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ASSESSMENT OF HEALTH AND NUTRITIONAL STATUS OF  
KUTIA-KONDHS AND PAURI BHUINYAS- A FIRST STEP IN  
DEVELOPING APPROPRIATE MODELS OF PRIMARY HEALTH  
CARE PROGRAMMES FOR THE PRIMITIVE TRIBES OF ORISSA.

by

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Orissa has the second largest tribal population in India. In terms of percentage of tribal population it ranks first! It has been the epitome of 62 tribes numbering over 5 million according to the 1971 census. This forms 23.18 percent of the State's population of 22 million.

Unfortunately the tribals have little or no access to even the most elementary form of health care. The health problems faced by most of the primitive tribal communities of Orissa are yet to be identified and the present health and nutritional status to be assessed. However, general observation show that their health and nutritional status is unquestionably low and they are in a very precarious state of existence. Our study reveals that many of the recognised threats to health like diarrhoea, upper respiratory tract infections, malnutrition, worm infestations, etc. which are common in tribal areas are preventible. Thus an effective programme of preventive medical care should be taken up. A different strategy for health coverage in tribal areas is to be evolved depending upon the actual health needs and existing health status of different tribal communities. It is therefore time to seriously look into the possibilities of microlevel planning for health in tribal areas. The paper will discuss over-all aspects of primary health care programme of tribal population.

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PERCEPTION OF COMMUNITY HEALTH VOLUNTEERS  
BY SELF AND OTHERS

BY

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CUTTACK

The study was undertaken to evaluate the subjective and objective perception of the role of the CHVs in the state of Orissa. So far nine out of 13 districts have been covered. The present report is a preliminary formulation based on the data collected from only 3 PHCs selected at random out of 18 already covered.

Five sets of questionnaires were developed each for one category of persons. The number of respondents in each category were:-

Community members	Community leaders.	C.H.V.	M.P.W.	Professionals.
273	108	53	25	7

The following were the suggestions offered for the improvement of the scheme by both the providers and consumers of service.

It has been observed that the CHV scheme has received wide acceptance and massive support from the community. Their suggestions for improvement of the scheme have already been incorporated in this report.

Though the findings of the study are of very limited in nature, still some strong and weak areas of the programme have been clearly brought out in this preliminary report.

WEAK AREAS:

- I. Community participation was extremely poor. The selection and supervision of the CHVs was mostly done by and left to the Govt.officials. In fact, this was perceived to be a govt.scheme and there was recommendations for raising the honorarium,providing premitonal opportunities and for offering the CHVs the full status of a govt.servant making them permanent in their job.

Some even expected the CHVs to do their duties on Continue/ ...

- full time basis. All these indicate lack of community education.
2. Supply of drugs was stated to be inadequate and irregular and there was no suggestion to subsidize it which indicate lack of self reliance attitude of the community.
  3. The preventive and promotive health work of the CHVs were found to be below expectation, who were mostly engaged in curative job. The MCH and F.P.Services were not emphasised and were given rather low priority(Only 36.02/ ladies were offered advice in family planning and 5.60/ for tetanus toxoid) These indicated the need for a revision of their training curriculum.
  4. There was gross under registration of the various categories of data, and the maintenance of records were poor.
  5. The duration and content of the training was considered to be inadequate by most of the respondents. There was higher demand for more training in homeopathic system of medicine though no such need was felt for other systems. However, the training in allopathic system was considered to be adequate and satisfactory.
  6. Some of the medical officers were not properly oriented and suggested the training of the CHVs to be carried out in a medical college setting though indicating at the same time that the training of the CHVs should be geared to meet the situation in rural areas.

They even suggested that the CHVs to be selected by the CDMO. A few also recommended to abandon the scheme completely and instead appoint one MPW/2000 population. This indicated the antagonistic attitude of the medical personnel.

7. Even though the medical care was delivered at the door step of the villagers, the medical officers and the community members suggested for a clinic type of situation from where they expected the personal health care to be delivered to all. This clearly indicated that they expected the CHV to be a minidoctor though otherwise the medical officers were antagonistic for this scheme.
8. All categories of personnel pleaded for higher remuneration to be paid to the CHVs which indicated their sympathy for his work and more, because they considered it as a paid job.

STRONG POINTS:

- I. The general awareness of the community was high though on specific occasions it was found to be low.

Contd./..

2. There was wide acceptance of the CHVs.
3. The utilisation of the PHC services increased due to the referral and better field work.
4. Some of the MPWs felt and recommended for the continuing education of the CHVs which indicated their practical approach and real interest to develop the programme.

It is established by the study that community health volunteer scheme has created health awareness among the general public. As the administration of better health care can qualitatively be assessed through the satisfaction of the people the present contact through this survey work would increase the inclination of the public towards better health services.

Basing on the response of the villagers it was observed that the accessibility, acceptability and adaptability of the Community health volunteers were high and the guide lines would work as an effective indicator to account for the social feasibility of the scheme to be implemented in future.

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AGRICULTURE TRAINING CENTRE

The Agriculture Training Centre, Gopalwadi, P.O. Antenada Via: Rayagoda 765001, Dt. Koraput, Orissa, is a reorganised institution from its original form of a training centre run by Sarva Seva Sangh. It was given a reorientation in 1971 when it was registered as a Society.

The obscure tribal village where the institution is located took the name of Gopalwadi when Shri Annasabeb Sahasrabudhe, General Secretary of Sarva Seva Sangh, established here a small cattle farm. Since then Gopalwadi had been a centre of training for young workers engaged in Khadi and Village industries programmes. The training centre was discontinued as a casualty of the emergency. But even before this, the centre was adopted by the Society for Developing Gramdan in view of a concentration of Gramdan villages in the area.

Programmes :

Agricultural development is the main concern of the centre. It has a 30 acre demonstration farm at the centre itself and spread out its activities in five villages, covering 150 families, food crops like paddy, wheat, sorghum, maize, groundnut and vegetables are grown.

A dairy farm was developed with five jersey mixed-breed cows. At present their number is 15.

Agricultural training is conducted for local tribal youth, not only belonging to the five villages which have been adopted for intensive work but also for those who come from various areas of Koraput district.

A processing unit has been installed at the centre for the milling of paddy, wheat and crushing of oil seeds.

# COMMUNITY HEALTH PROGRAMME



**IN THE DIOCESE OF  
BERHAMPUR, ORISSA.**

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## COMMUNITY HEALTH PROGRAMME IN THE DIOCESE OF

BERHAMPUR, ORISSA.

The diocese of Berhampur was erected on January 24th, 1974, comprising of the three southern districts of Orissa, namely Ganjam, Koraput and Kalahandi. It has a geographical area of 51025.5 Sq. KMs and a population of 6,449,808 according to the latest census available. Koraput and Kalahandi are the most backward districts of Orissa. Koraput has a schedule caste and schedule tribe population of 69.75% and that of Kalahandi is 49.90%. The percentage of literacy in Koraput is 15.83 and in Kalahandi 19.35. Ganjam has a higher percentage of literacy i.e. 30.78. But the areas where our Health Centres are situated have a percentage of literacy that is only 7.9% and a schedule tribe and schedule caste population of 59.9%.

### The Socio-economic Condition :

The majority of the people are small farmers, mini traders and casual agricultural labourers. Their average per capita income is only Rs. 250/- per year. They live in ignorance, illiteracy and superstition, are the victims of exploitation by the rich and are deprived of the basic human needs. From the educational and health point of view the SC and ST are the most vulnerable group in Orissa and the medical facilities are beyond their reach because most of them live in mountainous forest areas and do not have the financial means to get the medical aid.

### How the V. H. W's Programme started :

Seeing this deplorable situation of the rural poor, Msgr. Thomas Thiruthail, C. M., Bishop of Berhampur had initiated an orientation seminar on 'Development', for all those who are involved in socio-educational developmental programmes in his diocese. The seminar was conducted by ISI MOTT team, and they gave proper orientation on development stressing on education,

agriculture and above all on community health care. In order to multiply the manpower, and to make health care economically cheap and, available on the spot, the people's participation were found to be necessary, and also the need of training Health Workers at the village level. Thus the V.H.W's training began and the 1st batch completed its 1st phase of training on Nov. 29th 1978.

### Aim of the Programme :

It is to render preventive and curative health care to the rural masses, through their own people, and at minimum expense and thus enabling them to take care of their own health.

### Health Centres :

At present we have 15 health centres in the diocese. Each H. C. caters to the needs of 30-100 villages. All the centres have mobile clinics too.

### Selection of the Health Worker :

The V.H.W's are selected by the people themselves. We conduct motivation camps in villages in which people are stirred to discuss their health problems, the difficulties they face in reaching the existing health services and the possibility of training the local personnel. Finally the requirements and qualities of a future health worker are placed before them.

- She must be settled in the village and should be available always.
- Hence as far as possible preference to married people.
- Should be a well accepted person in the community.
- Must have interest in her future work, besides a spirit of dedication and service.

The villagers elect their health worker, irrespective of caste and creed.

### Training :

The training is imparted by the diocesan health team, with the help of ISI, MOTT, in 3 phases. Each phase terminates with an oral and a practical test. The duration of each phase is 2-3 weeks. These sessions are arranged with a gap of 3-5 months between them so that the trainee gets a thorough practical experience before the final phase. The instructions are given on basic health care, applied nutrition, child care, first aid, home nursing and Natural Family Planning. On successful completion of the course, the trainees are each supplied with a medical kit containing some simple drugs, alongwith the standing order and certificate, which are officially approved and distributed by the chief district medical officer.

### Methodology :

After studying the life style of the people, we realized that the most favourite and quick means of learning among the people of that particular area, was through songs and dances. Therefore the whole syllabus is covered in the form of song, dance, role play, group discussion etc. Films and slides are also used as teaching aids.

### Functions of the V.H.W. :

Each village health worker takes care of 1-4 villages, consisting of 100-200 families. She conducts regular house visits detects common diseases at their early stages, and provides timely treatment of minor ailments; she uses every occasion to impart health and nutrition education. Much emphasis is laid on simple preventive methods. She informs the health authority of a current health problem and works as an organiser as well as a community builder.

### New Role of the Health Centre :

The V.H.Ws are placed under the guidance and supervision of the respective health centre staff. They depend very much on them for support, encouragement and timely help. They need continuous guidance to face

the numerous challenges of their changed role in the village. Therefore, either weekly, fortnightly or monthly (according to the distance) on a day fixed mutually, the V.H.Ws come to their respective health centres to discuss their problems and exchange their experiences and views. Each one's report is checked and medical kit refilled by the H.C. sister and the V.H.W. hands over the cash received by the administration of medicines. The sister makes use of this occasion to revise their lessons also.

With the introduction of this programme the H.Cs are undertaking a more responsible role. Hence, it is important that the health centre personnel are well oriented, thoroughly trained, enthusiastic and have correct understanding and optimism towards the entire programme. Realizing these facts, we have periodical seminars & meetings in the diocesan as well as district level.

#### **Training Courses Held :**

So far we have trained 150 V. H. Ws, in five batches. On the diocesan level, 16 refresher Courses have been held for them. It is surprising to note that they learn quite fast though majority of these women are illiterate.

#### **Remuneration :**

Each V. H. W. works for about 2-3 hours in the evening. She is paid Rs. 30/- per month during the period of her training. After the final phase of training is completed, she is entitled to Rs. 50/- per month. Gradually this programme is expected to become self-supportive. We are aspiring for people's contribution.

#### **The Overall Supervision**

of this programme is being undertaken by the diocesan health team, headed by the health co-ordinator and they conduct regular follow up visits and refresher courses.

#### **Observations :**

Selection of trainees, place of implementation, (distance) follow up and, a well motivated H. C. staff are

some of the essential elements for the success of this programme. There is an attitudinal change in most of the V. H. Ws. They have grown in their capabilities as organisers and educators.

#### **Achievements**

Through the V.H.Ws constant effort is being made, to educate the people, and to arouse a critical awareness of their situation and gradually a radical change in their life style is evolving.

The V.H.Ws are not merely taking care of the health but are also helping in solving social, economic and other problematic issues of the community, such as drinking, family disputes ect. Some of the V.H.Ws were able to organise their people to get the land which was leased out many years ago and also to get 'Pattas' (receipts) for the remaining land. Often they are a most accessible channel between health centre, govt. officials and the Villagers.

#### **Collaboration with Government :**

The medical officers from the 3 districts are associating actively with the programme. They are involved in training and in testing the trainees, and then in issuing certificates and standing orders. They cooperate and collaborate with us and we keep them informed about the training. Thus this programme is integrated with the official health programme of this area.

#### **Conclusion :**

To run a Community Health Programme effectively we have to think first and foremost about the village health worker and her crucial role in the community. The V.H.W. is the key personnel of the whole programme and is indispensable to have access to the rural people. We have found that this programme has always been a success wherever implemented. Therefore it is rewarding and promising to endeavour to bring relief and joy to the many hearts still looking forward to it.

**Bishop's House**  
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 October 23rd 1981



ORISSA

ALTERNATE DEVELOPMENT  
STRATEGIES FOR KORAPUT.

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ALTERNATE DEVELOPMENT  
STRATEGIES FOR KORAPUT.

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Paper Presented At The Seminar On  
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## INTRODUCTION

A recent international seminar discussed alternative development strategies for the future of Asia over a week, and with about 150 contributions from all over the world.<sup>1</sup> Yet, in the base paper for this Seminar, Bhushan Joshi bluntly asks, "Is Growth Relevant?" After his masterly survey of the relevant development literature, we are indeed a lot wiser about the complexities of the development process. However, when it comes to alternate strategies, there is a feeling of unease, for the theme of this seminar is not on the alternate strategies, but on their relevance to India. In fact, in the Seminar itself, little time was devoted to alternate strategies; most of it to an analysis of the past. And only K.P.Gupta raised issues about the transition from here to there.

In this paper an effort will be made to discuss alternate approaches to development policy in the case of one backward district - Koraput in Orissa. The discussion is meant as a background to an action research project concerned with field experiments in development policy.

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1 "Alternate Development strategies and the Future of Asia" An International Conference organized by UNITAR and other Indian institutions, Vigyan Bhavan, March 1980.

## I

KORAPUT TODAY

Koraput is the second largest district (after Baster in Madhya Pradesh) in the country, and in area it is larger than Kerala. Koraput, the district headquarters, was built by the British; it was the office of the Political Agent and the first collector, R.C.S. Bell, who is the author of the first District Gazetteer. The district was formed by a merger of Zamindaris of the area, mainly Kashipur and Jaypore. The Zamindars were Oriya speaking, but a large number of people in the district are Telugu speaking with close links to neighbouring Andhra Pradesh. Before 1936, the district was part of the Madras Presidency. However, since 1936, it has been part of Orissa Province, under the Bengal Presidency, and later, of Orissa State. The biggest part of the population is Scheduled Tribes - 61.13% and another 12.66% are Scheduled Castes. It is a "declared" backward district that is eligible for all the Central and State incentives for development activity.

The backwardness of the district is quite well reflected in the poor infrastructural facilities, which are all geared to taking out of the district its rich raw materials. For Koraput is very rich in raw materials. It has at least 10 million tonnes of iron ore and very large deposits of high grade bauxite -

over 60 million tonnes, enough for several centuries at current rates of consumption. It has 225 million tonnes of limestone of the best cement grade quality and also some deposits of mica and other metals. Official agencies feel the further geological and other studies of the district are necessary since full information is not yet available about its natural resource potential.

Koraput has vast forest resources, in spite of the indiscriminate deforestation that has occurred in the last half century. There is good quality timber (such as sal and teak) and plenty of bamboo. The potential for various activities connected with forest produce, such as collection and processing of minor oil seeds,<sup>2</sup> mohua flowers, spices and so on is tremendous. The Department of Soil Conservation of the Orissa Government has experimented, (solely as a by-product of soil conservation activity) with plantations of cashew, coffee and sisal. The Coffee Board is planning to extend its activities in a big way to this district, in conjunction with industrial groups like Theopors and Khodays and this effort has the backing of C.M.Poonacha, the Governor of Orissa. Surviving from the past are fruit plantations of mangoes and apples. The main cereals grown are mandia(ragi) and paddy.

<sup>2</sup> One of these is the sal seed, now used in large quantities not only in soap manufacture, but also to prepare a substitute for cocoa butter which gives chocolate its "melt in the mouth" quality. Hindustan Lever has pioneered this technology and advertises its role in helping the tribals of Orissa. While the benefit to the multinational seems clear enough, it was very difficult for us to pinpoint the exact benefit to the tribals. This is a matter that requires dispassionate study.

Koraput has tremendous hydro-electric potential. The power station at Machkund (the second in the country after KRS in Mysore) is a joint endeavour of the Governments of Orissa and Andhra Pradesh. In addition, Indrawati power station is being expanded, and construction work has begun on the Upper Kolab Project. Thousands of acres (and no one knows how many villages) will be submerged as a result of these projects. Thousands of acres will benefit from irrigation. Yet there is no debate on the implications of such vast changes which are being wrought by administrative decisions from above.. In this Orissa is quite different from Karnataka and Kerala where hydroelectric projects have been centres of public controversy. Lower Kolab will soon be taken up. Across the border, Andhra Pradesh has the Lower and Upper Sileru power projects. Therwali will coordinate the power from Balimala, Machkund and ever Talcher. Orissa is currently a power surplus state, and the addition of power from these projects provides it with one of the essential inputs for rapid growth in the district where, currently power consumption per capita is 4 Kwtt. At present, the surplus power is simply being sold to neighbouring states.

The total railway length in this large district is only 224 kms. This is part of the Raipur-Waltair line and the Kirandul-Kottavalsala line which simply pass

through the district, linking interior sources of raw-material to the port at Vizag. Although designed for goods traffic (especially the KK line), they cater marginally to passenger traffic. The Chattisgarh Express connects the district to Delhi. The Department of Mining has proposed a Koraput-Rayagada rail link, but this has not yet been approved. The major reason for this link is to facilitate the shipment of bauxite out of the district to Vizagapatnam. The important townships in Koraput are linked by the national highways connecting Andhra Pradesh and Madhya Pradesh. State highways link most of the other townships. On March 31, 1975, there were 387 post offices, ten telephone exchanges and 23 telegraph offices.

The level of education in Koraput is only 10.5 per cent, well below the Orissa average of 26.02 per cent and the national average of 29.55 per cent.<sup>3</sup> While there are 3161 primary schools, 515 middle schools and 69 high schools (run by State Government and Ashrams) 5 colleges, one ITI and one Technical Training Institute and one Crafts School, the spread of education is poor, and perhaps the education itself is of little immediate relevance to the people in their daily working life.

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Some details for one village, Ondraguda, are available in a report prepared by Biren Anand, IIM, Bangalore, unpublished, 1981.

The district is served by several agencies of the Orissa Government such as the LIC, OSIC, OSFC, OSILC, I-COL, TLCC, DLFM and so on. The SISI, Cuttack serves this district and has plans for a sub-branch in Rayagada. Central agencies and the nationalised banks also serve Koraput. The lead bank of the district is the State Bank of India, which prepared an action plan in 1970 and is currently (1980) in the process of preparing an updated Credit Plan. While all the agencies are prepared to collaborate in development projects, there appears to be no-coordination and clearcut direction to the little work currently underway.

A large number of agencies have conducted studies of the district. A list of some of the available studies is given in the Appendix.

An important part of the economic and social scene in Koraput is the Landakaranya Development Authority which has its headquarters in Koraput. Although the DDA is active in neighbouring districts also, it has had a great impact particularly on the economy of Eastern Koraput (Malkangiri) through the settlers who have been brought in from Bengal, and also through the introduction of crops like mestha which are new to this area, and which seem to be doing quite well. The DDA, however, has functioned solely as a rehabilitation agency, rather than as a development agency. It does not appear to have the ability to act as a catalyst for progress.



Inspite of all these rich natural resources, minimal institutional and infrastructural support, the Koraput tribals have consistently been outside the mainstream of the national economic and social life. This is the main reason for Koraput being a backward district. Perhaps one should say that Koraput is an underdeveloping district today, since it is an excellent case of internal colonialism, with every major development since Independence reinforcing the Indo-colonial forces of exploitation, particularly of the tribals.

Koraput is pre-dominantly dependent upon its own forest and agricultural wealth. Six large scale industries are located in the district.<sup>4</sup>

In addition there are proposals to set up a cement factory, a maize starch plant and a paper mill. There is also the Indo-French Consortium Plan for tapping the

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4	<u>Name of Unit</u>	<u>Item of Manufacture</u>
1.	Jeypore Sugar Co.Ltd Rayagada	Sugar.
2.	Ferro-manganese Plant, Rayagada	Ferro-manganese
3.	Indian Metals and Ferro Alloys Ltd., Theruvali	Ferro-Silicon
4.	Indian Metals and Carbide Ltd Theruvali	Silicon Carbide
5.	Straw products Ltd., Jayakaypur, Rayagada	Paper
6.	Hindustan Aeronautics Ltd. Sunabeda	M/C Engines.

resource of bauxite (via the ecologically harmful process of open cast mining) by setting up an Alumina Smelter with its own captive power station envisaging a total investment of Rs.1620 crores. A public sector company, NALCO, has recently been set up for this purpose.<sup>5</sup> None of these large units have had any positive impact on the local people of Koraput district and they tend largely to be islands of privilege catering to the external Indian and foreign markets. No effort is even made to train the local people in the required skills - in this case, aluminium technology. All the skilled workers come from elsewhere. No effort is even made to set up downstream units to convert aluminium into other products, such as utensils, even though non-ferrous casting as a skill is locally available. Rather, the market sucks out the natural resources of the district, giving nothing in return to the local poor.

There are some small scale industries in the district concentrated mainly in Jeypore and Rayagada. Those are in the categories of engineering, chemical, glass and ceramic, textile, leather, wood, forest and agro-based industries. According to the District Industries Centre they number 324 with blocked capital of Rs.1,25,54,694/-; working capital of Rs.90,61,294/- and employing 2375 persons, in 1971.

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There is now a proposal to set up the smelter at Jalcher, Koraput is only to supply the ore. See L. Sahoo's unpublished report (1981), IIM, Bangalore.

The district has a rich tradition in tribal handicrafts which include metal and smithy such as non-ferrous metal costing at Umerkote. There are many other rural industries related to traditional activity such as oil extraction, hides and skins, handloom and so on, but these are gradually dying in the light of external market stresses. The various government agencies have identified Jeypore, Rayagada and Sunabeda as potential growth centres and it is around these towns that most of the agencies are making their action plans for tribal development. But the tribals themselves have no part in the process of planning for their welfare. Nor do these agencies seek to give them such a role, even in the future.

If the district of Koraput is ever to develop, attention must be focussed on the main factor because of which it has remained backward. This is the non-integration of its vast tribal population in the economic activity of the district, and this is because the district economy is only an appendage to the external market. As things stand today Koraput is a rich district whose many natural resources are being heedlessly extracted by outsiders for their own benefit and at great cost to the local, largely tribal, population. There are also industries located in this district which have no links whatsoever to the district and sometimes even to the state. An example of such an industry is the HAL factory in Surebada which is more closely integrated with Vizagapatnam and Andhra Pradesh

than Koraput and Orissa. If any agency is to break this vicious circle of grinding poverty of the majority of the people of Koraput, it will have to concentrate its activities upon strengthening the traditional skills of the tribal people and upon the local production of goods consumed by them while countering the exploitative market pressures. That is to say, it must expand the economic base of local production and consumption and later reintegrate the district to the national economy in such a way that the pattern of overall growth ensures that at all times the majority of the local population, specially the tribals, derive clearcut benefits in the form of increased investment in projects of importance to them, improvement in their living conditions, and a continual betterment in their quality of life, as perceived by them and not by the external "development catalysts" and change agents. This is important, since, say, the idea of the two on what constitutes "decent housing" or "adequate food" often turns out to be radically different, reflecting their respective class and other biases. In such cases, it is the external agent whose views must be passed over. To do this it must in some measure in the early stages delink itself from the Indian and foreign markets - an apparently impossible requirement.<sup>6</sup>

<sup>6</sup> Details of this approach are available in Thomas E Weisskopf "Strategy of Selective Delinking" in State and Society Vol.1, No.4 Oct-Dec.1980. Also relevant in this context are several of the papers presented at the UNITAR Conference, especially T.S.Kannan and V.Vyasulu, "An Alternate Strategy for Employment and Rural Development".

Such a process is unlikely to succeed within the traditional approach of industrialization based upon the identification of entrepreneurs who are given technical, financial and marketing support to set up industrial activity. For an Indian entrepreneur of today, to succeed in the best of conditions, he requires to belong to a certain culture in which he can operate in the market, deal with vast number of "educated" and "sophisticated" people such as suppliers, customers and officials spread across the country and the world. The tribals of Koraput, whose educational and cultural traditionalare completely distinct from those of the industrial class, and whose traditional values are against individual initiative and private enterprise of modern variety, cannot be expected to industrialise the district by becoming entrepreneurs, nor perhaps may they even wish to.<sup>7</sup> This is particularly so in view of their concrete experience of exploitation-brutal exploitation-by the market in recent years.

Self-reliance is a long way from the traditional systems of bondage like the "gotha" system prevalent in Koraput. It is not a matter of surprise that a large factory like the HAL has been unable to attract even one local small scale ancillary entrepreneur inspite of the incentives and Government Guidelines on Ancillarization.

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And yet, there is really little option. It is be coming increasingly clear that traditional systems are today inadequate from many points of view. Simultaneously, modern solutions are out of reach of the poor. So change they must, and the question is "how", I have benefitted in this connection from discussions with Prof. Amulya Reddy of ASTRA, and from reading their yet unpublished papers.

Nor is it a matter of surprise that a village outside the HAL township, Ondraguda, seems to have benefitted little, if at all, by the modern industry in its neighbourhood.<sup>8</sup> In such a situation of vast differences in values, cultures and behaviours, promotional efforts must first win the trust and confidence of the tribal people who are the "target population" of any development. Managerial innovations and major efforts need to be made at devising new methods together with the tribals to meet the situation. Some general ideas in this alternative direction are presented below as a base for action research.

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See Biren Anand, op cit.

## II

AN ALTERNATIVE VISION

The resources of the district would suggest that efforts should be made to tap the potential that already exists. with the availability of oil seeds in large quantities, it is natural to consider the setting up of units engaged in oil extraction, in the processing of the oils into soap base (and glycerine) and later in the decentralised production of cakes of toilet soap.<sup>9</sup> In the same way the availability of hides and skins would suggest that small rural centres for the tanning and finishing of leather and at a later stage for the development of leather products, first for local consumption, should be encouraged. This can only be done by breaking the Madras stranglehold on this industry - a formidable task under the best of conditions.

The existence of sisal plantations would suggest village level units and taluk level plants for extracting the chemicals available in the sisal juice in addition to the traditional fibre products. Today, R&D efforts are underway in Bangalore to examine these possibilities.<sup>10</sup> The availability of vast resources of wood would suggest that the people be trained in the use of wood working machinery and encouraged to build up a furniture industry

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<sup>9</sup> In both these areas, the NSIC has some experience to offer.

<sup>10</sup> Report of the Working Group on Sisal Utilization, Karnataka State Council for Science and Technology, Feb. 1981.

in which the basic components can be manufactured in their own district and exported for assembly elsewhere. This must be accompanied simultaneously by a planned reforestation programme drawing on the tribals vast experience of and inherent respect for his habitat. The existence of a tradition of metal working and non-ferrous casting would suggest that efforts be directed towards gradually upgrading their skills by introducing them new products such as builders hardware and hand tools, developing at a later stage into updated foundry technology.

Knowing the traditional resistance to change, one of the key factors of such an alternate strategy would be to make haste slowly. No one will participate in new activity unless it benefits them in some way - this statement is as true of urban elites as of tribal people. In a situation where traditional methods are no longer adequate for a decent life, and where the modern, market solutions are accessible only to a few - who most often are from outside the district - it is necessary to think of measures based on modern scientific knowledge but which have built into them an egalitarianism that is missing from market solutions. This is obviously difficult because it is new and novel. It is nevertheless necessary. Thus, in the early stages, such efforts should be related to consumption technologies where concrete benefits, and equalitarian opportunities, are evident. One such technology seems to be the community



biogas plant, which meets the essential need for cooking fuel, provides opportunities for other activities, and introduces new cultural work forms in a positive context. It is such technologies that need to form the starting point of alternate development strategies - and the complexity of this process must at no time be understated. New technical options, along with novel organizational frames, will together need to form the base of an alternate technology, which itself will be part of an overall strategy.

In all this, care must be taken to see that essential inputs are made freely available (but not free of cost). For example, the district must be assured that the alumina that is produced from local bauxite will be available for downstream processing, for example, into utensils, in the decentralized sector.<sup>11</sup> There is no reason why these industries should be set up elsewhere. While on this point, it should be ensured that the proposed captive power station has enough power to supply the downstream units as well. Under the usual cost/benefit calculations even of the social variety, this would never happen.

The availability of vast quantities of agricultural wastes in the forest suggests that technology for pellettasing this into fuel for local use be explored. The existence of sabai grass naturally leads to notions of small hand made paper units, which can supply local

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This and related ideas will be discussed in a separate paper.

schools and offices. Since there is a tradition of handloom weavers among the tribals it should be possible to give suitable support to encourage spinning through the improved pedal charkha in such a way that the yarn produced by tribal women in their homes goes on to the local handloom weaver and then to meeting the demand of the same people for cloth. Further market support will be forthcoming if the local unions can be prevailed upon to <sup>insist that</sup> ~~visit~~ the uniform for their members be made from the cloth. In the process ~~of~~ their per capita cloth consumption can be ~~inc-~~ increased. This is in fact, a return to the original concept of Khaḍi and Swadeshi; and, in the light of recent experience, quite an uphill task!

The ideas mentioned above do not see the role of traditional crafts as being simply linked to the market by producing souvenirs and other trivia for foreign tourists. It does not envisage a situation in which the resources of the district are extracted and sent as raw material to industries located in India or abroad for further processing, and in which manufactured goods are sent back to Kor. put, for consumption by the few who have money. Rather the effort is to try and explore methods by which gradually at each step local value added is increased by manufacture in the district itself by the people who live there, and where trade with outsiders is conducted on equal, not colonial, terms. This may be contrasted with

the way in which the MALCO project seems to be going. At present officials are thinking of extracting alumina in Koraput and sending this ore to a smelter in Talcher. In such a situation, the investment of a thousand odd crores will benefit the district very little. If one were to use the concept of net present value of net gains to the region (pioneered by Amarnath Bhat and S Rajagopalan at the Karnataka State Council for Science and Technology) the ranking of this project may turn out to be quite adverse. It is a matter that requires much deeper analysis. (But this must not be mistaken for an anti-industrialization argument either, since it is not the intention here to oppose industrial growth in India). It is however, an argument for strengthening intersectoral and structural linkages in the economy.

Such an effort calls for major innovations in introducing new values, organizational structures and improved and alternate technology. There is no easy method by which in a very short span of time spectacular results can be obtained. What is called for is a major effort relying upon the persons stationed in the district, cooperation with all other developmental agencies, be they central, state or private, in order to set up new structures in which the opinions, abilities and talents of the tribal population will at all times be respected and built upon. This might, for example, call for the

formation of a Trust between the NSIC, the DIC, the lead banks (in this case the SBI), and the tribal Development Cooperative Corporation, the District Collector and suitable, democratically chosen, representatives of the tribals. This Trust could begin industrial activity on projects chosen by the tribals at locations of their choice after explaining to them all relevant facts called from modern techniques, (away from the identific growth centres which are based solely on market considerations), which would undertake the entire basic task of setting up, operating and managing the new industrial units. If such a Trust were to set up a unit for converting oil which is being extracted locally into base soapy matter, it can also encourage a system by which the soapy matter is converted into soap cakes locally by smaller units. Orissa can become the soap supplier of the entire country. Such a Trust could build units for non-ferrous casting by introducing new products in locations chosen by the tribals in terms of their own conveniences. All authority will need to be vested in this Trust, the formation and operation which of requires managerial innovations on a heroic scale. Eventually the entire concern from the provision of inputs, through the process of conversion, to the disposal of final output, may be handed over. In the early stages, the tribals, while being included in all committees and decision making bodies, may only

that the Trust pay them only part of the wages in the form of cash.<sup>13</sup> Given that, currently, they receive less than the minimum wage, in fact (after the contractors keep their cut), this need not mean a decline in real income for them. The rest should be ploughed back into further investment and into services designed towards increasing per capita consumption of basic essentials of what in a modern state is considered to be the good life. One example would be a community kitchen functioning, (with modifications where needed) like the Indira Community Kitchen in Pune, open to all in the neighbourhood. Other examples would be the provision of safe drinking water, clean toilets (perhaps of the Subbh Sanchalaya type pioneered in Patna), and so on. This would include investment by the Trust in health, sanitation, education and the breaking of barriers between the tribals and outside people. Such a process would inevitably have to be suitably monitored; a tricky business at best.

A method that ignores entrepreneurship on the side of management will also have to accept the logical consequences of ignoring entrepreneurship in dealing with workers. In fact there can be no workers without entrepreneurs. Thus the promotional agencies will have to experiment with a whole host of new forms of organization and administration of local consumption, production

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This suggestion is also made by P.Hanumantha Rayappa and Leepak Grover in Employment Planning for the Rural Poor: The Case of Scheduled Castes and Scheduled Tribes, Sterling Publishers, Delhi, 1980 P.104.

function as ordinary workers. An effort needs to be made, perhaps by special training programmes, over a period of time, to enable them to become the supervisors and organizers of the production process. In the near or foreseeable future, there is no possibility by which the total management can be handed over to them. Many managerial functions, such as raw material supplies, quality control, finance, R&D and marketing will have to be handled by such a Trust for quite sometime. Such questions may be re-examined after Trusts of this sort have functioned for two or three years; and the experiences of Trusts can differ greatly from district to district and region to region. Caution will need to be exercised in generalizations from specific experience.

Such enterprises would also have to adopt attitudes towards tribals that are quite different from those of employers to wage-labourers.<sup>12</sup> While it is true that all who work in a production unit of the Trust must receive at least the local minimum wage, it would seem desirable

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This must not be misunderstood as any fear of the growth of an industrialized labour force. As the discussion brought out, the opportunities for such growth are limited anyway. And the focus here is on encouraging co-operative forms of behavior. It is from such nuclei that alternatives will draw their strength when the overall environment is more attuned to them. And such efforts are important in contributing to the emergence of such a supportive environment.

and marketing.<sup>14</sup> It is the challenge of expanding the local economic base, as opposed to the simple integration of the district into the national and world markets on unequal terms. It is only the latter that is being attempted today.

It would be useful to examine how such work could start in a district like Koraput. There are already several welfare and other organizations working there. One could begin by looking at the potential of all of them together. There are schools, PHCs, and other establishments already working in different parts of the district. The schools need chalk, blackboards, notebooks, mid-day meals, fittings, and even, from a longer point of view, clothes, shoes etc. for the children. PHCs, need bandage cloth, simple medicines antiseptics, medical and surgical instruments, first aid kits and so on. All need simple buildings. They need people who can impart field level knowledge, volunteers with local roots who can carry out sustained work. There are many welfare programmes that can finance such activities. Then there are the agriculture related projects under the umbrella of ITDP and what not. All of these, if properly handled, both generate demand by providing some income to poor people and create some assets, tangible and non-tangible, on which people can build in

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There may be a great deal to learn from the experience of self-management in countries like Yugoslavia. This is an aspect that has to be probed carefully.

the future. There is no reason why some of these demands cannot be met from local sources. Notebooks can be made from locally produced handmade paper. Bandages can be made from locally woven handmade cloth. Shoes can be made from locally tanned leather by local cobblers. These and other such products come today to Koraput from Vizag, Vijayawada, Hyderabad and Calcutta - because it is presumed that they are cheaper and of better quality. Whether they are in fact cheaper is a moot question. There is a need to question whether indeed the quality specified in Calcutta is suitable for Koraput. If not, there is a need to emphasise the positive impact of people being able to meet their own needs, of the much needed confidence that can come from such experience. It is on the basis of such experience that growth and development take place, and not in the face of submission to a market that is manipulated from elsewhere. There is therefore an urgent need to begin such work. And those who can best do it are those in Koraput. Outsiders have only a small, (and gradually diminishing) role to play. If this is not accepted, the result will be, not a farce, but a tragedy.

The challenge of Koraput is not the challenge of raw materials supplies, infrastructure, finance or technology, it is the challenge of innovation, of self-management, administration and progress towards self-reliance in a



manner that is particularly responsive to the needs of the tribal people. It is the challenge of ensuring their voluntary participation. It is a challenge in which success is measured not in gross aggregates such as exports, but by the increase in the consumption of essential commodities and services by the people through whose efforts the wealth is created and made available for general consumption and welfare.

KORAPUT DISTRICT AT A GLANCE  
AREA AND POPULATION 1971

Geographical area	Sq.Km.	27,020
Population	No.	20,43,281
Male population	"	10,31,833
Female population	"	10,11,448
Rural population	"	18,76,022
Urban population	"	1,67,259
Scheduled Castes	"	2,74,115
Scheduled Tribes	"	11,51,231
Educated and literature persons"	"	2,16,251
Variation of population	"	4,82,230
Percentage variation	Per cent	30.89
Percentage of Schedules Castes population to total population		13.42
Percentage of Scheduled Tribes Population to total population		56.34
Density of population per No. sq.Km.		76
Density of Urban Population per Sq.Km.		566
Percentage of literacy	Per cent	10.6
Percentage of Male literacy	"	16.1
Percentage of Female literacy	"	4.9
Percentage of non-workers to total population		64.90
Percentage of workers to total population	"	35.08
Percentage of Cultivators to total population	"	54.45
Percentage of Agricultural Labourers to total population	"	10.51
Percentage of workers in Mining Quarrying, Livestock, Forestry, Fishing, Hunting and plantations, orchards and allied activities.		0.69

Percentage of workers in household industry	Per cent	0.75
Percentage of workers in manufacturing other than household industry	"	0.48
Percentage of workers engaged in construction	"	0.34
Percentage of workers in Transport, Storage and communication	"	0.38
Percentage of workers in trade and commerce	"	0.85
Percentage of workers in other services	"	2.64
Household	No.	4,37,872
Female per 1000 males in the district	"	980
Percentage of Rural population to total population	Per cent	91.81
Percentage of Urban population to total population	"	8.19

(Figures taken from District Statistical Hand Book as per 1971 Census)

ADMINISTRATIVE SET-UP

Subdivisions	1975	No.	
Towns	"	"	10
Tahsils	"	"	14
Police Stations	"	"	40
Out-posts	"	"	32
Municipalities	"	"	3
Notified Area Councils	1275	"	7
Panchayat Samitis	1975	"	42
Grama Panchayats	1971	Census No.	449
Villages	"	"	6124
Inhabited Villages	"	"	5683
Uninhabited "	"	"	441
Fire Stations	1975	"	2
Jails and Sub Jails	"	"	6
Sub Registrar Offices	"		3
Inspection Bungalows (PWD)			15
Rest Sheds	"		3

(From LIC Action Plan, Jeypore, Koraput District)

AGRICULTURE

Total cultivated area in the district.	1974-75	'000 Hect.	603
Normal Rainfall in the district	"	M.M.	1521.8
Rice (Cleaned) Produced in the district	"	'000M.T.	225
Area under Rice (Autumn and Winter)	"	'000 Hect.	416
Average Yield Rate of Winter Paddy in the District	"	Qtl/Hect.	8.71
Agricultural districts	1975	No.	4
Total irrigated area	1974-75	Hect.	24473

EDUCATION

General Colleges	1974-75	No.	5
Technical Colleges	"	"	-
High Schools	1973-74	"	60
Ashram Schools	"	"	10
A.E.Schools	"	"	157
Junior Basic Schools	"	"	21
Primary Schools	"	"	3662
Registered Libraries and Reading Rooms	"		N.A.
Educational Districts (D.I. of Schools)		"	3

HEALTH

Primary Health Centres	1975	No.	42
Family Planning Clinics	"	"	42
Maternity and Child Welfare Centres		"	1
Leprosy Hospital	"	"	1
Allopathic Hospitals and Dispensaries		"	9
Number of Homeopathic Dispensaries & Hospitals		"	3

LIVES-STOCK

Veterinary Hospitals and Dispensaries	1974-75	No.	44
Veterinary Assistant Surgeons	"	"	39
Stockman Centres (Technicians)	"		II
Dairy Farms			Nil

POSTS AND TELEGRAPHS

Post Offices	1975	No.	392
Telegraph Offices	"	"	49
Telephone Exchanges	"	"	10
Public Call Offices	"	"	19
Radio Licenses	"	"	32810

FOREST

Area under Forest	1974-75	Sq.Km.	11426.31
Percentage of Forest area to total area		Per cent	42.3

TRANSPORT

Vehicles Licensed in the district	1974-75	No.	3,322
Vehicles Flying on Road in the district			3,322
Length of all weather roads in the district		Km.	3,695
Length of Railways in the district		Km.	100

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INDUSTRY AND MINING

Category of Industry	<u>No. of factories</u>		<u>Productive Capital employed</u>		Total	<u>No. of persons employed</u>		<u>Man hour</u>	<u>Per Day</u>
	Existing	Reported	Fixed Capital	Working Capital.		workers	Persons Other than workers.	Total	
<u>1973-74</u>									
Food Processing	9	9	1,29,200	58,295	1,87,495	44	9	53	8
Basic Metal	4	4	62,200	55,120	1,17,320	18	4	22	8
Wood & Furniture	2	2	49,000	32,000	81,000	22	-	22	8
Miscellaneous	9	9	33,000	36,000	69,000	32	9	41	8
<u>1974-75</u>									
Agro based Indus. (Food Processing)	24	24	7,97,065	269,640	10,46,705	64	24	88	8
Engineering Indus. (Basic Metal)	3	3	4,000	20,000	24,000	10	3	13	8
Furniture & Fixture	7	7	13,550	24,200	37,750	30	34	34	8
Chemical & Allied	1	1	5,000	5,000	10,000	2	1	3	8
Tobacco Indus.	1	1	4,100	15,000	19,100	14	1	15	8
Wood and Cork	1	1	10,000	10,000	20,000	5	1	6	8
Miscellaneous	37	37	3,51,535	337,700	6,89,235	23	14	37	8

1	2	3	4	5	6	7	8	9	10
<u>1975-76</u>									
Agro based Indus.(Food Processing)	22	22	5,63,496	2,66,750	8,30,246	110	22	132	8
Engineering Indus. (Basic Metal)	6	6	1,31,900	1,06,000	2,37,900	20	6	26	8
Wood and other Forest-based Indus.	2	2	1,000	2,500	3,500	4	-	4	8
Chemical & Allied Industries	8	8	1,45,394	28,000	1,73,394	19	-	19	8
Leather Products	2	2	500	840	1,340	2	-	2	8
Tobacco Indus.	1	1	5,000	10,000	15,000	11	1	12	8
Printing & Publi- shing	3	3	1,05,469	55,000	1,60,469	10	3	13	8
Miscellaneous	14	14	18,175	25,100	43,275	50	7	57	8



ALL ORISSA STATISTICS

Area of different districts, according to Surveyer General  
of India, 1971 Census.

District/State	Rural	Area in Sq.Km		Total	Percentage of district areas to total areas of the State
		Urban			
Balasore	6,324	70		6,394	4.10
Balangir	8,802	101		8,903	5.71
Cuttack	11,022	189		11,211	7.19
Lhenkanal	10,783	33		10,826	6.95
Ganjam	12,398	129		12,527	8.04
Kalahandi	11,755	80		11,835	7.60
Keenjhar	8,147	93		8,240	5.29
Koraput	26,725	295		27,020	17.34
Nayurbhanj	10,390	22		10,412	6.68
Phulbani	11,034	36		11,070	7.10
Puri	10,021	138		10,159	6.52
Sambalpur	17,315	255		17,570	11.27
Sundargarh	9,468	207		9,675	6.21
Orissa	154,184	1658		155,842	100.00

APPENDIX  
SOME DOCUMENTS/BOOKS

<u>Name of Document</u>	<u>Year of Publication</u>	<u>Published by</u>
1. District Statistical Hand Book 1974 & 1975 Koraput.	1976	District Statistical Office, Koraput.
2. Action Plan for Industrial Development, Koraput	1978	Director of Industries, Govt. of Orissa, Cuttack
3. Industrial Possibilities in Jeypore Growth Centre 28th Sep. 1973	1973	Director of Industries, Govt. of Orissa, Cuttack
4. Project Report of Integrated Tribal Development Project, Rayagada, Dt. Koraput 1976.	1976	T & R.W. Department Bhubaneswar.
5. Project Report of Koraput Integrated Tribal Development Project, Koraput District, Orissa.	1976	Project Administration, Koraput.
6. Integrated Tribal Development 1976 Project Jeypore, Orissa	1976	Govt. of Orissa.
7. Possibilities of development of Sisal, Coffee, Cashewnut, Plantation in Koraput. (Details of Information regarding Cashewnut, Sisal & Coffee Plantations)		Agriculture & Co-operation Department, Bhubaneswar.
8. Orissa District Gazetteers- Koraput	1966	Govt. of Orissa.
9. Final Report on the Major Settlement Operations in Koraput district (1938-64)	1966	Govt. of Orissa, Board of Revenue.
10. Landakaranya, A Symbol and a Hope	1970	Dandakaranya Development Authority Koraput.
11. Transport Statistical Hand Book 1967-68	1970	Transport Department, Govt. of Orissa.

<u>Name of Document</u>	<u>Year of Publication</u>	<u>Published by</u>
12. Common School Calendar 1969-70, Koraput Circle	1970	District Inspector of Schools, Koraput.
13. Survey Report on Koraput District Orissa	1971	State Bank of India.
14. Land Tenure and Land Reforms in Orissa	1962	Board of Revenue, Govt. of Orissa.
15. Shifting Cultivation in Orissa	-	Agriculture Department Soil Conservation Organisation, Govt. of Orissa.
16. Development of Landakarnya	1963	M.C.A.E.R., New Delhi
17. Directory of Industries	1968	Directorate of Industries, Govt. of Orissa.
18. Report on the Industrial Potential Survey in and around Sunabeda in Koraput District	1966	Bureau of Statistics and Economics, Bhubaneswar.
19. Report of the Team for Techno-Economic Appraisal for the Indravati and Sabari Basis	1965	Govt. of India, Ministry of Rehabilitation.
20. Survey and Assessment of Vegetable Tanning Materials in Landakarayna.	-	Central Leather Research Institute, Adyar, March-20.
21. Feasibility Survey Report on Setting up Small-scale Industries in Landakaranya Prepared for the Board of Rehabilitation, New Delhi.	Kirloskar	Kirloskar Consultants Ltd. Poona.
22. Statistical Tables relating to Banks in India	1968	Reserve Bank of India.

<u>Name of Document</u>	<u>Year of Publication</u>	<u>Published by</u>
23. Organisational Framework for the Implementation of Social Objectives.	1969	Reserve Bank of India.
24. Revised Fourth Plan Agriculture, 1969-70 to 73-74	1970	Directorate of Agriculture and Food Production, Govt. of Orissa.
25. Annual Administration Report, 1967-68.	1970	Tribal & Rural Welfare Department, Govt. of Orissa.
26. State Income of Orissa 1951-52 to 1963-64	1968	Bureau of Statistics & Economics, Bhubaneswar
27. A Study of Gothi System of Adivasi in Koraput	1966	Tribal Research Bureau, Government of Orissa, Bhubaneswar.
28. Report on Impact of Landakaranya Project on the Local Tribes of Umarkot and Malkangiri Area of Koraput district.		Tribal Research Bureau, Government of Orissa, Bhubaneswar
29. Survey Report on Koraput District, Orissa, (Lead Bank Scheme)	1971	State Bank of India.

ORISSA - Health & Dev. Projects

1. Agriculture Training Centre (0-5) - GPF  
Gopalwadi, P.O. Antkhandi,  
Via Rayagada 765001  
Koraput Dist. Orissa.
2. Diocesan Community Health Program (0-6) - CHA  
(in Ganjam, Koraput & Kalandi Dist.)  
Bishop's House  
Bhairampur 760001  
Ganjam - Orissa.
3. Dept of PSM. (0-4) - ICHR  
SCB Medical College.  
Cuttack-R.T. Orissa  
(Rural Health Centre Jagatsinghpur).  
Dr Saraswati Sivan
4. Tribal & Harijan Research cum (0-3) Dr Almas Ali  
Training Institute, - ICHR Special Officer (Tribal Health)  
Bhubaneswar - 751014  
Orissa.
5. Dipti Christian Hospital (0-1) - VHAI Dr B. Sana  
Diptipur  
Dr. Sambalpur  
765035 - Orissa
6. Christian Hospital (0-2) - VHAI Dr M. Sana  
Nawrangpur  
Koraput Dist  
764057
7. Dept of PSM - IAPSM.  
MKCG Medical College,  
Bhairampur  
(RPA - Dimgapahedi).
8. Dept of PSM - IAPSM  
VSS Medical College.  
Burla, Sambalpur  
(RPA - Attabira).
9. President, Orissa VHA  
MCW Centre  
Bhairampur - 760001  
Dr E. J. Harsh.
10. Soc., Orissa VHA  
Dolanambi Health Centre  
Sambalpur P.O.  
Koraput Dist - 764036.  
Dr M. Sana.
11. Openzep Soc., Orissa VHA  
MCW Centre  
Guru Market Road, Bhaipur  
Mr Bipan Chandra  
Moharath
12. Gram Vikash,  
Nursinghpur - 754052  
Mrs A. Mediate

REPORT OF THE ANNUAL GATHERING OF THE CHF-I AT TAPOVUMI  
BEGUNIA-ORISSA FROM 28-31 AUGUST, 1994.

Some of the participants and few regional convenors (contact persons) reached the venue by 27th or 28th morning. The regional convenors were requested to come a day earlier to plan the programme and to fix the agenda for the meeting.

The participants spent the whole morning discussing with Mr. Chittoranjana and Mr. Kulamani Jena on the very serious point of personal commitment and conviction. What makes the religious and priests, even though committed to God and society not to enter into struggles and action for a better and more humane society? There are so many young men and women who have dedicated their lives to struggle for the realisation of a new social order. Don't they have the problems of their future and safety? Are they not facing uncertainties and insecurities? What about these post-graduate young people from Utkal University, living in this Tapovumi, who participated in the Chilika Bachao Andolan, gone to jail and suffered a lot? What is their future?

Is it not the fear of uncertainties and insecurities that block the religious and priests from entering into the lives and struggles of the people. Why this fear? Is it not based on unfounded reasoning? Hence the question is commitment itself. What are we committed to and what are we convinced of?

The discussion further developed into the level of ideologies and vision we hold. We need not become victims of any 'isms'. Every 'ism' if seen as absolute, excludes any other ideas and thus loses openness, which is very dangerous for social change.

In the afternoon session we spent time to make plans for the next two days. Dr. Ravi Narayan's comprehensive paper on Community Health, on the request of the participants of Hyderabad gathering, could be taken up for a detailed study in sub-groups was the proposal. Another major point that conveyed was to discuss on how to approach people in raising the level of consciousness and organising them for action.

Based on the field-visit to Borikaunegaon and Chatwagaon this point could be shared and developed. Since the villagers invited the group to see the common work by the people on the next day in Borikaunegaon it was agreed that some participants visit the village for a shortwhile.

All the participants present visited the village and had some discussions with the people on how they got organised and how they are trying to develop their village. The secondary role or no role played by the women was a point of heated discussion. The villagers agreed to have women equal participation in decision making process. They also invited us to be a member in the people's hospital they are building.

On 29th the sessions were to begin as planned but Mr. Chittoranjn expressed his inability to be present throughout the gathering as he has to go to wardha for the gathering of the National Alliance of peoples movement. He is initiating a movement on unemployment at the Orissa state level. Hence the group decided to listen to his plan of the movement in the post lunch session.

More participants arrived in the morning and the rest of the morning was spent in group study of the paper by Dr. Ravi Narayan. In the evening the group visited the Chatwa village where the group discussion with the village people was very lively. The village people succeeded in stopping the use of intoxicants like liquor, beedi, ganja etc. This was a village where 600 litres of liquor used to be produced. Now 80% success in stopping production and consumption of the same. These days people don't show interest in Coffee and tea in that area.

The issue of women's participation came up for discussion and that has become a challenge to the village leaders who are grappling with the issue as it goes against their tradition and customs.

Mr. Chitto's explanation of the planned movement on unemployment was quite convincing to many of the participants. Three legislations have to be passed by the Govt. by the demand of the people; employment guarantee act, distribution of uncultivated cultivable land and development of small scale and cottage industries.

People's committees are to be formed, educational process to be started in all the villages to raise the level of consciousness, initiate padayatra, enrol youth activists for action programmes, have meeting of intellectuals, activists and cadres at regional and state level etc. It has to be a state level movement and thus a gigantic task to be achieved in a short span of time.

The participants divided themselves into four groups to discuss the 'study Reflection' paper on community health, prepared by Dr. Ravi Narayan, CHC Bangalore.

The first group which reflected on the themes:

(1) Health care in India: An Historical over view and (2) Health care in post Independent India: An overview, shared the following reflections in the plenary session.

(1) The Traditional health care systems that had deep roots in the soul of the polity and heart of our mother land, like Ayurveda and Sidha, were characterised by its sensitivity and closeness to local culture, and stressed much on healthy living habits and closely linked with home remedies and peoples health cultures. But, the powerful colonial masters, having scant regard for the indigenous people, their traditions and heritage imposed upon us the western allopathic system of medicine as the official health system of British India.

The Health care infrastructure developed on the western model were mostly concentrated in the cities, and was accessible mostly to the provincial army and the elite of the society. During this period the healing ministry of the Church carried on by the missionaries concentrated mainly among the poor in rural areas.

The group identified the following positive aspects of health services during the British period.

- Emergence of public health Concept, control and prevention of Mass epidemics.
- Women and children were identified as vulnerable groups and there was increased focus on them.
- Training of local doctors, nurses and para medicals.

The vision of community health was evolved by the Bhole Committee (1943-46) which drew up the comprehensive blue print for health services in India. The Bhole committee report can be seen as the fundamental frame work and inspiration for much of the post Independent Health planning in India.

(2) In spite of constitutional pledges to improve the public health as one of its primary duties, the health situation of our people in the post independent India remained more or less the same. A study group of the ICMR & ICSSR found that, though there are certain welcome changes in the health arena like, growth in life expectancy, eradication of small pox, MCH and family planning, the quality of life of a large majority of Indian citizens remained the same, if not further worsened.



Between 1947 and 1984, there was a three fold increase in the number of hospitals and dispensaries. five fold increase of doctors and 10 fold that of nurses. But when these achievements are compared with the Shore committee's long term goals enunciated in 1946 itself we find the situation very different and the so called 'rapid growth' becomes questionable.

The Srivasthava expert committee report of 1975, which made a critical introspection into the health care scenario in our country stated in unequivocal terms that only through a 'sustained and vigorous attack on the problem of mass poverty, and creation of a more egalitarian society' can health become a reality for the vast majority of our country men. The report also stated that we need to make a conscious and deliberate decision to abandon the health care model that we have borrowed uncritically from the industrially advanced and consumption oriented societies of the west.

The group also observed that as people working at the grassroot level we must make efforts to study some of the 'so called' superstitious practices of the people, to understand its scientific worth. This effort has to be seen in the context of reviving certain age old practices of the ordinary people, which the modern society has neglected and discarded.

The second group which studies the question 'Health situation in India' presented the following report.

In spite of the continuous governmental efforts, the health status in the country has not changed much. A detailed analysis of the mortality, morbidity and delivery of health services amply reveals this pathetic situation. The health care institutions remain ill equipped and poorly manned. T.B.pneumonia, Anemia etc account for 20%, and communicable diseases claim 40% of all deaths in India. Diarrhoea remains the number one killer disease of children in our country even today.

Health education scene has become so luerative, that there is a phenomenal growth in 'nursing school shops' in A.P. and medical colleges in karnataka.

The group also felt that our experience in the post independent India sufficiently proves the fact that the medical model of health which merely concentrates on the use of technological resources in freeing man from clinically identifiable disorders can hardly make any positive contribution towards the improvement of peoples health.

The third group studied the following two questions (1) community Health in India. Recognising the new paradigm and (2) community health: the axioms of a new approach: presented the following report.

The 1970's witnessed the emergence of this different but distinct thinking and understanding of the concept of community health. One group held that the causes of ill health is rooted in the present economic and political system and they believed that unless the system is changed nothing can be done to improve the health of the people. Another group held that non professionals can change this scene with appropriate technologies and certain innovative management tactics. But gradually by late 1970's deeper understanding and more integrated concept of C.H. emerged as an essentially multidimensional process. This facilitated a shift in the understanding of health from its medical technologised model to its social model. The emphasis on social model is on empowering/ enabling process than on mere provision of a package of services.

The group also reported that during their discussion they scanned through the various understandings and approaches of C.H. as illustrated in Reflection- V of the study paper:

The fourth group then presented their reflection on the question 'Is community health growing as a movement in India?'. The group felt that there is more health consciousness in the people today, compared to earlier times, but it is in terms of drugs, medicines and specialisation. This is not what is understood by health movement in the country, the report said. They agreed with the three pre requisites enunciated in Reflection No. VI A of Dr. Ravi Narayan's paper.

Nevertheless it was felt that we cannot ignore some of the positive trends which if pursued well can take the shape of a nationwide health movement. They are identified as:

- Growing number of Villagers and lay workers trained by Government and voluntary agencies as grass root level health workers.
- There is a growing recognition among lay leaders and social activists about the non medical dimensions of health.
- Health is seen included in the syllabus of adult, nonformal education in the country.
- people oriented science movements like KSSP in Kerala and LVS in Maharashtra, and many others elsewhere are taking up health issues in their awareness building programmes.
- Number of peoples movements are emerging today around issues like, forest, environment, etc. which have 'health of people' as an intrinsic component.
- In the medical and nursing professional and institutional networks, there is a growing sensitivity to the needs of linking health activities, with the broader issues of social change.

...  
Even if the above trends are seen in the social fabric, medicalisation, professionalisation, and the consumerist orientation of health care is registering phenomenal growth in the country; and unless conscious efforts are taken, community health may never take the shape of a movement.

After the presentation of the report of group discussions, the following points were high lighted in the plenary discussion.

- Are we ourselves convinced of the relevance of non allopathic systems. How often do we make recourse to it when we ourselves fall sick ? We need to question our attitudes.
- A suggestion was made that each of the participant of this get together make an indepth study of one of the most prevalent superstitious practice in his/her own area of involvement.
- With regard to the movement dimension of community health the highlights of the discussions are the following:
  - Movement is external and internal, and is from an unsatisfactory condition to another condition which is desirable and satisfactory.
  - Movement can have temporary and permanent goal. It cannot be static or confined to an institution. In this sense, the term 'building up a movement' can be misleading.
  - A movement can not survive, if it is based on mere resistance. It has to be creative, and projecting an alternate vision of the society. It must have primary and secondary level leadership.
  - A question was raised in the group as to how many of us have set short term and long term goals in our own involvements. SASVIKA and Kanya Kumari group then shared some of their experience related to the health movement they have initiated in their respective areas.
  - Kranthadarsan group was asked to share about their approach in contacting the people in Chilika. This sharing helped the participants with an introspection into their own involment in the field.

In the next session that followed a brief evaluation of last year's decision to take up the issue of corruption in our areas, was done. Few groups briefly shared their experiences on that.

After a brief break the group again assembled in the meeting hall to briefly discuss on the future planning, and made the following decisions.

- (1) To have more emphasis on training.
- (2) To initiate aids awareness programmes.
- (3) To foster linkages with other groups.
- (4) To continue with the issue of corruption, this year also.

#### BUSINESS SESSION:

The business session was held with Sr. Chinnamma, the National coordinator, as chairperson. At the beginning itself, the list of those who excused themselves from the meeting was ~~xx~~ read out.

Sr. Rose SDS from Kanya Kumari was elected as the national coordinator for next year. The following members were then elected as Regional Coordinators.

Sr. Rajaj:	Orissa
Sr. Savitha:	Madhya Pradesh
Sr. Vineetha:	Rajasthan
Sr. Rose :	Tamil Nadu
Sr. Philo :	Andhra Pradesh
Fr. Thankachan:	Karnataka
Fr. Thomas Joseph:	Kerala

Some of the other important decisions taken are the following:

- (1) The venue for the next meeting was fixed as Mandya.
- (2) To take a membership in the proposed peoples hospital in 'Tapovumi'.
- (3) It was also resolved to take a membership in the proposed Indian net work of action group- which is a member of FIMARC based in Belgium.

On 31st some participants went to visit the famous Chilika. Chilika Bachao Andolan by Mr. Chitto and his youth friends was the background of this visit. Panaspada Village people welcomed us there. We had some informal discussions with a group of people. As some of the participants had visited the village on an earlier occasion they could feel the difference then and now. The people who used to be very excited about Chilika, sounded indifferent as they have nothing much to do with it. They spoke of the local mafias and businessmen whom they described as mini Tatas. They are at a loss as how to handle the situation and they feel that the people who initiated the Chilika Bachao Andolan-Tata Hatao movement is not showing much interest in the fight (if at all there is one) against the mafias. Tata was a common enemy and everyone got united. Now the enemy is within and not one but many. People are not united and difficult to unite them.

Ofcourse panaspada is not a fishing village but agricultural village and thus their interest may be different.

Number of questions may be raised regarding the Andolan-will such movements bring about a desired social change? what happens to people after an andolan? Have sufficient importance be given to build up second level of leadership? what about value education which is the base of a new society. what is the post andolan relationship between the animators and the people?

On the way back from Chilika the participants present introduced themselves as no oppertunity was early provided. An evaluation of the entire gathering was also not done.

Some made use of the oppertunity to visit Lord Jagannath at puri and also the historic monument at Konark, an expression of love and life and art and music.

Reported by:

Fr. Thomas Joseph  
Fr. Sebastian Poomattam  
Sr. Chinnamma

We share our deepest sorrow with the Sisters of St. Mary of Angels and friends at the sudden death of Sr. Vinita, while participating in a programme at Bhubaneswer on 14th Dec. 94. In her, we have lost a rising star of the Jhabua area. May her soul rest in peace.

The family of CHF-I

### LAST DAYS OF SR.VINITA

The sudden demise of Sr.Vinita must have been a shocking news to many of you, just as it was for us. You must be anxiously waiting to know the cause of her untimely death.

From 6th to 9th December Sr.Vinita was in Delhi. ISI had called her for a consultation with other NGOs of Jhabua District, as they are planning a project for the integrated development of Jhabua. From there she proceeded to Shuvneswar to represent the diocese at a meeting of Catholic NGOs and funding agencies. At Shuvneswar, Vinita participated actively in the meeting from 11th to 13th Dec. and with great enthusiasm. On 13th night she had an asthma attack and took tablets to get relief from it. Since she did not feel better she decided to go to the hospital on 14th morning. In fact she was well enough to walk from the 3rd storey to the ground floor of the institute where the meeting was held. She was taken to a private hospital in a car accompanied by two sisters of another congregation. No other SMA sister was present in Shuvneswar to attend the meeting. As per her request the doctor gave her I.V.injection immediately after which she collapsed. According to the information received from the sisters present with her, she asked for injection Betnesol but the doctor gave her Injection Decadron to which she was allergic and she had mentioned to the doctor that she was allergic to certain drugs. As she got the I.V.injection it seems she said 'Reaction' and then collapsed. The doctor tried to shift her to the Government hospital but on the way she died, though they say she must have died in the private hospital itself. We came to know all these details only on the 18th through the sisters who were present with her in the hospital. We are still not very sure about the facts.

The body was flown to Udaipur accompanied by two priests. A large number of SMAs had gathered besides Srs. Angolina, Julienne, their brother, other relatives and friends to bid her goodbye.

Though the burial is over still we cannot believe and accept the fact that Vinita is no more with us as she was before. We all miss her very much. May she rest in peace in the company of her God who was the source and inspiration of her life. We have lost a gem that was so precious, valuable and beautiful.

Vinita was working to create awareness about the harm done by allopathic practices (as part of her programme) and she herself became a victim of it. May she rest in peace.

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