning came.

After one such meeting the fishermen continued to argue and discuss among themselves and finally came to the conclusion that even if it was to build a church they had to first have control over the produce of their hard labour. Enough was enough and now they would take their destiny in their own hands — come what may. They had reached the crescent of their

emotion and enthusiasm. They decided to use the Rs. 1000/- as the initial working capital and wanted the community workers to sit with them to plan the details of the strategy for action and within a few days the campaign to free themselves from the moneylenders and sell their fish by themselves was started. The campaign had only one aim and it was expressed by the fishermen in two succinct words — 'Namukku vijayakanam' (We must succeed).

...struggle the prerequisite for true success

When the Cooperative was started it needed a small shed on the seashore. The parish priest from the neighbouring village who was also coming to say Mass on Sundays in Marianad came to inaugurate the construction of the shed. Two or three weeks after the start of the Cooperative the priest did not turn up for the Mass. All the community was waiting in the community centre where Mass was being said since there was no church in Marianad. Later, on inquiry, the priest said he did not come since he did not have the new books for the new liturgy prescribed for that Sunday. The next week also he did not turn up and gave another excuse. On the third week it was discovered that the moneylenders who were on the church committee of the neighbouring parish from where the priest came had threatened the priest and told him not to go to say Mass in Marianad. However this the people did not understand since the priest himself was all support for the Cooperative in the planning stages.

The issue did not stop there. The moneylenders succeeded in getting the support of the other parishioners of the six neighbouring villages to raise certain complaints against the Marianad fishermen regarding the method of fishing used by them. The fishermen of Marianad had introduced fishing with hook and line which was new to this coastal tract where the majority of the fishermen used only a beach net with which fish can be caught without going to sea. The people around were instigated saying that since the fishermen of Marianad went out into the sea to catch fish with the hook and line the original settlers of that coastal area suffered a fish famine! It was there-

fore demanded that for three months of the year—December to February — the fishermen of Marianad should not go hook fishing. This hard proposition was supported by the Panchayat, some officials of the Department of Fisheries, local politicians and parish priests.

After long hours of deliberation with the community workers the fishermen of Marianad accepted the proposition just to show the others that they would stand united. During the first two weeks of this period of restriction on fishing the people of Marianad suffered a lot. However what they failed to see when fully involved they saw while temporarily detached from the routine of hard work to earn a day's living. During this difficult time the moneylender approached the people of Marianad and said the restriction would be lifted if they agreed to sell the fish through him. On hearing this the people knew who the real person behind the whole plot was and they refused to accept his suggestion or money.

By the end of the third week of the restriction the members of the Cooperative managed to convene another meeting in the Panchayat Office where the above mentioned leaders were present. Again all these leaders including the priests, wanted to continue the restriction as was agreed in the previous meeting. At this juncture one member of the Cooperative stood up and said that they could not live without working and that they had decided to break the restriction and go fishing from the next day onwards because they realised that this whole issue was a big hoax. The pandemonium caused by this bold statement of a 'solitary fisherman' was momentous. They came back from the meeting reported their decision and informed everyone to prepare to go fishing the next morning. They lined up their catamarans on the beach, prepared their hook and lines and also gathered all kinds of weapons to be used against anybody who might dare to stop them from implementing their decision.

'It is more honourable for a fisherman to die fighting for his rights in the sea which is the source of his living rather than starve to death on the land', was the rationale of that moment. Hearing about all the happenings and the determination the opponents

withdrew from the fight. From then on the Cooperative started to function again.

With the growth of the Cooperative many things began to change in the community. The fishermen realised that their catch meant money and so they began to bargain for a good price. They began to see the folly of the past and on the whole they began to know more, have more and participate more.

Today their Cooperative is beyond doubt the only fishermen's cooperative that is completely controlled by real fishermen and certainly the only village cooperative that undertakes to sell all the fish of its members.

... and the women follow suit

With the coming together of the men, it was imperative that women come together as well. With the existing contact in the village, this was not difficult. The emphasis was put on gathering together and for this there were no hindrances. Once they came together it was up to them to decide what they wanted to do, what kind of organisation they wanted to form and so on. With their great attachment to the Church and based on their past experiences, the only thing that some of them could think about was some kind of pious association. When some women suggested this, some others reacted very strongly saying that pious associations did not really achieve anything. They wanted to do something constructive. But they decided all the same that they would meet every month and that they needed a committee to take the initiative in organising the meetings. Ever since then (October 1972) they have had their meetings regularly and have become quite a force to reckon with in the village. Their meetings include both the spiritual aspect and also discussions on social problems. So too with their activities. Officially they are a registered Mahila Samajam (women's organisation) which puts them in contact with government machinery—a contact which is of much educational value in realising how government decisions reach the grass roots.

Under the auspices of the Mahila Samajam a women's training programme was organised. It spreads over three months, meeting

thrice a week in the late evenings so that the women have time to get back from selling their fish or doing their housework. It covers topics concerning issues related to the society, the family, the home, food and their Christian life.

The women also have taken up issues such as the starting of an essential foodgrains depot, mobilised and successfully implemented a campaign against illicit liquor distilling and hope to take up more issues as and when they arise.

There certainly has been a marked change in the role and the place of the women in the community's life. Yet there still is a long way to go.

ripples and repercussions

As mentioned before, Marianad was a created village but the idea in starting such a pilot project was to see whether there was hope for change and organisation in a community despised as hopeless, and if there was such a possibility then efforts for change could be initiated in the other established villages as well.

With the initial success of the Co-operative and the general atmosphere in the community, the team was convinced that change could be initiated in other villages as well. There are over 1000 fishermen co-ops in the State initiated by the government and private individuals. None of them tackles the problems of fish marketing which is the crux of the problem, and only a couple of them still function as co-ops. In Marianad where the co-op was actually started by people and where only actual fishermen have a right to membership, a truly co-operative effort seemed to be possible and to be the only means of change in the community. On the other hand, the untiring living-in-and-learning-by-actually-doing approach seemed to bring a breath of human dignity and interest in life to a people who before, without a second thought would stretch out their hands and beg.

The best way in which this effort could be multiplied was considered to be the training of young people from the village. Different kinds of training programs were initiated like long-term intensive programs to help young girls start self-help programs in the village, short-term leadership programs to help young people play an active part in the village community. Such programs commenced in 1969 and gradually beginnings were made in over 18 villages.

In the meanwhile the Co-op began to grow and the community in Marianad began to have its own identity on becoming a parish. This united the people and the community began to realise the value of a common united effort. In other fishing villages where the co-ops had been a real failure, where all efforts of development had proved a disaster, the people began to realise that there was some meaning in united effort. Fishermen from distant villages with or without the assistance of the trained young people began coming to Marianad to see how the Co-op worked and to say they were willing to make all the efforts to start similar ones in their villages if they would have the know-how. In this way the co-ops began to grow in other villages.

But as always, the team had many questions. They realised that increase in earnings and greater participation of the people in their own village affairs no matter how encouraging it was from the point of view of progress, had also its own limitations. For instance:

- ... people who have been exploited for so long, on realising that there are possibilities of becoming self-sufficient begin to want to accumulate and given the first opportunity to exploit others
- ... there are limitations in the present situation of people being able to manage their own affairs especially when it comes to planning for the future
- ... the good-intentioned educational and awareness building process, which is the main objective in the initial stages, begins to get out of hand and scope as numbers and areas increase

- ...the awareness growing process in itself does not change anything when undertaken in small pockets. The reactionary measures or anti-liberation programs generated by institutions that maintain the status quo reach the groups in the small pockets through the various media and have a much more 'socialising effect' in general. In other words, it is extremely difficult to create new individual consciousness when social consciousness in general maintains the present status quo:
- ... as fishermen begin to earn more, their aspirations begin to grow. They send their children to school and they lose the taste for fishing. The education system plays its own socialising role and the young people, half-baked, can neither go back to fishing, nor can they compete for jobs in the cities and hence become a liability.

the present is the past of the future

This brings us to where we are at present. With ten of us in what we call the animation team, our main area of work comprises the coastal tract of Trivandrum District. With co-operatives gradually taking roots in villages other than Marianad, we have chosen the co-operative structure as the means by which the first steps to change both the economic organisation in the fishing community and the means for continuous education in the community can be brought about. Nevertheless, however much we would like to have a more macro-approach, effectivity boils down to the participation of all at the micro level, which, in its turn is linked up immediately with material needs of food, shelter and clothing. This calls for a larger number of workers from the village itself. In numbers such workers exist—many of those who have undergone some kind of training in Marianad, who meet regularly to discuss the problems they face in the field.

We have come to the conclusion that we need a much more direct approach in contrast to a vague one, the latter being one

in which the events and issues are dealt with as they come about instead of spotting out events and stimulating the issues that will help in the awareness building process. And again, awareness can be understood in many ways. For instance, people should understand how diseases are spread, or how they can earn more or better manage their incomes. This, we think is important but we are fully aware of the fact that this awareness can bring about no radical change in society and that these defects are only the result of more basic causes in the organisation of society that we desire to be more direct about. Although this had always been our intention, we tried to bring awareness through the programmes the people organised, like the co-operative and the mahila samaj. Now on the contrary we are trying to make the study of society, the basis of our training programmes, and will try to build this study into all the existing programmes as well.

Even at this juncture, we are fully aware that unless the pattern of the entire organisation of society is changed through the political power structure, no amount of socio-political education of the micro level can hope to achieve anything substantial. It is only an extensive and well organised class struggle that can bring radical changes.

It is here that we are puzzled. When we discuss with our friends who attempt this change through the political power structure, they either tend to be vague about their strategy or have much to explain from the theoretical point of view but no practical experience from which we can benefit. On the other hand, policy measures for equitable distribution have been and will continue to be a failure in a country like ours.

We cannot sit back and wait for the revolution. It is only if individuals, groups of individuals and communities, begin to act as creative irritants in their ideas and act with conviction and determination that a basic change in the organisation of society is a possibility and a purpose worth living for. When such processes meet and coincide with prophetic leadership for change at the national level we will be prepared to pursue total change.

and random thoughts to round up

- ... No amount of analysis, nor the most radical ideology will go a long way in practice, if a worker (community worker) does not personally develop skills of relating to people and become accepted by them.
- ... As a community worker one has to constantly question one's approach and motivations if one is sincerely committed to the cause of liberation and justice.
- ... The change process has to be continuous. What may seem liberating in its initial stages may be an obstacle later. Stability may be a danger signal.
- ... The co-operative structure, in spite of being the chief way to ensure equitable distribution, when experimented in small pockets, can become a capitalistic institution in itself.
- ... The area in which one chooses to begin the awareness building process cannot be a random choice. This choice must be guided by a proper analysis of the area and society. Good intentioned efforts to do something end up in frustration when this point is not considered.
- ... A commitment to the transformation of society cannot be lived single - handed. The values envisaged for the 'new society' should already be lived experimented within small groups. Only this can provide the supportive structure to pursue the transformation and at the same time prove the operational feasibility of new forms.

APPENDIX

Notes on the growth of People's Organisations and programmes

The Allilathura House Building Cooperative Society Ltd *T (187) (1960)*

This Cooperative was initiated by the Trivandrum Social Service Society and was formed in order to build the houses in the newly created village of Marianad. All the new inhabitants of the village had to become members of the Cooperative and the agreement was that all the families would pay back to the Cooperative Rs. 7/- per month for 20 years after which the house would belong to them.

It is apparent that this Cooperative had inevitably to be formed from *above* and handed *down* to the inhabitants to manage. Since it was formed at the beginning it was not possible to solicit active participation of the people in its management. The members did not feel that this organisation was theirs. This was expressed in their slow repayments or outright refusal to pay for the houses until about 1973. The community workers have often attributed this non-cooperation to the fact that the Government was giving free houses to fishermen in and around Marianad under other schemes. But maybe the crux of the issue was that the Cooperative failed initially for two reasons: firstly, at the time of starting it did not cater to a real felt need of the people and secondly that it was 'imposed' from above.

In 1974 according to a ruling of the Cooperative Law of the State no member who had large outstanding dues (debts) to the Cooperative could become a member of its Managing Committee. This resulted in a dramatic change. None of the fishermen members who lived in houses of the Cooperative could contest in the elections. The result was that the Managing Committee consisted of persons who did not have pucca houses (brick houses). They in turn were able to mobilise sufficient opinion among the houseless members to exert pressure on the privileged to make their repayments.

Consequently, after a series of meetings of the general body it was decided that the Housing Cooperative would informally link itself to the Fishermen's Cooperative for the purpose of collection of repayments. Between 1974 and 1976 six new houses have been built with the repayments from the members. Now the members are clearly aware of the lost opportunities of being uncooperative earlier.

The Cooperative has also initiated a process of acquiring more land for providing more low-cost housing for its members.

(We see how this Cooperative begins to function as a real people's organisation only 13 years after its initial formation. Only then did housing come into the priority of the community who have always been used to living in temporary huts and shacks on the sea shore. It is also interesting to note that the pressure exerted from within, rather than by the community workers, was more effective. Probably it can also be interpreted as the beginning of the 'acquisitive' tendency to own one's own house and land. The Cooperative and its rules ensures that these tendencies are contained within the sort of 'commune' framework adopted by it where a member 'owns' the house and land as long as he or his heir stays on it. The basic ownership of all the houses and the land is vested with the Cooperative. An owner-member may sell his house only to the Cooperative.)

The Dispensary and Health Programmes (1961)

The dispensary was the first concrete activity undertaken by the community workers since health was a problem which came to the forefront right from the very beginning of the work. The emphasis was always on preventive medicine and also on mothers and children. Post and ante-natal clinics, clinics for young mothers and children, classes on hygiene and sanitation are conducted. In 1964 a baby creche was started as an extension of the dispensary.

Although the problem of sanitation has been tackled to a considerable extent it still remains a problem. More than just providing the facilities (which is easy to do) it is only the education to use it properly that will solve this problem.

The Nursery School (1962)

The need to care for the young children while the father goes fishing and the mother goes to sell the fish resulted in the starting of a nursery school in the village. Right from the start the effort has been to involve the parents in the affairs of the nursery school so that it becomes a place of learning for the whole family! The teachers of the school are mainly girls from the village who have been trained for the purpose. The emphasis as regards the education of the children is on invoking in them a perception of their immediate surroundings and the cultural aspects of their community. The teachers undertake regular house visiting to maintain good contacts with the parents and to understand the family background from which the child comes. Children who go through the nursery school are generally not early drop outs from school later on.

Girls Guild and Vanitha Kendra (1964, 1974)

Work with the young girls of the village was one of the first activities undertaken by the women community workers as far back as 1964. The emphasis was also always on education and awareness creation—all other concrete activities (such as embroidery work, net-making) were only to serve as means to this end.

Well over a hundred young girls between the ages 5 to 20 are involved in the various activities which bring them out of their homes into a collective setting, provide small sources of subsidiary income and great opportunities for expression of their latent talents and creativity.

They run the Kendra by themselves. For example in the embroidery section they select the designs, cut the cloth, choose the colours and handle the final packing—only the despatch procedures of the parcels are handled by the community workers. All this is made possible because of a collective leadership and a sharing of responsibilities right down to the most 'insignificant' of tasks.

A considerable amount of cultural activities, formal and non-formal education activities are undertaken. From the income

they get from their handiwork they pay for the services of those who assist them in their work—adult education teachers, music masters and so forth. They have to produce about Rs 2000/- worth of marketable articles every month in order to meet the overhead expenses of the centre.

The Boy's Club (1969)

Organising the boys has been restricted to games and recreational activities. To mobilise them to render positive service to the community (as opposed to the token well-cleaning spree) has not been too successful an endeavour. Formal education draws them out to the fishing occupation. They stop going fishing, don't know how to mend nets and gradually gear their sights to the world outside which enables them to forget the problems of their community.

This is a field where much questioning is taking place. It has been a realm of great failure to tap the potential resources in the youth.

The Marianad Malsya Ulpadaka Cooperative Society Ltd F (T) 287 (1969)

The fishermen's cooperative is the central people's organisation of the village since it deals with the aspects concerned with their source of livelihood. By category this Cooperative is in the lowest tier of the cooperative hierarchy that is initiated by the Government. It is a primary village 'fish production' (malsya ulpadaka) cooperative.

However since the fishermen realised that their problem was not in the realm of production (contrary to the assumptions of the State) but more in the realm of marketing and credit, the Cooperative performed a multi-purpose function. The credit-product-on-marketing-savings link established within it has been found to produce the desired results of increasing fish production (by providing more equipment to each member) ensuring good prices (by the auctioning system), faster and higher repayment of loans (by linking credit to marketing through production), and the creation of a savings fund (by introducing an element of savings as a deferment of immediate consumption).

The Cooperative has a Managing Committee of 4 active fishermen and three nominees of the Government. For conducting the day to day affairs they have a paid secretary and a number of employees who man the various activities undertaken by it. All the employees are appointed and paid by the fishermen and are answerable directly to the Committee.

The Cooperative enjoys the position of being considered by the Department of Fisheries as a model cooperative for the artisan fishermen of Kerala. It is one of the few fisheries cooperatives in Kerala that takes an integrated approach to the needs of its members. Apart from providing credit and marketing the fish, the Cooperative supplies its members (and non-members) with fishing requisites such as nylon twine, hooks and lines at fair prices. It runs a net fabrication centre that aims at providing employment and fair wages to the women of the village. It also runs an essential commodities store which caters for the whole village.

The question has always been asked why inspite of such a successful Cooperative there are still fishermen who are non-members and who are still indebted to moneylenders. As a matter of fact the struggle between the members of the Cooperative and the moneylenders has continued ceaselessly with occasional headon clashes. In spite of this there are no membership campaigns undertaken. The 'core membership' of the Cooperative is convinced that those who join the Cooperative should do so only after their own personal decision and conviction about the matter. The reality is before their eyes but the consciousness of the reality is for each individual to attain.

From 1970 onwards the Cooperative has been able to accumulate some retains (profits). It has declared dividends and participation bonuses. It has financed, with an initial working capital of about Rs. 40,000/-, the purchase of fishing equipment worth over Rs. 2 lakhs (by the quick circulation of loan repayments). Most fishermen who have been members for 3-4 years have been able to make all the types of fishing equipment needed to fish throughout the year. The per capita income of such members has doubled and without doubt the quality of their general living

standards and awareness of the world at large has increased markedly.

The Marianad Mahila Samajam (1974)

The women have always been the yeast in the progress of activities in Marianad. In Marianad there has always been a bias towards women since the members of the animation team were all women for the first seven years (1961-68).

Although they created their own registered organisation only in 1974 their community activities, collective concern and action over issues in and around the village started much before this. They have also in numerous ways staked their claims for equality in the affairs of the village.

They have an elected committee of seven members who are responsible for the smooth functioning of the organisation. The members of the committee take up the responsibility of being a liaison between the various programmes in the village (health scheme, nursery and creche, essential commodities store etc) and the members who are the user-beneficiaries of the programmes. This is a means of assuring that all activities are constantly under the scrutiny of the people.

Their collective opinion has been effective in tackling problems such as illicit distilling of liquor, pawning of ration cards and other social evils in the village.

The samajam has a membership of 90 women. On the average about 40 women attend monthly meetings.

Extention -

Educational Programmes (1969)

It was never the objective of the Trivandrum Social Service Society to make Marianad an end in itself. In fact Marianad and the experience gained from it both for the people and the community workers was to be only a starting point — a small start in understanding the pulse of a community.

Extention of the work was to be initiated by making a cross-section of the fishing community conscious of the situation in which they live. The educated sections of the community, especially the youth could be tackled with greater ease to begin with. Secondly we had also realised that work with women and children was a good entry point into the community. Putting these two factors together the initial extention programmes were tailored to achieve this end.

Consequently the need to work with the fishermen in order to hasten the process of the creation of cooperatives was also felt. Contrary to the approach for the educated section of the community, awareness creation efforts with active fishermen had to take a much more non-formal approach that was more on-the-field and directly aimed to handle possible action that could come out as a result of new awareness.

Social Training for Girls (1969)

This is a five-month intensive residential training course covering a wide range of subjects needed to equip a village level worker to become a useful agent of change in the village. Only girls who were sponsored by the village were accepted for the course and wherever possible at least two from each village attended the course. The training is conducted in Marianad where it is possible to have the theory and the relevant field work at the same time. To date about 90 girls have been trained and of these over 60 girls are working in their respective villages in some sort of programme that caters to certain needs of the community. Many have organised nursery schools, saving schemes, credit unions, literacy programmes and the like.

Leadership Training Camps (1973)

These camps are short courses for mixed groups of young, educated youth of the fishing villages with the objective of giving them a brief, overall view of the situation in their village in relation to the socio-politico-economic realities of the Indian situation.

These camps are held in the different fishing villages so that the

participants can see in a critical new light many of the factors and forces in the villages that they had taken for granted. These camps also result in the creation of a certain feeling of unity and solidarity among the youth of the villages when they discover that they are not alone in their new discoveries and enthusiasm. Since the participants come in groups from their villages they are in a position to get back to create more awareness and on some occasions to initiate some form of action.

Follow-up of the Trainees

The most important aspect of the educational and training programmes is not the training itself but more the follow-up of the trainees after their training.

The community workers who animate the educational programmes are responsible for the follow-up. The district of Trivandrum is divided into two geographic zones and all the ex-trainees in each zone meet once a month to review their progress and discuss their problems and difficulties. The follow-up meetings take the form of discussions, seminars, study-circles and the like.

Cooperative Education Scheme (1975)

With the idea of the merits of genuine cooperation spreading among the fishermen of other villages (seeing the success of the fishermen of Marianad) the need for a continuous process of awareness not only of the social realities but also about the mechanics and procedures of cooperative endeavour has been acutely felt by the community workers and often expressed in various ways by the fishermen.

Under this scheme a community worker goes to a village and lives with the fishermen for a period ranging from 3 months to one year. The objective is to understand the situation in the village, especially that of the active fishermen; to study the modes of fishing and fish marketing and to isolate the areas where cooperative endeavour will prove effective.

This method allows for mutual dialogue that is undertaken without any rigid time constraint. Where warranted, action arising out of this process is initiated. Such 'action' takes the form of

organising regular discussions; setting up of pre-cooperatives; collective selling of fish (especially the exportable varieties) and so forth.

Pulluvilla (1973)

Pulluvilla, one of the oldest and most densely populated fishing villages in south Trivandrum District, was one of the first places where a need for deeper involvement with the community was felt. It is a fishing village divided and stratified with the most intricate of socio-economic problems which often take political overtones. A breeding ground of exploitation, where a handful of persons are in a position of manipulating the unorganised mass of fishermen to cater to the former's vested interests.

On the request of one section of the fishermen a team of four community workers have been working in Pulluvilla for over three years. The work is slow and difficult. In a village with a population of 8000 people living on $\frac{1}{2}$ square kilometer of sea shore no new 'intervention' will sail on calm waters.

The approach and organisational effort has had to be very different from that in Marianad. The people — attracted by the economic gains of the cooperative at Marianad — asked for help to organise one of their own. This was considered the best way for organising the people to meet both the economic and educational needs. The going has been and continues to be difficult. As a strategy, the service approach takes priority until such time when the people feel that organisational efforts will help fight issues. Time has to be given for a wider awareness building process to take place.

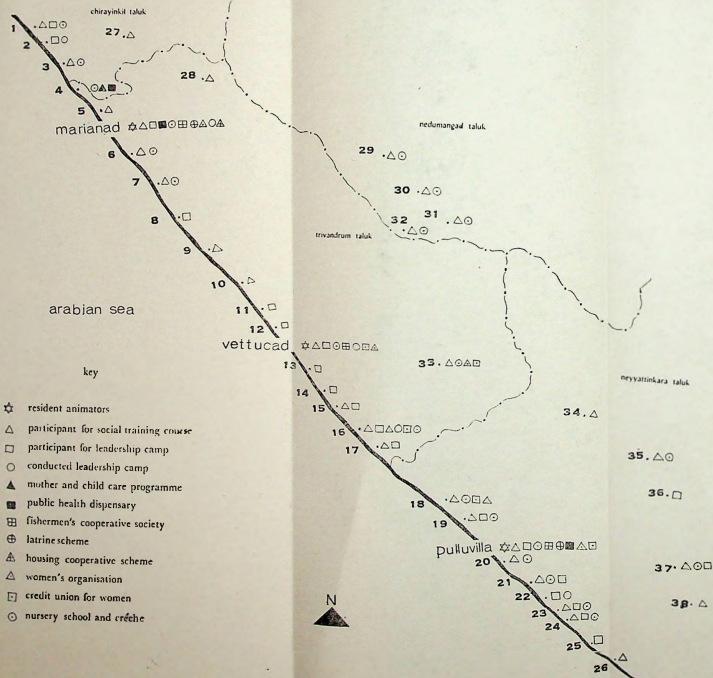
The fishermen come together through the Cooperative. Women show increasing interest in their Mahila Samaj which grew out of a women's credit union. Children's education and child care education to mothers is the main thrust of the 5 nursery schools. Health care, still curative, but aiming at a community health programme is on its way.

Many young people are also involved and they begin to play their part in the awareness building process.

Programme for Community Organisation (1977)

The work at Marianad, initiated in 1961, was done so under the auspices of the Trivandrum Social Service Society. The Society provided sufficient freedom for the work to evolve at its own pace and for the community workers to respond to the needs arising as a result of this evolution. As the work began to assume larger dimensions and with the development of many people's organisations and groups the possibility of an autonomous organisation was considered in 1975. This was realised in 1977. It is now called the Programme for Community Organisation. The general body of this organisation consists of the full time community organisers and representatives of all people's organisations which may desire to be affiliated.

programmes undertaken in villages
of trivandrum district kerala



VILLAGES IN TRIVANDRUM DISTRICT
THAT HAVE COME INTO CONTACT WITH
THE PROGRAMMES OF THE MARIANAD
COMMUNITY DEVELOPMENT PROJECT
NOW CALLED THE PROGRAMME FOR
COMMUNITY ORGANISATION

Key to Villages

1 Anjengo	20 Pallom
2 Poothura	21 Puthiyathura
3 Thazhampally	22 Kurumkulam
4 Perumathura	23 Poovar
5 Puthencurichy	24 Kollenkode
6 Alilathura	25 Thoothoor
7 Vettiyathura	26 Poothura
8 Puthenthope	27 Venniyode
9 St. Xaviers	28 Manyamala
10 Thumba	29 Palode
11 Valiya Veli	30 Perayam
12 Veli	31 Vithura
13 Kunnanthura	32 Vamanapuram
14 Thohe	33 Thrikkanapuram
15 Valiyathura	34 Mariyapuram
16 Cheriyaathura	35 Kattakada
17 Poonthura	36 Amaravilla
18 Vizhinjam	37 Mulluvilla
19 Adimalathura	38 Kuttichal

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s b press, trivandrum



**Kerala
Sastra Sahithya
Parishad**

SCIENCE FOR SOCIAL REVOLUTION

the kerala sastra sahithya parishad strives to inculcate a genuine scientific outlook among our people, to take science down to the lives of the common men, the villager, the worker the peasant to win back the strength and vitality of science, to transform it into a strong tool in the process of bringing about a meaningful social revolution.

Science for social revolution

The Kerala Sastra Sahithya Parishad is an organisation of active, committed, voluntary workers, who firmly believe that science has a vital role in augmenting the process of social transformation. The parishad strives to liberate science from the clutches of a handful of highly trained specialists and to take it back to the everyday life of the common man who is its creator and rightful beneficiary. It believes that a proper social revolution would be possible only in the context of a genuine scientific outlook among our people. Hence the Parishad's slogan "Science for Social Revolution."

How the Parishad works

About 15 years after its inception, the Kerala Sastra Sahithya Parishad has assumed the proportions of a mass movement both in character and in working style. Today it has more than 6000 members in about 150 units spread over the eleven districts of Kerala. Parishad has given shape to numerous activities with the goal of 'taking science to people.'

Mass education Campaigns

It was when the parishad decided to go down to the people, to talk to them about various topics and to learn from them, that it realised its historic role as a mass movement. Actually it was the compulsion of the objective conditions of our socio-economic situation that transformed the Parishad into a mass movement.

In 1973, Parishad observed a Science Campaign Week, and conducted classes

on chosen topics in various centers all over Kerala. The response to these classes was tremendous, more than 1½ lakh people participated in 1500 classes. There after mass education campaigns have become a regular activity of the Parishad. In January 1976, more than ten thousand classes on "Nature, Society and Science" were conducted in towns and villages, schools and colleges, rural libraries and even market places. These were not classes in the formal sense. Parishad workers talked to the people and discussed their doubts and problems learning a lot themselves in the process. The attempt was not to "teach" the people but to make them involve and also to learn from them. In 1977, the topic chosen was "The Resources of Kerala."

In Dec.-Jan. 1977-78, Parishad organised a "Jeep Jatha" which travelled right from the northern most part of Kerala, down to the southernmost part, participating in thousands of receptions and spoke to more than 5 lakhs of people. The jeep jatha reached almost every nook and corner of Kerala. The jatha was a unique experiment and it succeeded in introducing Parishad to a greater cross-section of keralites, especially villagers.

important organs of the parishad

- ◆ science forums
- ◆ publication wing
- ◆ start
- ◆ nonformal education wing
- ◆ formal education wing
- ◆ mass contact and campaign wing
- ◆ research and reference library
- ◆ science centre and museum
- ◆ rural science academy
- ◆ college science forums
- ◆ eureka forum for primary students
- ◆ sastrakeralam forum for high school students
- ◆ parishad scholarship wing
- ◆ parishad environment force
- ◆ rural science forums

This year parishad has planned two major mass education campaigns: one on health and the other on agriculture. These classes would be launched during mid' 78. Preliminary preparation for these classes are underway.

Rural Science Forums

Soon after its transformation into a mass movement, Parishad realised the importance of reaching out the villagers. No kind of development is possible in our country without the active participation and involvement of the majority of our countrymen, the villagers. This was the motive force behind the Parishad's decision to form **Grama Sastra Samithis** (village science forums.). Activities of the forums vary depending upon the objective situations in which each of them work. The idea is to create a forum where the villagers could sit together and discuss their problems. Some of the samithis have started small scale production units under their auspices while most of them concentrate on basic educational activities. Parishad has already formed more than 500 Samithis in different villages. The idea is to form a samithi each in all the villages of Kerala.

Informal Education Classes

One of the most immediate tasks parishad has taken up is the organisation of a number of informal education classes. These classes are to be conducted through the Grama Sastra Samithis. Parishad has already given special training to a number of active workers in the field of informal education and adult literacy.

Publication Activities

The Parishad brings out a wide range of publications periodicals, bulletins and concise-encyclopaedias. All these invariably aim at nurturing a genuine Scientific Culture, the essential prerequisite for a social change.

Parishad is publishing for monthly magazines **Sastragathy**, **Sastrakeralam**, **Eureka** and **Gramasastram**. **Eureka** is the largest selling popular science monthly in all the Indian languages. From the current year onwards Parishad has decided to publish a monthly **wall paper** for the benefit of villagers and students. **Gramasastram** highlights the activities of

parishad periodicals

- **eureka**
popular science magazine for children
published from trichur
- **sastrakeralam**
popular science magazine
published from trivandrum
- **sastragathy**
university level science magazine
published from calicut
- **gramasastram**
science magazine for villagers
published from kannanore
- **wall news paper**
monthly science newspaper for
villagers and primary students to be
published from kottayam
- **lokam-the world**
annual survey of development trends
to be published from trivandrum

Grama Sastra Samithies. Other publications include books for children, popular science books for everyman and so on. Parishad has already published more than 100 titles.

Start

In order to impart scientific knowledge to thousands of technicians and artisans, who have never had a chance of having any formal education, Parishad has organised a School for Technicians and Artisans. **START** has already organised a number of classes for wiremen. This year they are trying to plan courses specially meant for the rural artisans.

Educational Activities

Besides organising numerous informal educational activities, Parishad has also devised several schemes to vitalise the formal educational activities in our Schools and Colleges. Parishad has given shape to several projects to activate the school science clubs and to associate them with the general public outside the school

major campaigns conducted by parishad

- 1973- one week science campaign
topic: **universe science and society** more than a lakh people participated in about 1200 classes
- 1976- one month science campaign
topic: **nature science and society** more than 15 lakh people participated in more than 10000 classes
- 1976- one month science campaign
topic: **resources of kerala** more than 8 lakh people participated in more than 5000 classes.
- 1977- one month 'jeep jatha,' travelled from the northern most part of kerala to the southern most part. took part in more than 850 reception. more than 5 lakh people participated.

campuses. Besides this, parishad has given shape to a number of competitive examinations and tests like **Sastragathy Vigyan Pareeksha, Sastrakeralam Quiz and Eureka Science talent test** to encourage students to take a keen interest in the developments taking place in various fields of knowledge. Parishad has also instituted a number of Scholarships to give additional encouragement to high school and primary school students.

Research works

Parishad also takes a keen interest in deeper, basic problems of our society. Each year, as a part of its annual conference, Parishad convenes a serious, academic seminar on one such chosen topic. Last year the topic chosen was the relevance of Appropriate Technology. The topic was subjected to thorough discussion. A number of scientists and academicians of all India stature, took part in it. Last year experts deputed by Parishad studied various problems, hampering the development of Kuttanad, one of the major rice cultivatory areas in Kerala.

Science Centres

Parishad has also planned to establish a number of Science Centres in order to introduce the trends and developments in various fields of knowledge to the common man. Preliminary works to construct a Science Centre in the form of the Visweswarayya Science Museum at Bangalore is already under way. The Centre would cost more than Rs. 20 lakhs.

Rural Science Academy

In order to encourage rural technology and to stimulate the inventive spirit of our villagers, Parishad has decided to establish a Rural Science Academy at Cannanore. This academy would provide facilities for the village technicians and farmers to develop their trades and techniques to transform their problems into modern scientific language to be passed on to R&D institutions and to feed back the results of these R&D efforts.

These are the principal activities of the parishad, a completely voluntary organisation, the Parishad has as its strength, and capital a few hundreds of very active, committed workers. With this and the co-operation of people at large, it hopes to reach its ultimate goal—a social transformation.

for more information about parishad please write to:
kerala sastra sahitya parishad, parishad bhavan, chira - kulam road, trivandrum-695001

RURAL HEALTH CARE PROGRAMMES
AN EXPERIMENT IN SELF HELP THROUGH COOPERATIVE RURAL DISPENSARIES

by

Dr. M.V. George, Chief [Evaluation]
State Planning Board, Rajalakshmi Building, Patton, Trivandrum-4.

The last two decades witnessed a rapid increase in health care facilities in Kerala and today it is among the few states in India to have achieved most of the standards of physical targets set for the country as a whole.

The Scheme:

As per scheme the Co-operative Rural Dispensaries will function as a self contained unit rendering day to day medical care both on curative and preventive sides. The area of operation of the Co-operative Dispensary will be one Panchayat. The capital expenditure is to be met by sale of shares to employees as well as the local public, Government's contribution being limited to Rs. 15,000 plus a managerial subsidy of Rs. 6,000 per year for three years.

Distinctive Features:

As a device to extend medical facilities in rural areas the scheme has proved to be very

...2...

successful. These dispensaries were manned by young Doctors, most of them endowed with a sense of idealism and service.

The prices charged for medicines were found to be comparatively lower as they could procure them in bulk at whole sale rates directly from the wholesale agents.

Further the Doctors can go in for standard and latest medicines of reputed manufacturers to improve quality and reduce the cost.

The patients also do possess a feeling that they got due care and personal attention unlike in other Government Dispensaries.

Further, it is noted that more than 50 percent of the patients treated were children and for disease connected with nutrition deficiencies and general hygiene, and their contribution to general health care has been much appreciated.

ROSS INSTITUTE UNIT OF OCCUPATIONAL HEALTH
ST. JOHN'S MEDICAL COLLEGE, BANGALORE-560 034

REPORT ON THE VISIT TO COCHIN

A visit was made to Cochin in connection with the evaluation of the Kerala Voluntary Health Services sponsored by the OXFAM (Ref: letter dated 27-10-80 from (Mrs) Sujatha, Asst. Field Director for South India, OXFAM to Dean and Dean's reply No. RW/11094/80 dated December 8, 1980)

On 9th April discussions were held with Mr. George Ninan, Southern Regional Co-ordinator, Voluntary Health Association of Kerala. Discussions were based on the preliminary report prepared on the objectives and activities of the Andhra Pradesh, Tamil Nadu and Karnataka VHA.

On 10th a visit was made to MCOM Hospital, Kangazha, Kottayam Dist. to see their community health programmes and meet Dr. S. Joseph, Director MCOM Hospital and President VHA and Dr. K.V. Joseph of the Dept. of Paediatrics. The visit was very interesting because it was really heartening to see the Community Health Orientation of a Mission Hospital and the excellent programmes that were undertaken by them. The important features of this reorientation was as follows:

- 1) Being a Community oriented and Community based rural hospital, the hospital had been experimenting with a new open door policy which meant no security, no watchmen, no fixed visiting hours, involvement of relatives in patient care and other aspects of a humanized hospital system.

With regard to the Community Health and Development involvement, the hospital's 5 important programmes were:

- a) Primary Health Care for the 500 poorest families in six different areas were provided through the medium of a trained Nurse practitioner and Community Health Workers.

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BANGALORE - 560 001

- b) A Preservation of eye sight project through the medium of a trained eye worker.
- c) An innovative school health programme which included teachers training and a child to child programme.
- d) An extension psychiatric services was being organised using Nurse Practitioner.
- e) Development programmes for socio economic uplift of the selected 500 families which included trials with all existing Government programmes, Nationalised Bank programmes, Khadi Board programmes and Innovative Development Programmes suggested by the hospital team itself.

After the discussion we saw a slide show of the programme and visited two of the extension centres. The Hospital also has built a low cost Dental unit for Rs. 2000/- and low cost Cassette Record Audio Meter. Both of them are excellent examples of appropriate technology in India. Enclosed herewith are papers from these projects and I feel it would be a very good idea for us to invite Dr. M.V. Joseph and Dr. S. Joseph from this Hospital when they visit Bangalore for ^{the} next CMAI meetings to talk to our staff. In addition the Departments of Paediatrics, Ophthalmology, Psychiatry and Dentistry of S. J. M. C. H should be put in touch with them, so that experience regarding innovative extension field programmes may be shared and discussed.

Ravi Narayan
RAVI NARAYAN

CC: Dean, SJMC.

CC: Prof. S.V. Rama Rao
Dept. of Community Medicine.

Kerala. 9
57.6

PRESERVATION OF EYE SIGHT PROJECT

AN EXPERIMENT IN PREVENTION OF BLINDNESS AT COMMUNITY LEVEL.

* DR. M.V. JOSEPH

INTRODUCTION

Preservation of Eye-sight Project is an experiment in prevention of blindness through grass root measures using trained Village Level Workers.

It is estimated that there are about 15 million blind people in the world of whom 5.8 million are in India. About 30 percent of the blind in India are said to lose their eye-sight from preventable childhood illnesses like Vitamin-A deficiency, Trachoma, Measles and other inflammatory diseases. In the context of the socio-economic and cultural background of a developing country like India, blindness is much more disastrous a handicap to people than it is in the more developed countries where facilities for educating and rehabilitating the blind are easily available. Hence, surveillance against blindness and its prevention assume great importance in the Third World.

The Project, Preservation of Eye Sight, has three basic aspects viz. 1) prevention of blindness, 2) preservation of eye sight and 3) rehabilitation of the incurably blind. Around a focal point of preserving vision, the project emerges as an almost comprehensive village health programme. The aspect of prevention of blindness includes services such as immunisations against common diseases, health and nutrition education, nutrition supplementation, personal & environmental hygiene and early treatment of eye ailments. The preservation of vision covers visual screening and correction of refractive errors, screening and corrective measures for cataract and glaucoma, house-to-house detection of diabetes mellitus, and vigilance against hypertension. The rehabilitation component of the programme aims at making incurable blind persons less dependent on their families by training them in trade and craft.

* Associate Director, Community Health and Development Projects, M.G.D.M. Hospital Kangazha & Honorary Consultant in Child Health to Christian Medical Association of India.

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BANGALORE - 560 001

THE PEOPLE AND THE PROGRAMME.

The programme is being operated by the M.G.D.M. Hospital of the Orthodox Malankara Church of India. The target areas are situated in the rural hinterlands of Central Kerala. Typically, the population is made up of small-scale farmers, and farm hands. The latter earn their living by working in nearby rice-fields and rubber plantations. They form a heterogeneous community with different religious groups living side by side, each following its own religious customs. Nevertheless, there is homogeneity in their attitudes and practices in matters of health.

The literacy rate is high and the people are generally receptive to new thoughts and ideas. Over 90% of those above five years of age are literate in this area. About 50% have primary and 40% have secondary education. The sex differentials in the literacy status are not so striking as would be expected in other parts of the Country. The literacy rate for males is 93% and for females it is 87%. Age and sex composition of the population is typical of a community in which the fertility has started declining in the past decade, mortality is moderate and migration prevalent to a small extent. Children under 15 years constitute 35% of the total population while those beyond 65 years number less than five percent. Adults and middle-aged persons belonging to the working-age group (15-44 years) constitute 60 percent. Dependency ratio, an estimate of economic dependence of the population obtained from the age distribution is 65. Two villages, Anikad and Kunnamthanam in Central Kerala, South India with a population of 30,000 were covered in the first phase of one year's duration. Kocropada, a third village with a population of over 20,000 was taken in the second year, and the programme has just commenced in a fourth village.

The concept of a Village Health Worker seemed strange to the people. The role of the Health Workers and their task had to be carefully explained. Once having understood the concept, the community's reaction was positive and the response enthusiastic. The project proposal was to recruit workers from the community. The people helped in identifying suitable candidates from among themselves, following guidelines given to them. Thus each community was able to propose its own Health Worker. The scheme was that the recruits work on a part-time basis; they do home-visiting, on a door-to-door programme. They are not attached to any work centre or health post. Eventually, a tiered system of operational strategy viz. a door-to-door service by Village Health Workers, with the necessary back-up services at the base hospital was evolved.

As the programme got under way, community contacts were enlarged. Local persons with leadership were involved in the work. They were drawn to a community forum for dialogue. These contact persons meet periodically to review project activities and make necessary suggestions. Through such meetings, community participation in planning, implementing and monitoring the programme was ensured. The contact groups helped to harness local resource for the running of the programme.

THE VILLAGE LEVEL HEALTH WORKERS AND THEIR TRAINING.

For the training of the Village Level Health Workers different models were experimented. The training session lasted eight weeks for the first batch of workers; but in the second batch, it was possible to cut down the duration of the training by a few weeks by adopting a more skill-oriented model, in which half of the training period was spent in the field under the guidance of the senior worker. For the third batch a fully 'Worker-to-worker' model, where the new trainees 'Learn-by-doing' under the supervision of the senior worker, was evolved. Under this scheme, the new trainee resides & works with the senior worker in the field area until the necessary skills are learned. This way, it was attempted to simplify the training process, eliminating the need for formal trainers and training centres. It was observed that the 3rd batch of trainees gained optimal knowledge and adequate skills for their task.

During the first few months of work, the Village Level Health Workers do data collection, health education, immunisations, and Vit-A prophylaxis, and screening and treatment of common eye ailments. In the next stage, services like, diabetes and hypertension screening and nutrition supplementation are undertaken. Glaucoma screening and screening of school children for eye ailments followed in the subsequent period. Thus the workers are progressively inducted to the full range of tasks. As shown in Fig.I more than 80% of the problems were effectively dealt with by the workers, the base facility being required mainly for surgical management. The Village Level Health Workers meet at fortnightly intervals at the base hospital for review, follow-up and continuing education. A field supervisor organises and oversees the work of the Village Level Health Workers.

PROGRAMME DETAILS.

1. Prevention of Vit-A deficiency.

Blindness due to deficiency of Vit-A is a serious public health problem in India, and Kerala State is included in the belt of endemicity for this deficiency. The Government programme of Vit-A supplementation which was existing, was strengthened through this work. The incidence of Vit-A deficiency was brought down greatly as shown in Fig.II. An intensive education on nutritive value of green

leafy vegetables was made and an attitudinal change was observed among the villagers. The Village Level Health Workers encouraged housewives to grow vegetables in their garden and helped them to exchange seeds with their neighbour for greater variety.

2. Prevention of protein calorie malnutrition.

The workers identified children suffering from protein calorie malnutrition by simple and inexpensive methods such as measurement of mid-arm circumference and bangle test. Suspected cases were weighed and nutrition supplements were given, periodic assessment of weight-gain being made. Peanuts, which were roasted & packed by the workers were distributed as nutrition supplements. The food supplements were given for short periods only mainly for demonstrating to the mothers that such simple measures can improve the health of their young children. Mothers of infants were also educated on the utilization of easily available weaning foods.

3. Disease Control.

Immunisations are offered as an ancillary service to make the programme as comprehensive as possible. Near hundred percent immunisation against diphtheria, tetanus, pertusis, and polio-myelitis has been achieved. Measles immunisation could not be undertaken because of the non-availability of the vaccines, although it was considered important to prevent measles and the complication of kerato conjunctivitis commonly encountered in poorly nourished children. An epidemiological survey has shown that whooping cough has been eradicated from children in the age group of 3 months to 5 years with only sporadic cases occurring in school-going children and in infants less than 3 months old. Tetanus and diphtheria have not been reported in the last one year and only one case of polio-myelitis has been reported from the target areas.

4. Early detection and treatment of eye diseases.

It is estimated that 15 million people in India have eye ailments and many of them go blind. Studies have shown that the average length of time between the onset of eye ailment and the commencement of appropriate treatment is atleast eight to ten days. This is largely because of the non-availability of medical services at hand and partially due to ignorance. Many of the cases are simple inflammatory processes and post-traumatic infections which can be treated by trained workers. In the project area, the services of the Village Level Health Workers were well utilized by the community and the statistics indicate reduction in morbidity from eye ailments. A study of trachoma, a common eye disease has shown 50% reduction.

The reduction is attributed to mass treatment through the network of Village Level Health Workers and the improved ocular hygiene that resulted from the educative efforts made by them.

5. House-to-house detection of cataract and glaucoma.

Men and women over 35 years are screened periodically for cataract and glaucoma. Most cases of mature cataracts have been identified by the Village Level Health Workers and referred for surgical treatment. Figs. III & IV show the incidence of cataract (mature and immature) and glaucoma in a 10,000 population.

6. Diabetes and hypertension screening.

A door-to-door survey for diabetes mellitus and hypertension was undertaken by the workers. Cases which were positive to urine test for diabetes were called for a blood sugar test followed by treatment wherever necessary. The workers continue to follow up the cases and offer treatment and guidance on diet. They also monitor the vision of these patients periodically. Anti-hypertension programme, however, has been restricted to identification of cases, guidance on dietary management and encouragement to seek medical advice.

7. Vision screening for school-going children and treatment of refractive errors.

All school-going children in the target community underwent visual screening. Refraction and follow up services were offered. Vision has been preserved in many children and adults by correction of refractive errors. Fig. III shows the incidence of refractive errors. Vision has been corrected in most cases of presbiotics which required correction. This has helped many men and women to pursue their own trade such as tailoring, weaving, fibre work and so on.

8. Blind Rehabilitation.

The rehabilitation of all the incurably blind in the community was attempted. Those that could be trained, were taught chalk-making as a cottage industry. In the target area, houses are far apart and for the handicapped, the uneven terrain of hillocks and streamlets is difficult to traverse. Training was therefore imparted to the blind individually, and in their own homes. The hazards and the inconvenience of going to a training centre being eliminated, greater co-operation and willingness to accept rehabilitative education was forthcoming and every one of the dozen trainable blind was taught chalk making. This craft, they are happily pursuing in the familiar surroundings and the safety and warmth of their own homes. The project continues to help procure raw materials and market the finished products.

Those who could not be trained for a trade, were encouraged to resort to other productive occupations. A few were encouraged to keep milch cows; sale of milk and milk products earn them small sums which make them less economically dependant on their families. It was observed that the blind person derived a sense of joy and satisfaction in tending live creatures like cows which respond to his care. He felt wanted. The feeling of purposelessness and dependance gave way to new confidence. This was a positive rehabilitative effort which changed his attitude and outlook. Another group of blind persons was sought to be rehabilitated by helping them to purchase items like bicycles and wheel-barrows for hiring out. This method was possible where the blind man has his home at a vantage location where customers could reach him. Here too, it was noticed that the contact with the community in the hiring transactions gave the blind man 'a sense of belonging'.

EVALUATION.

The programme, being of an experimental nature, an evaluation of it was necessary. It was considered important to assess critically the role played by the Village Level Health Workers, their success and failure in fullfilling their tasks, and their acceptance by this community formed by literate people. A participatory evaluation was conducted with community representatives, Village Level Health Workers and programme organisers taking part. An expert group of external evaluators reviewed the process of evaluation. The feedback from the community was obtained through group discussion, questionnaires and interviews. Evaluation provided an opportunity for the Village Level Health Workers to analyse their own work.

The programme with its accent on preservation of vision was well recieved by people and the role of Village Level Health Workers as animators, educators and therapists was well accepted by the literate community. Evaluators considered that the programme was successful on a majority of counts and that it was a simple and low-cost intervension to tackle the problem of blindness at the most grass root level using the community's own personnel and material resources to the maximum possible level and extent. The total programme-cost was less than three Indian rupees per individual per year. Progressively, the programme is being made increasingly self-sufficient in that the workers are being supported by the community and part of the material cost being met by it.

CONCLUSION.

It is difficult, if not possible, to quantify something that one tried to prevent and we do not attempt going for exploratory calculations; nor do we dare draw serious conclusions. We are content to believe that we have been able to prevent blindness in a few people, restore vision in some and sensitise many more on this problem. We have learned that eye disease, poor vision and blindness can be minimised by a village health programme employing village workers trained in the task. We feel that this model with a focus on preservation of eye sight would be relevant to those parts of the world where blindness is a serious problem. The problem of blindness, apart from the human agony involved, imposes an immense economic burden upon the nation due to social dependance. It is much better to prevent impairment of vision and blindness through promotive and curative measures than to rehabilitate those who are blind. Since 1973, The World Health Assembly of World Health Organisation has been concerned with the prevention of blindness. To-day, special emphasis is placed on the situation in the developing world, in obtaining data on visual impairment and blindness, and in promoting further study on the most efficient method to prevent blindness. In the Christian Mission of healing, we start to think in terms of the common man who has so far been neglected and who needs our attention. - "Preserve the right to see, the prime human right".

REFERENCES

1. Agarwal L.P., Journal of the M.S.O.A. Vol. XIII No.2, February 1970.
2. Central Health Education Bureau (1968) Swasth Hind 12, 245
3. Gupta U.C. (1969) Swasth Hind 13, 125
4. Mathur, G.M. et al, Journal of Common Disease 1, 115
5. Park J.E., Text Book of Preventive and Social Medicine, Fifth Edn; 1976.
6. W.H.O., Technical Report, Series No. 518.

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KERALA SASTRA SAHITYA PARISHAT
SASTRAKALA JATHA

OCTOBER 2, 1981
to
NOVEMBER 7, 1981

from PAYYANNUR and KEDAKULAM
to TRICHUR

MEMBERS OF THE JATHA

SOUTHERN REGION

(TRIVANDRUM, QUILON, ALLEPPEY, KOTTAYAM, IDIKKI AND ERNAKULAM DISTRICTS)

<i>Captain</i>	Kolazhi Narayanan
<i>Members</i>	V. K. Sasidharan
	P. K. Thankappan Pillai
	M. C. Ravindran
	K. R. Thankappan
	Omanakkuttan
	Kolazhi Murali
	Ezhukon Murali
	Abhilash
<i>Manager</i>	Thomas Varghese

NORTHERN REGION

(CANNANORE, WYNADU, KOZHIKKODE, MALAPPURAM, PALGHAT, AND TRICHUR DISTRICTS)

<i>Captain</i>	M. R. Gopinathan Nair
<i>Members</i>	M. S. Mohanan
	K. G. Vasu
	Nakulan
	Vishnu Bhattathiripad
	Premji
	P. K. Sivadas
	N. K. Sathyapalan
	Artist Gopi
	Mayyil Gopalakrishnan
<i>Manager</i>	A. A. Bose

SASTRAKALAJATHA

(science through art)

KERALA SASTRA SAHITYA PARISHAT

The Kerala Sastra Sahitya Parishat is embarking on its second Sastrakalajatha on October 2, 1981. The first jatha which was held from October 2, to November 7, 1980 was a grand success. It was a mass experiment to take ideas about science, in its broadest sense, to common man through the medium of art. The aim was not to convey pieces of information, rather, it was at creating an attitude. The most important aspect is the intensely human and social character of science as exemplified in the relationship of man to nature and man to man—the essentials of natural and social sciences and their integral unity.

The experiment was, by all standards, a grand success. The jatha continued for 37 days, giving in all 245 performances, to a total of over five lakhs of spectators. More than two lakhs rupees worth of science books were sold during this jatha. The condition for arranging performance at any place, is that they should sell a minimum of Rs. 800 worth science books. There were centres which had sold more than Rs. 2000 worth books.

Encouraged by the success of last year's experiment and considering the demand for reception from more and more centres, this year two jathas are organized, one starting from Kedakulam in Trivandrum district and another, starting from Payyannur at Cannanore district. Both will begin on 2nd October and culminate on 7th November in Trichur town.

The main themes of the jatha are education, health and environment. The repertoire consists of songs, dramas, folk arts etc. for a total duration of six to seven hours. Items will be selected to suit the local demands.

A short description of the items and route details are given below. We take this opportunity to invite you to join us in the jatha at any point convenient to you.

SHORT DESCRIPTION OF ITEMS

DRAMA

1. **Office:** a true to life description of an office familiar to all of us pointing out the necessity of decentralization.
2. **Towards Light:** struggle between black magic and science in the treatment of rabies.
3. **The Plains:** stroy of an old man who moved the mountain and of the lazy lot who could'nt do it.
4. **War:** waged by the multinational drug companies on the people of the country.
5. **Hell or the Hospital:** A true to life description of our government hospitals.
6. **Parrot:** A raw description of the educative process which kills every thing that is good in the child.
7. **No Evidence:** A short play based on the pollution of rivers by paper mills and the faliure of people to punish them.

OTTAMTHULLAL

1. **Charity Hospital:** A satarical description of the woeful conditions in government hospitals.
2. **Elephant:** A 'matter of fact' description of our public transport system.
3. **Letter to Mathai:** on illiteracy

VILLADICHANPATTU

A story telling form of folk art

1. **Galelio:** The story of Galelio
2. **Narabali:** true story of atrocities towards harijans.
3. **The Sinner:** The tragedy of a doctor whose discovery of a life saving drug was purchased by a big drug company, only to keep it away from the market.

KAKKARISSI

Vanaparvam: A tribal art form, on the destruction of forests and the woes of tribals.

SONGS

A couple of dozen action songs on literacy, science, environment, poverty, language etc.

RECEPTION CENTERS

SOUTHERN REGION TRIVANDRUM DISTRICT

OCT: 2

09.00 Ketakulam(Inauguration)
15.00 Edava
16.30 Varkala
17.30 Melvettur
19.00 Anchuthengu

OCT: 3

09.00 Kadakkavur
11.00 Chirayinkil
15.30 Perunguzhi
17.00 Kazhakkuttam
19.00 Attipra

OCT: 4

09.00 Aakkulam
11.00 Pattom G. H. S.
14.30 Cotton Hill G. H. S.
16.00 Vanchiyoor
17.30 Museum
19.00 Gandhi Park

OCT: 5

09.00 Kidarakkuzhi
11.30 Kottukal
15.30 Nellihoodu
17.30 Perumpazhathur
19.00 Perunkadavila

OCT: 6

09.00 Maranellur
11.30 Malayinkizh
15.30 Kattakkada
17.30 Kuttichal
19.00 Vellanad

OCT: 7

09.00 Uzhamalakkal
11.30 Chullimanur
15.30 Kurupuzha
17.30 Palode
19.00 Peringanmala

QUILON DISTRICT

OCT: 8

09.00 Madathara
11.00 Kulathuppuzha
15.30 Channapetta
17.30 Ayoor
19.00 Parippally

OCT: 9

09.00 Nedungolam
11.00 Kottiyam
15.30 Koottikada
17.30 Velliman
19.00 Muthuvana

OCT: 10

09.00 Edavattom
11.00 Kottarakara
15.30 Pallickal
17.30 Pattazhi
19.00 Pathanapuram

OCT: 11

09.00 Koodal
11.00 Malayalapuzha
15.30 Kozhenchery
17.30 Anandappally
19.00 Omallur

OCT: 12

09.00 Kodumon
11.00 Parakode
15.30 Kadampanadu
17.30 Sasthamcotta
19.00 Chavara

OCT: 13

09.00 Karunagapally
11.00 Chittumoola
15.30 Kuttipuram
17.30 Vallikadavu
19.00 Ochira

ALLEPPEY DISTRICT

OCT: 14

09.30 Krishnapuram J.T.S.
11.30 Kayamkulam
13.45 Mavelikkara
15.15 Cheppad LPDS
17.15 Harippadu
19.15 Purakkadu

OCT: 15

09.30 Ambalapuzha
11.00 Kakkadam
14.30 Punnapra
16.00 Thiruvampad
18.00 Alleppey

OCT: 16

09.30 Muhamma
10.45 Puthenambalam
12.15 Kuttuveli
14.30 Sherthalai

17.00 Andhakaranazhy

19.00 Mararikulam

OCT: 17

09.30 Thakazhy
11.00 Niranam
13.45 Mannar
15.30 Chennithala

(Mahatma H. S.)

18.30 Nedumpram

OCT: 18

14.30 Thiruvalla
16.30 Kizhakkannullur
18.30 Vallamkulam

OCT: 19

09.00 Chengannur
11.00 Venmani
12.30 Pandalam
16.30 Edayaranmula
18.30 Chaleppally

KOTTAYAM DISTRICT

OCT: 20

09.00 Erumeli
11.00 Chittadi
13.30 Mundaakkayam
15.30 Koruthode
18.30 Enthayar

OCT: 21

09.30 Thidanadu
11.30 Kanjirappally
14.00 Manimafa
15.30 Pathanadu
17.00 Nedumkunnam
19.00 Kodungur

OCT: 22

09.30 Pampady
11.30 Puthuppally
14.00 Thottakkadu
16.00 Changanachery
18.00 Chingavanam

OCT: 23

09.00 Kumarakom
11.00 Mannanam
14.00 Karippoothattu
16.00 Neendur
18.30 Kottayam

OCT: 24

09.30 Ettumanoor
11.30 Kaduthuruthy
14.00 Vadayar
16.00 Vaikom
18.00 Kulasekharamangalam

OCT: 25

09.30 Neezhur
11.30 Marangattupally
14.00 Nechipuzhoor
16.30 Palai
19.00 Kadanadu

IDUKKI DISTRICT

OCT: 26

09.00 Karimkunnam
12.30 Vazhithala town
14.30 Arikuzha
16.00 Chittoor
18.00 Thodupuzha

OCT: 27

09.00 Kumaramangalam
11.00 Padinjare Kodikulam
12.30 Muthalakodam
15.00 Newman College,
Thodupuzha
17.30 Kalayanthani

OCT: 28

09.00 Muttam
10.30 Kudayathur
12.00 Moolamattom
14.30 Kulamavu
17.00 Vazhathoppu

OCT: 29

10.00 Kattappaña
13.00 Elappara
14.30 Pampanar
16.00 Vandipperiya
18.00 Kumali

OCT: 30

09.00 Nedumkandam
11.00 Santhanpara
13.00 Rajakumari (North)
15.30 Rajakumari (South)
17.30 Rajakkadu

OCT: 31

09.30 Kunchithanni
11.00 Chithirapuram
13.30 Munnar
15.30 Kallar
17.30 Adimali

ERNAKULAM DISTRICT

NOV: 1

10.30 Kothamangalam
12.00 Muvattupuzha
14.30 Koothattukulam
17.00 Elanji
18.30 Piravam

NOV: 2

09.00 Mulamthuruthi
11.00 Irumpanam
13.00 Puthenkurisu
15.30 Kizhakkambalam
18.30 Ernakulam

NOV: 3

09.00 Ernakulam Maharajah's
College
11.00 Kaloor
14.00 Eloor
16.30 Kalamassery
18.00 Alwaye

NOV: 4

09.00 Kodungallur
11.30 Koonammavu
15.00 Maliyankara
17.30 Parur
19.00 Cherai

NOV: 5

09.00 Thattampadi
11.30 Vazhamkulam
14.00 Perumpavur
15.30 Okkal
18.00 Kaladi Plantation

NOV: 6

09.00 Mayapra
11.00 Mookkannur
14.00 Thuravur
16.30 Angamali
18.30 Azhakam

NORTHERN REGION

CANNANORE DISTRICT

OCT: 2

09.00 Payyannur (Inauguration)
13.00 Cherupuzha
14.45 Padiyottuchal
16.15 Velloor
17.30 Karivelloor

OCT: 3

09.00 Kanjangadu
10.45 Vellikothu
12.15 Ampalathara
14.45 Madikkai
17.00 Kuttikkol

OCT: 4

09.30 Chemmanadu
11.30 Cherakkala
15.00 Uppala
16.30 Kumpala
18.00 Kasargodu

OCT: 5

09.00 Periya
11.15 Cheruvathur
12.45 Thrikaripur
15.00 Mathamangalam
17.30 Kunjimangalam

OCT: 6

09.00 Madai
10.30 Cherukunnu
12.00 Kallyasser
15.00 Anchampeedika
18.00 Kadamperi

OCT: 7

09.00 Thalipparamba
11.00 Karuvanchala
12.15 Alakkode
14.45 Naduvil
17.00 Kudiyamala

OCT: 8

09.00 Chemperi
10.30 Sreekandapuram
13.00 Orappodi
16.00 Azheekkal
18.00 Cannanore

OCT: 9

09.00 Pinarayi
10.45 Dharmadam
12.00 Kolassery
14.30 Thottummal
16.00 Manamtheri
18.30 Chirakkara

WYNADU DISTRICT

OCT: 10

09.00 Thavinjal
11.30 Kattikulam
15.30 Kallodi
17.30 Mananthavadi
19.00 Vellamunda

OCT: 11

09.00 Kavumadam
11.30 Padinjarethara

15.30 Koleri
17.30 Poothadi

OCT: 12

09.00 Batheri
11.30 Ambalavayal
15.00 Meppadi
17.30 Chundel
19.00 Kalpatta

CALICUT DISTRICT

OCT: 13

09.00 Uliyeri
10.45 Vakayadu
15.00 Kayanna
16.45 Kuthali
18.30 Kuttiyadi

OCT: 14

09.00 Changaramkulam
10.45 Nadapuram
15.00 Vellikulangara
16.45 Kannookkara
18.30 Puthiyappu

OCT: 15

09.00 Memunda
10.45 Palolippalam
15.00 Thiruvallur
16.45 Maniyur
18.30 Mooradu

OCT: 16

09.00 Thachankunnu
10.45 Pallikkara
15.00 Thiruvandur
16.45 Cheliya
18.30 Koyilandi

OCT: 17

09.00 Nanminda
10.45 Koduvally
15.00 Chathamangalam
17.30 Chennamangallur
19.00 Mavur

OCT: 18

09.00 Medical College
10.45 Pantheerankavu
15.00 Railway Colony
17.30 Kallai
18.30 Feroke

MALAPPURAM DISTRICT

OCT: 19

09.00 Olipramkadavu
(University)
10.45 Thirurangadi
15.00 Ariyalloor
16.45 Thirur
18.30 Purathur

OCT: 20

09.00 Kalpakamcheri
11.00 Vattamkulam
15.00 Maranchery
17.00 Kuttippuram
18.45 Kottakkal

OCT: 21

09.00 Malappuram
10.45 Vengara
15.00 A R Nagar
16.45 Nediyruppu
18.30 Edavannappara.

OCT: 22

09.00 Kizhissery
10.45 Edavanna
14.30 Nilambur
16.45 Karuvarakundu
18.30 Melattur

OCT: 23

09.00 Pandikadu
10.45 Vandoor
15.00 Karakkunnu
16.45 Manjeri
18.30 Mankada

OCT: 24

09.00 Makkara Paramba
10.45 Angadippuram
15.00 Perinthalmanna
16.45 Pulamanthol
18.30 Elamkulam

PALGHAT DISTRICT

OCT: 25

09.00 Koppam
10.45 Paranthur
14.30 Pattambi
16.45 Padinjarangadē
18.30 Thrithala

OCT: 26

09.00 Perungodu
10.45 Thirumittakkodu
14.30 Ongallur
16.45 Shoranur
18.30 Ottappalam

OCT: 27

09.00 Peroor
10.45 Kadambur
15.00 Thavalam
17.00 Agalē

OCT: 28

09.00 Kanjirapuzha
10.45 Kalladikodu

15.00 Kinavallur
17.00 Pirayiri
18.30 Moothanthara.

OCT: 28

09.00 Puthupariyaram
10.45 Kottekkadu (Puthur)
14.30 Polpulli
16.45 Nalleppilli
18.30 Menonpara

OCT: 30

09.00 Kozhinjampara
10.45 Parakkal
14.30 Vandithavalam
16.45 Chittoor
18.30 Chathamangalam

OCT: 31

09.00 Peruvembu
10.45 Thenkurussē
14.30 Kunissery
16.45 Thiruvazhiyodu
18.30 Kavassery

TRICHUR DISTRICT

NOV: 1

09.00 Pazhayanoor
Chelakkara
10.45 Mayanoor
14.30 Elanad
16.45 Panjal
18.30 Mullookkara

NOV: 2

09.00 Aryanpadam
10.45 Pazhanji
14.30 Perumpilavur
16.45 Puthenpally
(Mammjyoor College)
18.30 Chavakkadu

NOV: 3

09.00 Guruvayur
10.45 Paluvay
14.30 Kanjani
16.45 Vadanapally

18.30 Engandiyoor

NOV: 4

09.00 Thriprayar
11.00 Mathilakam
14.30 Azhikkodu
16.45 Kottappuram
18.30 Kodungalloor

NOV: 5

09.00 Konathukunnu
10.45 Ashtamichira
14.30 Kuzhoor
16.45 Annamanada
18.30 Chalakkudy

NOV: 6

09.00 Kuttichira
10.45 Vellikkulangara
14.30 Parappookkavu
16.45 Porathassery
18.30 Kanimangalam

NOVEMBER 7, 1981

Both jathas converge to Trichur town, they give performances at Railway Station, West Fort, Sitaram Mills, Sahitya Akademi, Peechi, Mannuthi, East Fort and finally enter Swaraj Round at 17.00 Hrs.

-- 2 --

The gap between those who need health care and those who receive them is very great, and what is worse is widening. There is a wide disparity between the health facilities available to the urban affluent and the rural poor.

The felt need of the day: A diocese like Mananthavady with scarce resources cannot go far in health care and cure. But certainly the diocese has an obligation to provide, cure where possible and care for all the sick. We have to pay much greater attention to the aspects of comprehensive health care. Communicable and infectious diseases such as Scabies, Gastro-enteritis, Tuberculosis and other respiratory diseases (very common in the area) continue to take heavy toll of human life in the villages. Mal-nutrition is rampant, -- worm infestation is extremely common among the village people. All these social diseases affect their family and community. The practice of medicine has to go beyond the present urban centered hospital system to the rural serving system. Instead of seeking medical health care it should be a system of taking service to the people.

The meeting of all the directors and their helpers of all the hospitals of the diocese conducted on 6th July, 1978 stressed the point that the diocese should not encourage big hospitals with modern highly sophisticated equipments but to make available health care facilities to the rural population especially to the poor villagers. The participants of this meeting found the proposals of Rev. Fr. Charles, Director of St. Benedict Hospital Makkiyad suitable, most urgent and necessary. To ensure this according to his proposals;

1. It is to be shaped around the life styles of the village people.
2. The village people should be actively involved in planning and execution so that their needs and priorities are met with.
3. Health care offered, should make maximum use of the community resources.
4. It should deal with common diseases and be able to cure where possible and care in all cases.
5. It should take up more preventive measures rather than curative.
6. It should take steps for active promotion of health in community.
7. It should educate each individual in the community to become aware of health care.

To achieve the above proposals: To Establishment of a centralized mobile system of health care is an absolute requisite. By this system it is aimed to make reach health care to every remote village of the diocese.

This proposed system consists of:

1. One central hospital.
2. Sub-centres.
3. Rural health centres.

The central hospital should have specialised doctors and equipments and should be able to attend all cases referred by the sub-centres. The sub-centre (attached to the already existing hospital) must take care of all the rural health centres attached to it.

The working of the Proposed Scheme:

1st Stage: Covering the whole area of North Wynaad, the most backward and undeveloped area of Cannanore District.

St. Joseph's Hospital at Manathavady which already functions now will be central hospital. There will be 4 sub-centres namely St. Ann's Hospital, Nadvayal, St. Benedict's Hospital Makkiyad, Vincent-giri Hospital at Vemome, St. Thomas Hospital at Poroor.

Each sub-centre will have as many rural health centres as necessary which will be visited by the mobile unit of the sub-centre, once or twice a week as necessary.

Each rural health centre consists of a small building with necessary furniture and equipments. This building could be used as multi-purpose community centres also. The sub-centre which will be attached to the already existing respective hospitals will be given a doctor, a nurse, an auxiliary, a driver and a mobile staff (accommodated in the sub-centre) will visit the respective rural health centres helping the villagers by;

1. Control of communicable diseases: By preventing the spread of epidemics and notifying such diseases, undertaking vaccinations and immunisation, identifying, treating advising and when necessary referring to the sub-centre all cases requiring hospitalised treatment.
2. Provision of Maternal Care: By identifying the pregnant women in the villages, advising and testing them and referring abnormal cases to the sub-centre, prepare them for safe delivery, assisting at child birth if necessary, giving first care to the mother and baby, giving post-natal care, giving family planning information and by educating them on natural family planning.

Administration of the scheme: The scheme will be supervised by a diocesan health co-ordination board, consisting of president, ex-officio member, executive director appointed by the board, a nominee of W S S S and one nominee from each sub-centre.

The board will be responsible for the working and supervision of the scheme.

About Sub-centres:

1. Makkiyad: The radius of around 20 kms. from Makkiyad there is no other hospital worth its name. There are nearly 8000 families consisting of at least 6 members each mostly all poor farmers or agricultural workers; for a long time, a hospital to look after the health care of the people was a crying need of the place. Fortunately, MISEREOR helped the Social Welfare Society to build a small hospital. The above Society was started in 1970 by nearly 40 poor agricultural workers to help themselves as well as others in a co-operative style. The members pledge to contribute 50% of their net profit from their respective work, to the common fund of the society thus enabling the Society to do development and charitable works. The Society is running this St. Benedict's Hospital Makkiyad at their cost. The Society is also agreeable and happy to take up this mobile health scheme. The sub-centres coming under this hospital are the following:

<u>Place</u>	<u>Distance from Makkiyad</u>
1. Miravilpuzha	7 kms.
2. Kunjome	11 kms.
3. Thettamala	10 kms.
4. Pulinjal	8 kms.
5. Vellamunda	11 kms.
6. Vanjode	6 kms.
7. Valad	11 kms.
8. Pudurssery	11 kms.
9. Kalloriv	13 kms.

The above places will be visited twice a week.

Economic Data:

Capital Investments

Sub-Centre:

1. A mobile van	- Rs. 65,000.00
2. Equipments	6,000.00
3. Land and building for nine rural centres (9x8000)	72,000.00

Total	Rs.1,43,000.00

Maintenance for two years:

Doctor	1,500 x 12 x 2	- Rs.36,000.00
Nurse and Auxilliary	750 x 12 x 2	- 18,000.00
Driver	300 x 12 x 2	- 7,200.00
Van maintenance	150 x 12 x 2	- 3,600.00
Diesel - 350 kms. a week at the rate of 10 kms. p-er litre		- 5,733.00

Total:: 70,533.00

Total expenditure = Rs. 1,43,000.00 +
 Rs. 70,533.00 = Rs. 2,13,533.00

 =====

Local contribution expected:

From nine rural centres 9 x 3,000 = Rs. 27,000.00
 From M.C.H. Programme 9 x 50 x 12 x 2 = Rs. 10,800.00
 From patients 400 x 9 x 2 = Rs. 7,200.00
 (50 paise will be charged for
 consultation) -----
 Total Rs. 45,000.00
 =====

Deficit = Rs. 2,13,533.00 -
 Rs. 45,000.00

 = Rs. 1,68,533.00

2. Nadavayal St. Ann's Hospital:

This hospital run by the Congregation of St. Ann's. The original inhabitants were Goudars (from Karnataka), Namboodiris, Nairs, and Tribals. Settlers started coming from 1940 onward's.

There was no health service available and no roads to reach the towns. The existing hospitals are 30 kms. and 20 kms. away.

The people of the locality collected funds and bought 5 acres of land costing Rs.35,000/- and entrusted the St. Ann's Sisters of Vijayawada. The Sisters from their own resources have put up a good hospital. It was inaugurated in 1976. They have given their co-operation executing the proposed scheme by serving four stations. They intend to visit twice a week these centres.

<u>Name of rural centres:</u>	<u>Distance from Nadavayal</u>
1. Kalluvayal	6 kms.
2. Valavayal	10 kms.
3. Cherukattoor	13 kms.
4. Vekeri	8 kms.

Economic Data:

1. Jeep	- Rs. 65,000.00
2. Equipments	- Rs. 6,000.00
3. Land and building (4 x 8000)	- Rs. 32,000.00

Total :	Rs. 1,03,000.00

Maintenance for two years:

Doctor	1,500 x 12 x 2	Rs. 36,000.00
Nurse and Auxilliary	750 x 12 x 2	Rs. 18,000.00
Driver	300 x 12 x 2	Rs. 7,200.00
Jeep maintenance	150 x 12 x 2	Rs. 3,600.00
Diesel	$\frac{11520 \text{ kms.}}{10 \text{ kms/litre}} \times @ \text{ Rs.1.65}$	Rs. 1,900.00

Total:		Rs. 66,700.00
		=====

Total expenditure = Rs.1,03,000 +
Rs. 66,700

Rs.1,69,700
=====

Expected income:

Local contribution from 4 centres - 24x30000	Rs. 12,000.00
M.C.H. Programme 4 x 50 x 12 x 2	Rs. 4,800.00
Cost of Jeep	Rs. 65,000.00
From patients	Rs. 3,200.00

Total :	Rs. 85,000.00
=====	

deficit = Rs. 1,69,700 -
Rs. 85,000

= Rs. 84,700
=====

3. Poroor St. Thomas run by the Diocese:

Radius of 21 kms. from Poroor. There are nearly 2600 families. The Hospital is situated at Kattimoola, Poroor. The original inhabitants of the place are Kurichiyas, Paniyas and Nairs. Muslims and Christians migrated from 1940 onwards.

The place is 20 Kms. away from Manathavady. The nearest hospital is at Mananthavady. Because of the distance and lack of motorable roads, the need of a hospital was very much felt.

The parishioners of St. Sebastian's Church Poroor under the guidance of Fr. Kattoor (who worked and died here at the age of 39) collected funds. They cut roads for the Fanchayats to raise funds. Got an aid of Rs.35,000/- from Caritas. Some parishioners and friends abroad arranged funds and in 1974 a building costing Rs.1,50,000/- was constructed, for the hospital. The doctors who came to serve there could win the people by their approachability and adaptability to the village set up. Now the tribals and Muslim women feeling so free to approach the hospital for treatment!

The Sacred Heart Sisters are serving the hospital. They

<u>Name of rural centre:</u>	<u>Distance</u>
1. Thavinjal	6 kms.
2. Alattil	15 kms
3. Parathottam	10 kms.
4. Crappa	6 kms.
5. Edathana	6 kms.

Economic Data:

Jeep	Rs. 65,000.00
Equipments	Rs. 6,000.00
Land and building 8000 x 5	Rs. 40,000.00

Total:	Rs. 1,11,000.00

Maintenance:

Doctor 1,500 x 12 x 2	Rs. 36,000.00
Nurse and Auxilliary 750 x 12 x 2	Rs. 18,000.00
Driver 300 x 12 x 2	Rs. 7,200.00
Jeep maintenance 150 x 12 x 2	Rs. 3,600.00
Diesel $\frac{18500}{10\text{kms./litre}}$ x @ Rs.1.65	Rs. 3,052.00

Total:	Rs. 67,852.00

Total amount	Rs. 1,11,000.00 +
	67,852.00

	1,78,852.00

Expected local contribution:

Local contribution from 5 centres 3,000 x 5	Rs. 15,000.00
From M.C.H. Programme 5 x 50 x 12 x 2	Rs. 6,000.00
From patients 400 x 5 x 2	Rs. 4,000.00

Total	Rs. 25,000.00

Deficit	Rs. 1,78,852.00 -
	25,000.00

	Rs. 1,53,852.00

St. Vincent's Hospital, Vinventgiri, Vemom.

This hospital is 3 kms. from Mananthavady on the Mysore Road. The Congregation of Sisters of Charity of St. Vincent de Paul manages this hospital.

The principal apostolate of the sisters is medical service. It was started in 1977. The hospital has 12 beds, a doctor and 4 nurses. They already conduct mobile camps at Thirunelly, Thrissilery and Kellur occasionally.

They also have agreed to co-operate with the scheme. This Hospital will serve 6 centres.

<u>Name of rural centre</u>	<u>Distance from centre</u>
1. Thrissilery	8 kms.
2. Thirunelly	30 kms.
3. Kellur	13 kms.
4. Kammaana	18 kms.
5. Deepthigiri	10 kms
6. Kommayad	13 kms.

Economic data:

Jeep	Rs. 65,000.00
Equipments	Rs. 6,000.00
Land and building	Rs. 48,000.00

Total	Rs1,19,000.00

Maintenance:

Doctor	1,500 x 12 x 2	Rs. 36,900.00
Nurse and Auxilliary	750 x 12 x 2	Rs. 18,000.00
Driver	300 x 12 x 2	Rs. 7,200.00
Jeep maintenance		Rs. 3,600.00
Diesel	35300kms. ---x @ Rs.1.65 10 kms./littre	Rs. 5,824.00

Total:		Rs. 70,624.00

Total expenditure = Rs. 1,19,000 +
70,624

Rs. 1,89,624

Expected income:

Local contribution from 6 centres	3,000 x 6	Rs.18,000.00
Jeep		Rs.65,000.00
Income from M.C.H. programme	6 x 50 x 12 x 2	Rs. 7,200.00
From patients	400 x 6 x 2	Rs. 4,800.00

Total		Rs.95,000.00

Deficit = 1,89,624 -
95,000

Rs. 94,624/-

A total managerial and supervisional expenditure of Rs.1,000/- per month is foreseen, including salary and T.A.

Rs.1,000 x 12 x 2

Rs.24,000/-
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Grand Total:

<u>Capital investment</u>	<u>Maintenance</u>	<u>Income</u>	<u>Deficit</u>
1,43,000.00	70,533.00	45,000.00	1,68,533.00
1,03,000.00	66,700.00	85,000.00	84,700.00
1,11,000.00	67,852.00	25,000.00	1,53,852.00
1,19,000.00	12,000.00		94,624.00
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4,76,000.00	2,87,709.00	2,50,000.00	5,13,709.00
-----	-----	-----	-----
2,87,709.00			

7,63,709.00			
=====			

Grant requested for the Scheme = Rs.7,63,709 -

2,50,000

Rs.5,13,709

=====

Continuity of the Project:

After the lapse of two years we expect the sub-centres will be able to take up this scheme by themselves from their own income. And also we expect economic development of the villagers.

The Map of the project area depicting diagraphically the health programme is enclosed.

KERALA GANDHI SMARAK NIDHI

Kerala Gandhi Smarak Nidhi, Gandhi Bhawan, P.O. Thycaud, Trivandrum 695014, Kerala, started functioning as the State branch of Gandhi Smarak Nidhi since 1951 but became an autonomous institution when it was registered in 1962 as a society.

Objectives and Programmes :

Its constitution adopted all the items of the 'Constructive Programme' as its objectives.

Its agricultural programmes covers 65 villages and 40,000 families; livestock development-22 villages and 1,900 families; fisheries-6 villages and 250 families; Village and cottage industries-78 villages and 1,364 families; Education and training-32 villages and 2,800 families; Community health-36 villages and 7,000 families; Family welfare-36 villages and 6,000 families; Appropriate technology-6 villages and 350 families; Recreation and cultural programmes-65 villages and 50,000 families; and Child welfare-55 villages and 5,000 families.

are
The programmes cover the entire state and/carried on through various centres located in 10 of total 11 districts of the State. There are 23 centres with 14 sub-centres.

Workers :

The Nidhi has 02 full-time, 164 part-time and 116 voluntary workers. Of them 84 are trained in various specialised fields, 28 belong to Mair, 18 to Ezhava, 12 to Christian and two each to Brahmin, Muslim and scheduled caste communities.

MITRA NIKETAN

Mitraniketan (abode of friends), founded in 1956 by a group of young men under the initiative and leadership of Sri K. Viswanathan is a voluntary organisation for community education and rural development open to all irrespective of caste, creed, sex or nationality, provided their motivation is to serve the common man. It has no sectarian, religious, political or parochial bias and it advocates national unity and integration and international peace and solidarity. Registered under the Travancore-Cochin Literary, Scientific and Charitable Societies' Registration Act XII of 1956 as S.No. 11 of 1967 It has now completed 21 years of social service activities. Its postal address is Mitra Niketan, P.O. Vellamad 695543, Telephone Kattakade 45, Cable "MITRANAD", dt. Trivandrum, Kerala.

Started as an experiment in education-centred community and community-centred education,, it has developed through these years a complex of educational institutions beginning from pre-primary to secondary level and a centre for educational research, innovation and development (CEERID) recognised by the University of Kerala for doing research at doctorate level (Ph.D. degree) in Community Education and rural development. It also maintains production-cum-training centres such as carpentry, printing press, khadi spinning and weaving, pottery, and poultry farms for the work experience programme of the school children. Its educational and training activities in the camps and extension work off the campus are both intended to serve as a catalyst in integrated rural development. As is its concept, Mitraniketan chose education as the core of its activities and all others radiate from it. The philosophy behind Mitraniketan education system is the development of a pattern of education which includes not only convention schooling but participation at all levels in all the affairs of life. Further, all its programmes are directed towards the improvement of the poorest and down trodden sections of the people. It is with the

ideology that not the economic growth of the country itself, but the total well-being of a man in his social environment, is its ultimate condition for the justification of development and social work that Mitraniketana works and strives for.

Some salient features of the school run by Mitraniketana are given below:-

- i) Classes are conducted in the open air under the shade of trees, (shifting the children to hexagonal open thatched sheds during rains and hot sun);
- ii) Admission is mostly given in the order of preference to:-
 - a) hill tribes
 - b) scheduled castes; and
 - c) other backward classes with the result that nearly 95% of the students belongs to the poor and down-trodden sections of the population;
- iii) Tuition, boarding and lodging are free to all and about 90% of the school children are boarders. In order to give individual attention and to lessen the financial burden, admission to each class is restricted to 20.

The entire administration of the institution is run on a democratic basis vested with a Trust whose Governing Body consists of 21 members elected from among eminent persons of different walks of life such as educationists, artists, engineers, social worker etc. The day-to-day administration is carried on by an Executive Committee elected from among the members of the Governing Body.

It had been under consideration of the Governing Body to start an International Culture, Contact and Information Centre which would serve as a window of Mitraniketana on the outside world while serving students, youth and other local visiting groups from

Kerala, India and abroad. For this purpose "Thanjavoor Anna Veede" on the Arat Road in Trivandrum with 61 cents of land and 2 buildings of traditional Kerala style was purchased raising a bank loan of Rs. 3 lakhs.

Object and Programmes :

Among the objectives of the organisation, given in its constitution, the following may be mentioned:-

- i) To develop the individual, family, and community through a well-integrated educational process;
- ii) To continue to develop and promote education, research, and training covering all phases of learning and living;
- iii) To promote personal, family, community, regional and general development, effecting human understanding and fellowship;
- iv) To integrate education with social, economic and other activities;
- v) To train people for democratic action and leadership by introducing and effectively propagating social, educational and economic systems;
- vi) To facilitate the development of the artistic and historic talents of the individual members of the community;
- vii) To collect and diffuse knowledge and information covering the possibility and achievements of community life;
- viii) To conduct study tours, seminars, work camps, excursions etc. and to initiate the open doors system and the youth hostel movement etc. for the promotion of national and international understanding.

.....

Programmes cover running of educational institutions for formal, informal and non-formal education, workshops for training village leaders, progressive farmers and cattle breeders, implementing vocational training schemes, conducting seminars, group discussions etc. and carrying out all other activities pertaining to integrated rural development.

Methodologies of Work :

Agriculture programme — The progressive farmers are called together at Mitraniketan. Experts of the Agriculture Department are also invited to Mitraniketan to explain to the farmers the advantages of the programme and how to implement it. Mitraniketan farm is used as the demonstration centre from where the farmers can learn all the operations such as sowing, planting or transplanting, application of manure, pesticides etc. Seminars and group discussions are held as a feed back and to assess the impact of the training of the participants. The same procedure is followed in respect of Animal Husbandry, Poultry, Health programme etc.

Beneficiaries :

Number of beneficiaries - Not less than one lakh of people directly ever since the inception of Mitraniketan in 1956 and 3 lakhs indirectly.

Kerala

JANA SAUKHYA

(BRIEF REPORT - 1991)

ORIGIN :

Jana Saukhya was organised by a group of individuals who were concerned on the health of the people of Wayanad. They firmly believed that health is the responsibility of the community and more than criticism, positive action was necessary. They thought of organising a health co-operative and obtained permission of the co-operative department and collected the initial capital. It was not finally registered because of some legal bottleneck. So Jana Saukhya was finally registered under Societies Registration Act of XXI of 1860. Fr. C.M.Thomas was the founder President, Mr. George Joseph Treasurer and Mr. Babukutty Thomas Secretary.

VISION AND ASPIRATIONS :

After various discussions and serious studies members of Jana Saukhya were convinced that health problems have their roots in different aspect of community life. It cannot just be seen as illness and care. The problem cannot be talked by health interventions alone. We have to put greater emphasis on preventive and promotive. Nutrition, environmental and personal hygiene are points which come in the foremost. Though health is the major concern it is obvious also that the maladies are rooted deeply in the socio-economic backwardness which again in more radical issues. Any how the solution has to be tried at, however partial or perfect the outcome be. The members fully intervised that "health cannot be bought in the hospital, but has to be worked out by constant action". This is true both in case of individual as well as that of the community.

WHERE TO START :

JANA SAUKHYA had a community health programme in mind. At the same time health habits and attitudes are formed in an individual at an early age. At this age the individuals are children and they attend school. So the school health programme attempted. The motto of the programme is from " Child to Child, Child to Adult and Child to Community ". In the beginning we introduced the programme only in seven schools. We could expand the same to 86 schools by the year 1990. All these schools have joined with our programme by their own, witnessing the quality and necessity of the activities implemented in neighbouring schools. It shows that the mode of activities introduced by M Jana Saukhya is unique in its nature and is really a necessity of the time.

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The Expert Committee on School Health Programme of World Health Organisation in its conference at Geneva on 5th August 1983 suggested that the children are waiting for proper protection and guidance during their life cycle exposed to various changes of growth in various circumstances. In 1965 the School Health Committee of our nation reported that " it is needless to point out that although the need for school health services has been felt by one and all, no concrete steps have so far taken either by State or Central Government to implement any comprehensive programme particularly in the rural parts of the country". At this juncture the involvement of the community as well as the Voluntary Agencies is considered with prime importance. It improves not only the health of the younger generation but of the whole community itself.

Just to give an idea about the magnitude of the problem, we quote from March 4, 1979 Hindustan Times " The number of children suffering from malnutrition is estimated at between 40 million to 120 million and every month nearly 100,000 children die of malnutrition. Nearly 92 million children in India live below the poverty line in socio-economic environments, which are unfavourable for their survival. Further 90% of the school going children in India weigh 10 to 40 % less than those in the affluent countries. It is estimated that 22 % of school going children show one or more signs of malnutrition". and over three million children suffering from some kind of handicap or other. The Bore Committee has recommended the Government in 1946 for the introduction of school health programme and of the need of training the teachers in health education. But, the implementation of the programme is being restricted to few token services only. That is the reason for Jana Saukhya to give maximum importance for school health programme by introducing the activities as to be benefited by the students and teachers and through them the whole community.

ACTIVITIES :

Jana Saukhya doesn't believe in a health service restricted within the four walls of a Hospital. Neither it believes in the ultramodern sophisticated treatment of the specialists where man is considered part by part. We considered man as such respecting his personality giving importance to his personal growth development by helping him for the mental, social, economic and spiritual wellness.

We introduce very simple but useful programmes in accordance to each ones efficiency and need. The acceptance and parcticability of the working style of Jana Saukhya is based in its simplicity. We give preference to the preventive, promotive and rehabilitative aspects of health than to the curative. We ~~xxx~~ teach and aware the people various subjects like Health habits, environmental sanitation, personal hygiene, common diseases and their prevention, low cost nutritious food, low cost treatment like herbal medicines, and nature cure, vegetable cultivation, low cost latrins, safe drinking water etc... etc...

AWARENESS PROGRAMME :

"Health cannot be given or bought but has to earned" was the slogan we adopted for the year 1990-91. The above slogan was incorporated in all our programme conducted for the teachers, students, social workers and the public. Besides the usual training programmes we had the training in first-aid administration separately. This year all the items supplied in the First-aid were Ayurvedic and ~~herbal~~ herbal medicinal plants to the selected schools from our herbal nursery. We plan to expand the programme to more schools and even to the families in order to popularise the use of herbal medicinal plants for common ailments.

HERBAL NURSARY :

This year we have planned for a herbal medicinal plant nursery with the aid of the Government and the project has already been submitted for the approval. This will include training of the animators, raising the mother nursery, raising the untwise nurseries, distribution of seedlings and seeds, collection of the products, marketting and formation of co-operatives. This ~~gkx~~ will give us the opportunity ~~a~~ for the direct involvement with the communities.

FILM SHOW :

Mainly there were two aims for conducting film programme in schools. We included a feature ~~x~~ film also along with the documentary films related to health education. The first reason ofcourse was to build awareness among the students on health matters. The inceusion of feature film was aimed at attracting the public as well as the students. Secondly we want to raise a small fund for the unitwise expenses in school level for the implementation of the programme. This programme was really a success to spread the ideas among the children and the community. Still we could not succeed fully since a good number of teachers were engaged in sensus, literacy and election works this year.

CULTURAL PROGRAMME :

CULTURAL PROGRAMME :

The cultural troupes of Jana Saukhya staged 'Horakadha', Puppet Show, and 'Street Drama' which were appreciated by the students as well as the public. Also the troupe was invited by other organisations and institutions outside the district for staging the programme. This was taken in Video Cassettes by the "Community Health Care Research Centre" at Kalamassery, Rajagiri College. Imparting the health message through the cultural media seems to be very successful and appreciated by all.

PUBLICATIONS :

* We gave due importance for the publications in 1990-91. A New Editorial Board was appointed to do the things more carefully for the design and material collection. The seasonal subjects were chosen for the publication. Fr. Joseph Chittoor prepared a leaflet on "Values endangered" and Fr. Thomas Joseph on "Consumerism". Also a book named "Chilavu kuranja chikilsavidhikal" was published Fr. Joseph Chittoor dealing with herbal medicinal plants and the treatment. Our news bulletin is designed with more pages and materials. We distribute the bulletin and the leaflets among the students, teachers and the public regularly.

RESOURCE TEAM :

Jana Saukhya has a resource team of selected and trained teachers and other experts from the public. They help us in conducting classes and seminars in schools level and for the common training of the school health guides.

EXHIBITION :

Exhibition has got an important role in Health Education and the awareness building. We arranged an exhibition at A.U.P.School, Dwaraka on 2nd March '91 especially for the community health workers and the literacy instructors of the district. This was visited also by many Government officers and the public. The exhibition conducted from 16th to 28th March in connection with the festival at Valliyoorkavu was really benefited by thousands of people. We focussed mainly on School Health, Nature Cure, Herbal Medicines and Drug Hazards.

SPECIAL CAMPS :

This year we arranged an Eye Camp at Dwaraka for the identified students and the public. The medical team of Kariambady Eye Hospital helped us with resource. Also we arranged 'Blood Group Detection Camps' at pulpally, Kabanigiri and Thondernad for about 1000 students.

PUBLIC RELATIONS :

'All India Radios' broadcasted a feature on the activities of Jana Saukhya in the head of "The role of voluntary organisations in the field of Health Education" on 9th March 1991. The same programme was broadcasted consecutively for 3 days.

The press conference summoned on 2nd February helped us to a great extent for the publicity of our programme through various news papers published in Kerala.

Besides we are in a constant relationship with various National and International Organisations like Forum for Development(FDA) Collective Health Action (CHA) Madras, Voluntary Action Network, India (VANI) Catholic Hospital Association of India(CHAI) Voluntary Health Association of India (VHAI) Asian Health Institute (AHI) Japan etc.. This relationship is very useful for the solidarity and exchange of ideas and experience in our activities.

AROGYA MELA :

We celebrate the Health Day every year with a variety of programme to aware the students and the public. This year we gave more importance for the school level celebrations for giving chance to more students and the public for participation. Literary and cultural competitions, Health rally, Exhibition, Cultural meetings, Symposiums and entertainments were the main items included for the Arogya Mela.

CONCLUSION :

The board of directors and general body of Jana Saukhya had the direct involvement in the implementation of the programme and the staff was given necessary guidance in all the activities. The co-ordination committee also was active in the field to encourage the school committees moving and enthusiastic in the performance. Besides we are thankful to the Primary Health Centre, Department of Public Health and Education, Panchayath Samithys, and Field publicity department for their co-operation and assistance in all our endeavours.

This year onwards we expect the co-operation of the District Council also which is formed recently. We never forget CEBEMO which helped us with financial assistance to accomplish all our activities successfully and fruitful. We extend our sincere thanks to each and everyone who has helped us directly and indirectly for the promotion and implementation of the programme.

We express our deep sorrow to the family of Advocate T.A.Scaria on his sudden death. He had been the Vice President of Jana Saukhya for the first 3 years and served the organisation until his death as a member of its Governing Body. His great insight vision of a healthy community is very explicit from the bye-laws of Jana Saukhya which was framed by him. May the God reward him with his choicest blessings.

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KERALA SASTRA SAHITHYA PARISHAD

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Kerala Sastra Sahithya Parishad

Terms like "Scientific temperament" and "Scientific attitude" have become so common, that one cannot finish reading the day's newspaper without noticing half a dozen such terms and references. All the prescriptions for a "better tomorrow" invariably contain these or similar terms. But, most often the proponents of all these high sounding terms are no better than those legendary blindmen who went to see the elephant. Their descriptions and definitions change according to their fancies, not mere fancies but well calculated, well manipulated, fancies.

It is at this point that the activities of Kerala Sastra Sahithya Parishad become important. A voluntary organisation, formed at the initiative of a handful of popular science writers, Parishad today—after about a decade and a half since its inception—has grown into a unique mass movement.

It is taking science to the people.

In this sense, Parishad is the only mass movement of its kind in India and perhaps in the whole of Asia too.

To regain the lost cause.

Though science took birth at the tips of ancient man's stone tools and though it grew into an all powerful, all embracing entity following the footsteps of the struggling human society, there came a period when science was gradually dragged away from the life of the common man. It was compelled to be the handmaid of the more fortunate class. Science lost its most important cause. It lost its role as a powerful force that sparks off social transformation.

Sastra Sahithya Parishad seeks to recapture this lost cause of science and to bring it back to the everyday life of the common man, its creator and benefactor. Parishad strives to inculcate a true and genuine scientific spirit among our people; for, it believes strongly that only such an outlook could form a strong and meaningful foundation for real progress and real change in our society. Hence Parishad's slogan;

Science for Social Revolution.

The Past and the Present

In 1957, some of the eminent popular science writers of Kerala, joined together and gave shape to an organisation called Sastra Sahithya Samithi. Their objective was to promote popular science literature in Malayalam. As a means to popularise their ideas they started a popular Science Trimonthly "Adhunika Sastram" (Modern Science). This organisation could not function for long.

Later in 1962, the Sastra Sahithya Samithi was reinnovated as Kerala Sastra Sahithya Parishad and till 1966, it functioned as a forum of the popular science writers and intellectuals, not having much to do with the common man.

But in 1967, Parishad was reorganised on an entirely different line. The new constitution adopted in 1967, envisaged the Sastra Sahithya Parishad to be a "complete" mass movement. Membership of the Parishad was open to each and every person who believes in the great role science has to play in the moulding of our lives.

From 1967 onwards Parishad was growing up into a real mass movement. It has attracted the intellectual and the layman alike into its folds. Its message has reached the sophisticated city college and the rustic village library alike.

Today, Parishad has more than 5,000 members. It has about 150 units in various places spread all over Kerala. Parishad has units in all the eleven districts of Kerala. Each district committee will be having several regional committees under them. Local units of Parishad are functioning in towns, villages, schools, libraries etc.

Activities of Parishad

Mass Education Campaigns

Soon after parishad was reorganised as a mass movement, it started experimenting on a new style of work which would suit its objectives. In 1971, Parishad organised quite an unusual kind of science campaign in connection with its annual conference at Thiruvalla. Parishad members travelled in 'Jathas' starting from three centres—Calicut,

Shoranur and Trivandrum—and addressed several meetings before they finally reached the conference centre. Parishad workers consisting of doctors, engineers, and other eminent scientists talked to the man on the street on topics which were, till then, considered to be beyond the reach of the common man. This novel venture was enthusiastically received by the people of Kerala on the one hand, and on the other, it shattered the myth that the common man is not interested in science. It was this energising experience that encouraged Parishad to launch upon more effective science popularisation campaigns.

In 1973, Parishad took to the celebration of a science campaign week. The idea was to conduct classes on a chosen topic in various centres all over Kerala. The response it received was wonderful. More than one and a half lakh of people participated in about thousand five hundred classes conducted during this week.

Thereafter, mass education programmes have become one of the major regular activities of the Parishad. In January 1976 Parishad conducted more than ten thousand classes on "Nature, Society and Science." These classes took the Parishad deep into the villages of Kerala. Classes were conducted in towns and villages, in schools and collages, in rural libraries and hostels and even in evening market places.

Last year the subject chosen for the mass education programme was "The resources of Kerala." The idea was to explain scientifically why Keralite remains poor and backward while Kerala is one of the most resourceful States in India. A handbook on the topic was prepared in consultation with experts from the State Planning Board and the Centre for Developmental Studies. Before the commencement of these classes several courses on the chosen topic were conducted in district and regional centres for the benefit of the parishad volunteers.

This year Parishad is planning to conduct a number of classes on agriculture and also on public health.

These mass education campaigns have proved to be of great success. This unique method of informal

education has on the one hand taken Parishad to the villages and to the common man, while on the other, it has helped Parishad to learn a lot from the people.

Rural Science Forums.

Parishad did not take much time to realise that its presence is most urgently needed in our villages. The decision to form Rural Science Forums came as a result of this realization. Initially about hundred Science Forums were organised in hundred selected villages. The idea was to, gradually, transform these forums into Village Planning Bodies where the villagers could sit together and discuss various problems and chalk out effective and scientific solutions for them. The ultimate goal of Parishad is to give a workable form to the concept of planning at grass root levels.

Activities of the Science Forums may vary according to the particular needs and circumstances of each forum. Their activities vary from organising regular literacy campaigns and classes to providing public amenities and organising small scale or cottage industries.

A central committee headed by a convenor co-ordinates the activities of the Forums. All the Forums are affiliated bodies of the Parishad. The central committee chalks out common programmes and schemes for the Forums. But each Forum is fully independent to select those activities which suits them best. A monthly bulletin is also being published by the central committee for Science Forums.

Parishad aims at establishing one Science Forum each in every Panchayath of the state by the end of this year.

Publication activities

Parishad brings out a wide range of publications, periodicals, books, bulletins and even concise encyclopaedias. All these publications invariably aims at spreading the message of science among our people thus armouring them with a genuine scientific culture which forms the corner stone of social change. Parishad's publication committee controls and co-ordinates the various publication activities taken up from time to time.

Sasthragathy, Sasthrakeralam & Eureka

These are the three monthly magazines published by Parishad.

Sasthragathy is a popular science magazine mainly meant for university level readership while *Sasthrakeralam* mainly meant for students and others of secondary school standard. *Sasthrakeralam* commands a circulation of about 25000 copies. It is one of the largest selling popular science monthlies in Indian languages. *Eureka* has a special privilege of being the only science periodical in an Indian language published solely for children. It also commands a circulation of 25000 copies. All the three magazines are members of the "Bhartiya Vigyan Pathrika Samithi."

Gramasasthra Samithi Bulletin

Besides these monthlies, Parishad is bringing out a monthly bulletin, mainly meant for the Rural Science Forums. This bulletin is published by the central committee for Rural Science Forums.

Publication of Books

In 1977, Parishad entered the field of book publication with a bang. Parishad's children's science book series captured the attention of the public. It excelled in all respects including production, content and sales. More than eight thousand copies of these books were sold on pre-publication basis. Second editions of these books are already in the press.

Parishad has given shape to a *Monthly Book Club* scheme which will soon start functioning. Several interesting popular science books will be brought out through this club. Every year, Parishad brings out one major publication on some serious, relevant scientific topic in connection with its annual conference. Last year's topic was 'Man and his Environment.' This year Parishad has chosen "Appropriate Technology" as the topic for discussion. A detailed symposium on this topic will be conducted in connection with the Parishad's annual conference to be held in February 1978. Besides this, the publication wing of the Parishad brings out books to suit

the needs of the Rural Science Forums and also for the School for Technicians and ARTisans.

Following are the two major publication schemes Parishad has undertaken, besides those mentioned above.

World 1978

This ambitious project will be taken up by the newly established Parishad Research and Reference Library established at Quilon. The idea is to start the publication of an yearly chronicle of all major scientific, political, social and other events.

Balakauthukam

This is another major Publication venture Parishad has undertaken. This curiosity encyclopaedia will contain more than one thousand five hundred topics in the form of questions and answers. There will be three volumes, each containing about 350 pages in demy quarto size.

Parishad in education field

Ever since its inception, Sasthra Sahitya Parishad has played a very vital role in substantiating the formal education through the schools and colleges. In order to establish a healthy relationship with the educational institutions, Parishad has given shape to a School liaison committee.

Science Clubs

Parishad has taken a lot of initiative in the formation of School Science Clubs in co-operation with the education department of the state Government. In the year 1975-'76 alone Science Clubs were started in more than 2000 schools. Parishad could supply a number of projects for the regular functioning of these clubs.

Sasthragathy Science Forums

Parishad has initiated the formation of Sasthragathy Science Forums in the Colleges. These forums are organised in such a way as to provide creative leadership for several projects. Some of the Science Forums have

conducted various surveys in co-operation with the State Planning Board.

Quiz competitions and other competitive tests

Sasthragathy Vigyan Pareeksha:-

These tests are conducted for the benefit of college students. Questions covering all branches of knowledge are prepared by experts appointed by the Parishad. The model of examination is unique. The question papers are prepared and sent to the students sufficiently in advance and they can take one full month to answer them. It is a kind of open test where they are forced to refer to any book or consult any professor. These tests have already attracted the attention of our intelligentsia. The questions are so designed that to answer them the student will have to refer a large number of books and consult a large number of teachers.

Sasthrakeralam Quiz Competitions:-

Sasthrakeralam quiz competitions are being conducted for the benefit of high school students. These competitions have already won wide acclaim all over Kerala. The quiz conducted in co-operation with the state education department has three tiers. The preliminary quiz competitions take place at the school level, the second one at the educational district level and the final one at state level. The winners of state level competition will be entitled for the Sasthrakeralam Rolling Trophy.

Eureka Science Talent Test:-

This test is conducted among the Primary School Students. Each year more than a lakh Primary School Students are taking part in the Eureka Science Talent Test. Just like the quiz competitions, this test is also conducted at different levels.

Parishad Scholarships:-

From the current year onwards Parishad has decided to institute certain special scholarships for promoting students who are keenly interested in science subjects. Scholarships will be given to selected Primary and High

School students for three years. The selection will be made on the basis of Sasthrakeralam quiz, Eureka Science Talent Test and such other tests as decided by the Parishad Scholarship Committee.

START. (School for Technicians and Artisans)

In order to impart scientific knowledge to thousands of unfortunate technicians and artisans who have never had a chance of getting any kind of formal education, Parishad has organised a school for technicians and artisans. Classes on various technical subjects like electrical wiring, automobile repairing, printing and such other trades are conducted in various centres under the auspices of this school. A number of classes on wiring have already been conducted. These classes were highly appreciated by workers as well as experts.

The ultimate goal of the Parishad in this field is to impart scientific knowledge to the toiling labourers of our country. Parishad is also trying to organise Science Forums in the factories. These forums will facilitate the discussion of various technical and non-technical problems of the workers.

Science Centre at Calicut

Another most cherished objective of the Parishad is the establishment of a Science Centre at Calicut. This Centre which envisages an expenditure of about Rs. 17 lakhs will be in the model of the Vishwaswaayya Science museum at Bangalore. The Centre will, in the main, contain a science museum, a work centre for children and a science library. 35 cents of land has been acquired for this purpose near the Calicut beach. Parishad expects to complete this project within a short period. with the help of the State and Central Governments, and also international agencies like UNESCO.

Rural Science Academy at Cannanore

Parishad has always felt the need of building up a system of rural research and technology. In order to give a concrete shape to this concept, Parishad has decided to establish a Rural Science Academy at Cannanore. The chief

aim of this academy will be to facilitate the development of various rural, indigenous techniques in a scientific manner. This academy will provide all facilities for the village technicians, artisans and farmers to develop their trades and techniques, to translate their problems into modern scientific language to be passed on to our R & D institutions and to back disseminate the results of these R & D efforts.

Research and Reference Library at Quilon

Parishad has made a humble start towards the establishment of a Research and Reference Library at Quilon. This library will be the first of its kind in Kerala. Gradually a documentation and feeding centre will also be started as a part of this library.

Kerala Sasthra Sahitya Parishad is a humble means to a great end. A completely voluntary organisation, what the Parishad has as its strength and its capital, is a few hundreds of very active, committed workers. Their selfless service and the co-operation of the public at large would lead this organisation to its ultimate goal— a social transformation.

Parishad General Council



Executive Committee



District Committee



Regional Committee



Units

Sub Committees

Publication

* Rural Science Forum

Mass contact Campaign

* School for Technicians
and Artisans

Education

* Scholarships

Science Centre

* Research Library

Miscellaneous	School for Technicians and Artisans	Mass Contact Mass Education	Rural Science Forums	Education	Publication
<p>Science Centre at Calicut— Children's Science Centre at Trivandrum— Research and Reference Library at Quilon—Rural Science Academy at Cannanore.</p>	<p>Various Courses for Technicians and Artisans wireman Press Worker Automobile Worker Concrete Worker Building Workers Masonry Rubber technology Carpentry Black Smithy etc. Factory Science Societies</p>	<p>Classes on selected Topics:- Nature-Science-Society 1971 and 1975. Resources of Kerala 1976. Public Health, Agriculture 1977. Campaign weeks Science Month Exhibitions Audio-Visual Education Preparation of various Courses for Rural Science Forums. Create Public awareness on important issues like pollution, energy etc.</p>	<p>Aims To cultivate Scientific outlook A Forum for Planning at grass root level Discussing the problems of the Village Evolving scientific solutions</p> <p>Activities Classes on health, hygiene Agriculture etc. for Villagers Literacy Campaigns— Classes for economically backward School children Co operative ventures in the villages Village industries, Handicrafts Common ventures beneficial to the village and villagers Health Camps</p> <p>Rural Science Academy at Cannanore</p>	<p>Activities Guiding School Science Clubs Short term Courses for teachers and students Discussions and studies on school and college syllabi Sastragathy Science Forums Correspondence Courses</p> <p>Competitions Eureka Science Talent Test Sastrakeralam Quiz & Talent Test Sastragathi Talent Test Panchayath level Quiz clubs Scholarships for Talented Students</p>	<p>Periodicals Sastragathy Sastrakeralam Eureka Grama Sastra Samithi Bulletin</p> <p>Books Children's Books Gift Book Sets Encyclopaedic Books Books for Rural Science Forums Books for Mass education Campaigns</p> <p>Monthly Science Book Club Bulletins, Leaflets</p>

Sastra Sahithya Parishad strives to take Science back to its creator, the common man.

It stands for promoting a genuine scientific outlook among our people.

It aims at taking science deep into the villages, into our fields and factories, into the minds of our youngsters and our villagers.

It stands against all that is unscientific; for, it believes that only a genuine scientific outlook could form the foundation for a genuine social transformation.

Science for social revolution

PEOPLE'S PARTICIPATION IN HEALTH: THE CATALYTIC ROLE OF THE
KERALA SASTRA SAHITYA PARISHAT (K S S P)

V. Raman Kutty

INTRODUCTION: Community participation has been accepted as a major factor in health development strategies in the context of health for all by 2000 A.D.¹ This marks a departure from earlier paradigms where health was seen as a purely 'techno-economic' problem: technology being inappropriate and/or unavailable, and if available, resources being constrained so as to make access impossible for most of the population. This rethinking has come in the wake of the WHO's adoption of the policy of primary health care as the appropriate one for reaching health for all, when it was realised that health development in most of the third world followed inappropriate models.

But community participation cannot be understood in isolation from the realities of the social situation. If the power structure of the society and the resource misallocation that it has given rise to is ignored in promoting community participation, then it is likely to degenerate into a passive participation as 'beneficiaries', and no participation in decision making². This would only serve, in the name of community participation, to legitimise exploitation in the health field.

Non governmental organisations (NGO's) are seen as nodal agencies to promote participation by people in health activities. This is because in most developing countries, government institutions are apathetic to the real needs of development in the rural sector. Moreover, NGO's also seem to inspire more confidence in the people than government organisations which are often viewed with suspicion due to various reasons. (Here NGO is used in the sense of any organisation other than profit making commercial concerns, not connected with the government).

Most NGO's active in the health field share some common assumptions. Important among these is that 'underdevelopment' is caused by inadequate institutions and poor public policy, and the powerlessness of the governed. Of

these organisations, one can recognize 2 types: research and analysis oriented, and action oriented.

But it also true that many NGO's do not offer a viable alternative in development. 'Lip service is often paid to such phrases as 'community based' and 'community participation'. Many projects are seen as offering neither responsibility nor opportunity for decision making locally. In many instances, decisions are made nationally by the elite. Often foreign managers and their salaries absorb a large percentage of the available funds³. At best these types of NGOs offer a bland volutarism which smacks of charity; at worst they degenerate into agencies subtly serving the interests of foreign organisations or governments in the country.

It is in this context that we propose the unique role and experience of the Kerala Sastra Sahitya Parishat (KSSP) as a model for development effort from the people in the area of health.

HISTORICAL: The KSSP was formed in 1962 as an organisation of science writers in Malayalam. It evolved from earlier societies in the fifties primarily concerned with the problems of those who were trying to popularise science topics in the local language. Very soon it grew into an association which welcomed anyone interested in science and prepared to accept the scientific method as a guideline to analyse problems of man, life and society. This growth also meant that the organization changed its style from detached deliberations of intellectuals to active action oriented programmes and involvement at grassroots level. It was sustained by a very democratic style of functioning and grew to have numerous branches throughout the state.

The Parishat has a guiding philosophy which can be summed up as 'science for social revolution'⁴. In other words, the scientific method forces us to see (a) all processes as constantly subject to flux or change, and (b) the potential of science as an agent to bring about change in a desired direction, i.e., towards a more equitable distribution of opportunities in society. Unfortunately, we see that the potential of science is used very often to extend and intensify exploitation in society.

Thus the KSSP has been in the forefront of all major movements in the state towards a more people-oriented policy in areas such as energy, health, environment, and planning. Notable among these are its involvement in studies on the ecosystem of Kuttanad, on the pollution caused by various industrial units in the state, and its championing of the cause of preserving the silent valley, a veritable gene pool, against submersion by a proposed hydroelectric project. This latter struggle earned the KSSP many epithets, from friends and enemies alike, notably that of being 'anti-development'. But in the decade since the project was abandoned, most people have accepted the wisdom of the KSSP in opposing the silent valley project.

The KSSP sees its involvement in health as part of this overall scheme. Its major thrust area in health has been, for a long time, the need for a rational drug policy. Kerala is a state where the demand for health care is being exploited to the fullest extent by national and international lobbies alike. It offers one of the major markets in India where considerable amounts of irrational and even dangerous drugs are being sold. This is the result of an unholy alliance between profiteering firms and some not very discerning doctors. The Parishat launched its campaign for a rational drug policy with seminars, discussions and meetings all over the state, taking the drug issue right to the people. A major initiative was the seminar 'A decade after Hathi committee' in 1985 in Trivandrum. It can be said that the KSSP was responsible for the revival of the Hathi committee report from the quiet oblivion to which it seemed to be delegated by the authorities.

Health activities initiated by the KSSP took many forms. Some of these, over the years, have been:

1. organising of thousands of health classes for the people in 1985,
2. formation of hospital protection samitis,
3. publication the book on 'banned, bannable and essential drugs',

4. drug information packet for the doctors,
5. the health survey in 1987, which was an occasion for educating Parishat activists on the public health issues in the state,
6. the call for boycott of Union Carbide products following the Bhopal industrial disorder, and the campaign against the callousness of MNC's operating in underdeveloped countries,
7. most recently, the initiative to utilize the 100% literacy drive in Ernakulam district to make a campaign for 100% immunisation in the district.

The Parishat shares with other health movements in India a strong critique of the existing health system, which is characterised by hospital and curative orientation, urban bias, and elitism. But it does not subscribe to the view that it is futile to attempt to reform it. The KSSP has stated its desire to see a dialogue between scientific practitioners of different systems so that points of convergence may emerge. But the KSSP does not support the view that modern medicine is an alien science and should be rejected in toto.

The theoretical framework for the KSSP's health activities can be summed up as follows:

1. Health of the people cannot be seen in isolation from the socio-economic processes around us. It cannot be reduced to an equation of doctors, drugs, and technology.
2. The increasing technological complexity of modern medicine has led to an alienation of health care from the people for whom it is intended. This in turn results in exploitation of the people by unscrupulous professionals, companies, and others in the health field. Knowledge is the best guard against such exploitation. So the KSSP aims to arm the people with information.

3. Ultimately, 'health for all' cannot be achieved without active support from the people not only as beneficiaries, but also in the decision making process. So the KSSP tries to act as a catalyst in inducing people's participation in health.

The greatest advantage of the organisation over its fellow groups active in the health field is that it is not confined to health activities alone. Thus KSSP worker is aware of the links between the campaigns for cleaner water, better stoves, and the drive for promotion of oral rehydration. He sees the organisation push the campaign for 100% literacy to one for 100% immunisation, and how literacy helps create the demand for immunisation. This is a unique role which very few other organisations are fortunate to emulate.

Moreover, health activism in KSSP is not confined to doctors or health professionals. The 'demystification' of health is an important part of our strategy to take health to the people. The grassroots level acceptance and democratic functioning of the organization provide a better environment for promoting health action.

SOME CONSTRAINTS: But being a mass organisation has its own problems. Most voluntary organisations in India play a complementary or substitute role. Because government organisations are inadequate to perform their own tasks in health, voluntary agencies try to replace them or substitute their work in some areas. They do most of the jobs which ought to have been undertaken by the government agencies themselves. The Parishat does not believe in this philosophy. We think that in a democratic polity, popular pressure can and should result in a more responsive role by government institutions. This often means that some avenues of activity are resorted to only as a last measure. The KSSP is also particular not to be involved in major projects involving donor funding. This is a reflection of our philosophy that resource constraints are not the major reason for underdevelopment.

Being an organisation of people who give their time and effort voluntarily, we have sometimes had difficulty in maintaining a disciplined time schedule. This is something which every effort is being made to improve.

The KSSP, eventhough an organisation committed to the ethos of science, has had very little opportunity so far to initiate original research. This has been compensated to a large extent by the involvement in action research as in the development of smokeless chulhas or the health survey. The Integrated Rural Technology Centre is a specific step in this direction to initiate research appropriate to the needs of the people.

In conclusion, the KSSP in health strives to act as a catalyst for people's participation. Without this, we believe, no programme in primary health care shall ever be successful.

REFERENCES

1. Palmer C T and Anderson M J
Assessing the Development of Community Involvement
World Health Statistics Quarterly 1986; 39.
2. de Kadt E
Community Participation for Health - the Case of
Latin America
in Morley et al. (ed):
Practising for Health for All
Oxford, Oxford University Press 1983.
3. K Smith
Non Government Organisations in the Health Field -
Collaboration, Integration, and Contrasting Aims
Social Science and Medicine 1989; 29,3: 395-402.
4. Thomas Isaac T M, B Ekbal
Science for Social Revolution - The Experience of
the Kerala Sastra Sahitya Parishat
Trichur, The Kerala Sastra Sahitya Parishat 1988.