

A STRATEGY FOR WOMEN EMPOWERMENT

A KUNNACKAL MODEL

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TO**

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BY

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ABSTRACT

Women of Kunnackal, generally reticent, withdrawn and dependent, seldom came out of their homes. Not one of them from the low-income group had ever been to Ernakulam, which is just 35 kms away.

Not any more. They are seen in the market, in the bank, in the local institutions – practically everywhere. They are sociable. Decision taking comes naturally to them. They are aware of the government programmes. They seek after them and make them theirs. Above all, they are actively involved in the community.

The researcher, an occasional visitor to this community, intrigued by this remarkable phenomenon, decides to enquire into it as she comes to live there. And the results were revealing.

The Community Health Department of the Malankara Medical Mission Hospital, Kolencherry, Ernakulam launched a peripheral outreach clinic in Kunnackal to build a significant interrelationship between health and socio-economic development. They realized that educating women is the key to developing a society. They did just that. What followed was history.

This study is an honest endeavor into this unprecedented occurrence.

PROJECT THEME SONG

Evideyum evidyum orupol vilangum
Bhuvanasha njangalkku vazhi kaattiyaalum

Oru jaathi oru matham mama tharavaadaay
Pularuvaan aathmaavil kaniyename nee

Eliyoraai naadinte nanmkkaay ennum
Pani cheyyaan njangalkku shakthi thannaalum

Allaavaay deivamaay vishvam bharikkum
Anginnu njangalkku kaazhcha thannaalum

Samudaaya kadalile thullikal njangal
Samudaaya nanmakkaay jeevikkuvaanum

Islamum hinduvum christianumellam
Innaattilaanenna sathyathe kaanmaan

Parishudhaa snehathin chediyil valarnnu
Narumanam pol njangal- kkazha-gegiyaalum

Oru naalum oru naalum piriyaathe nammal
Pani cheyyan njangalkku shakthi thannaalum

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Introduction

“Women represent fifty percent of the population, make up thirty percent of the official labour force, perform sixty percent of all working hours, receive ten percent of the world income, and own less than one percent of the world property”, identifies ‘**Jakarta Declaration**’ for the advancement of women in Asia and the Pacific during the Second Asia and Pacific Ministerial Conference on Women in Development, Jakarta, 7 – 14 June 1994, organized by the Economic and Social Commission for Asia and the Pacific, United Nations, New York.

This statement stands true for Indian women, very much so for the rural women. The majority of Indian women reside in rural areas and most of them are engaged in subsistence agriculture or informal sector. Even though they have been playing important and significant economic roles, women’s participation in labour force has been dwindling. Not only that their status has not improved but they also continue to remain a disadvantaged group. Or rather, she remains ‘invisible’.

Realizing this, efforts to create an interest and awareness in women, particularly rural women, to help them ponder over issues affecting them and to enable them to take steps to initiate specific measures for empowerment has been successfully undertaken throughout the world under the leadership of voluntary organizations. And informal education and awareness building has been the key in women empowerment the world over.

A social situation, which calls for such interventions, is local-specific. Concerned individuals or groups are motivated to intervene on behalf of the aggrieved populace. Most of these organizations, interestingly, do not know what social transformation means or may not be even aware of their involvement in the transformation they cause! The reason is that the process is gradual, almost invisible.

The secret of success of these NGOs lies in their commitment. As they interact with the grassroots level people, fruitful relationships emerge between them and the people. They gain the confidence, trust and enlist the support of people’s participation. Working informally, they undertake local development activities bearing in mind, the needs of the people. No wonder, **S. L. Sharma** has aptly called the NGOs as ‘harbingers of silent revolution’.*

* **S L Sharma**, Economic and Political Weekly, 27, 1992, pp 2557-’61

Quoted in “ Footnotes of India’s Development”- Indian Journal of Public Administration special number as ‘ Organizations and Development: Their Role’
July – September 1987

It wasn’t different either in Kunnackal. The only difference was that instead of the usual NGO, it was a programme implemented by a local hospital, which realized that the key to developing a sustainable socio-economic milieu lay in educating the rural women folk.

A humble beginning by a team of ordinary individuals is all that it required.

Context of the Study

Established in 1970, the Malankara Medical Mission Hospital was slowly spreading its wings to bring poor people in the neighboring areas under the umbrella of the health care package of its Community Health Department started in 1979. Initially concerned over the magnanimity of incidences of dysentery and related problems in-patients from Kunnackal, surveys conducted by a team of health workers revealed the astounding absence of latrines. Open defecation, unsafe drinking water, lack of knowledge about health related issues – there were an endless list of problems in the community.

Most of the target area comes under Kunnackal, which is spread over the panchayats of both Mazhuvannur in Vadavucode block and Valakom in Muvattupuzha block. The target area covers roughly 21 square kilometers including part of Nellad village. Then people are Hindus and Christians and engage in agricultural activities for livelihood. Agriculture was based on the two monsoons till the Periyar Valley Irrigation canal came which encouraged farmers to cultivate coconut, paddy, arecanut, plantain etc. Except for a few who had secure jobs all others lived on agriculture.

Two buses plied up and down between Muvattupuzha and Perumbavoor. Although most people still carried their agricultural products on headland or on bullock carts, some used the bus for this.

All had their own minimum 5 cents land and own houses too. But they had no idea about safe drinking water or the risks of public defecation. Only a handful of households, that too, upper middle class, had latrines. Sickness was common, still birth and child morbidity were high. 92% of the people were below poverty line.

People hardly traveled and women seldom did. Most kids dropped out of school once they had siblings to take care (as their mothers went to work in the fields) or they worked as agricultural labourers. Education as such was not an end except for the higher middle class who was very few.

A Community Health Centre (CHC) was started in 1985 in Kunnackal with a resident Nurse Practitioner (NP). A team of health workers and Community Health Volunteers (CHV) set about the task of starting Village Development Units (VDU) in various sectors of the locality. A mahila samajam also was started. A CHV was in charge of each VDU. The NP attended the weekly VDU meetings, gave health talks, visited houses, etc. The

CHVs were the link between the people and the NP. The NP and the social worker reported to the Base Hospital. The doctors conducted weekly clinics.

Various programmes were started - small saving scheme, goat bank, well protection etc. People were taught to use local resources, seek and get government programmes; leadership was developed through decentralized planning and implementation of projects. Members located needs in the community and brought it to the committees through committee members who took decisions with the guidance of project officials.

The CHC became a social center where people met, discussed and solved issues and problems. Remarkable changes gradually appeared in the form of more labour days, lesser school dropouts, decreased diseases, better health and eating habits. The integrated community development idea was slowly falling in place.

An agency gave a grant for two terms. Gradually people owned the whole programme. As local people observed the changes in the life style of the members, the ripple effect caused more women to come out of their homes into the public without fear.

THREE TIER HEALTH PTOJECT

<p>BASE HOSPITAL DEPT OF COMMUNITY HEALTH</p>	<p>COMM HEALTH DEPT HEAD PROJECT COMMITTEE PROJECT STAFF</p>
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<p>KUNNACKAL COMMUNITY HEALTH CENTRE</p>
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RESIDENT NURSE PRACTITIONER

SOCIAL WORKER

LOCAL COMMITTEE

VILLAGE DEVELOPMENT UNITS

<p>VDU 1 CHV 1</p>	<p>VDU 2 CHV 2</p>	<p>VDU 3 CHV 3</p>	<p>VDU 4 CHV 4</p>	<p>VDU 5 CHV 5</p>
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VDU 6 CHV 6	VDU 7 CHV 7	VDU 8 CHV 8	VDU 9 CHV 9	VDU 10 CHV 10
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Significance of the Research

Transforming people and their lifestyles through informal education and awareness building programmes, facilitating discovery and encouragement, capacity building and utilization of local resources as well as ideas have been the key for community development. In the target area a new social order, where women actively participate in the community's needs and facilitates utilization and adaptation of local resources is set up.

It will, from the point of view of the researcher, worth looking into the matter to find how these village women were motivated and to what extent their interest, initiative and involvement helped themselves, their families and the community.

Women in Kunnackal take active participation from prioritizing programmes to implementation and evaluation. The participatory involvement of the beneficiaries in monitoring and evaluation means people own and run the programme.

Coming from a group of 'basically uneducated poor women folk', this appears to be the result of informal awareness building of long years. The latent capacities of these women are developed to enable them to become competent to their full potential, improving their capacity and commitment. This significant transformation requires careful analysis and study.

In educating the women towards capacity enhancement, NGOs seem to have had a substantial amount of influence by gaining their trust and confidence. Since all these happened years before the people's planning programme was implemented in the state, this phenomenon requires careful attention.

Does it mean that all that our women need is a tremendous 'catalyst' to act as a facilitator to help them 'discover' themselves and heir capabilities to transform them

from passive inaction to active participation? Is it that it is possible for these timid people to emerge out of their shells into the bright communal arena and put their capabilities to optimum use? Then by all means, such a thing demands our wholehearted research. More so, if there is the possibility of adapting such a change elsewhere in the country and to suggest this method as a 'development model'.

No study has so far been conducted into this phenomenon. In fact, even the project people had taken it for granted. Even as the researcher approached them she had to convince them the need to study this in detail. Surprisingly the level to which the whole programme grew was certainly beyond their wildest dreams. Eventhough the programmer's basic aim was to create a significant interrelationship between health and socio-economic development, except for the planning for a mahila samajam, initial plans were not restricted to women – it was for the whole community. Not only that this catastrophic achievement was unexpected, it opened a new way of thinking based on experience – that women are the key to the success of a development programme.

Objectives

The study being a novel attempt, it had to be restricted to contain it well within the scope of this study.

The following are the main objectives of this study.

Is there perceptible change within the community as a result of the programme?

It is said that the community development programme has changed the community as a whole. Assuming that all members of the community are not members in the programme, we have to find out whether this is an exaggeration or was it a case where the spillover effect was felt within the community.

Areas the change is visible

A change to be visible it should be explicit, distinctive, tangible and measurable in the beneficiaries and members. Is it only external or is it deep-rooted? Has it affected the way they live, the way they view themselves, the way they think? Is it only at the individual level or has it permeated into the group level?

Indicators of women empowerment

What are the indicators of empowerment?

Which are the areas where women are empowered?

Can we pinpoint the specific areas?

Rate and extent of the change

How deep and widespread is the change?

Is it confined only to certain areas or regions?

Has the change stayed only for a short while or did the phenomenon stay on?

Factors which contributed towards this

What has caused this change?

Were there government intervention programmes other than the programmes of the community development project?

Can the change be fully attributed to the community development programme?

Which agencies are instrumental in bringing about this change?

The place of 'Awareness Building' in women empowerment

It is possible to educate the uneducated 'informally' to bring to a position of 'capacity building'?

Is the informal education a tool powerful enough to bring such drastic changes in the mindsets and actions of low-income women?

Areas for further research

Knowing that a project of this size cannot adequately cover all the significant areas of this phenomenon, which are the areas that need further probe for a deeper and clearer understanding of the problem?

The Concept of Empowerment

What is 'empowerment'? What does it mean?

Empowerment is a word with so much meaning loaded into it.

It means recognizing women's contribution, their knowledge

It means enhancing their self-respect and self-dignity

It means women controlling their resources

It means women becoming economically independent

It means women being able to fight their fears, anxiety, their feelings of inadequacy, inferiority etc

It means a lot, quite a lot in fact.

Empowered women define their attitudes, values and behavior in relation to their own real interests. They claim their freedom. Empowered women respond as equals and cooperate in order to work toward common good.

They use their talents to live fulfilling lives. They are able to maintain strength in the presence of pressures and they contribute towards the empowerment of others. They define their values and formulate their beliefs themselves.

It is a process that enables women to gain access to and control material as well as information resources. According to **Pillai** (1995), * "Empowerment is an active multidimensional process which enables women to realize their full identity and powers in all spheres of life.

It can be seen as a continuum of several interrelated and mutually reinforcing components:

Awareness building about women's situations, rights and opportunities

Capacity building and skill development, especially the ability to plan, make decisions organize and carry out activities; to deal with people and situations/ institutions around them

- 'Women and Empowerment', **Pillai J K**, 1995, Gyan Publishing House, New Delhi.

Participation and control in decision making at home, community and society

In other words, women empowerment is women having say and being listened to

Being able to 'create', from women's perspective

Being able to influence social choices and decisions affecting the whole society

Being organized and respected as equal and citizens and human beings with a contribution to make

Generally an individual or even a group moves from a state of relative powerlessness to power through the empowerment process.

Women empowerment allows women to be appreciated and acknowledged for who they are and what they do. Once recognized, they act more effectively. They develop a capacity to boldly face the social facts of their actual situation. They are able to come to a better understanding of themselves and their circumstances once they examine the facts of their situation. In the case especially of the Indian women, a whole set of both internal and external bonds bind her up which almost incapacitates her. An empowered woman becomes free of these social, cultural and most importantly, psychological barriers.

Literature Review

M L Anderson wrote, “ Women must know themselves sufficiently to become free”. * This statement sums up the idea of ‘Women Empowerment’. Anderson argues that the objective of any programme to empower women has to educate her, initiating critical thinking to the extent that she is able to make a realistic evaluation of her predicament within the social, cultural, political and economic milieu, resulting in enabling her to take necessary action to lead a satisfying life. Any women empowerment programme has to have a lot of stress on encouraging women to take action. He argues that all knowledge imparted will be fruitless unless followed by right responses.

Talking in detail on the topic, **Pillai** draws attention to individual as well as collective empowerment. He argues that empowered women live more satisfying lives compared to their counterparts on the other hand. It is a ”positive concept with the capacity for self-action and transformation of self”.

Individual empowerment occurs through the process of personal development, which entails both the growth of skills and abilities and a more positive self-definition. Empowered people feel better about themselves. There is an increased sense of personal dignity, self-respect and self-esteem at the psychological level. Also there is there is a new confidence and a sense of personal efficiency. The person perceives herself as more capable, worthy. There is a totally new psychological redefinition of self. As a result there is actual increase of knowledge, information, competence, skills, resources, opportunities and more effective action and interpersonal relationship. The development of self-confidence strengthens personal ability leading to individual transformation of consciousness and capacity.

Empowerment is a continuing development process involving many changes whereby an individual or group is able to strengthen exercise the abilities to go out to gain greater control and mastery over life. A process of both thought and action and its dynamics are constantly evolving. Individuals or group develop an ongoing capacity to act effectively on their own behalf. Many strengths and abilities, which are already there, are brought out through methods, action and activities, which produce empowerment. Women empowerment allows them to be appreciated and acknowledged for who they are and what they are. The outside agency that help them achieve all these is only a 'catalyst.

- **M L Anderson**, 'Thinking About Women: Sociological and Feminist Perspectives' Second Edition, New York (1988)

Uma Shankar Jha, Arathy Mehta and Lathika Menon * talk about empowerment indicators. She mentions the following as indicators of empowerment.

- # increased bargaining power
- # strengthened economic position
- # promoted decision-making capacity
- # encouraged openness
- # increased social status

Discussing the contributions of NGOs to development as a whole and especially to women's development, **Anil C Shah and Sudharshan Iyengar*** critically evaluates their role. Although their programmes have helped rural women to come out of their confines, they have not tried either to challenge or change the traditional social image of women. (Of course the NGOs helped women to articulate demands and break certain social restrictions). Nor has it been able to address the issue of subordination of women. It certainly has raised the standard of living conditions of the family and community, which actually led to further exploitation of the labour of women for both family and society without conceding any tangible rights to them.

They specifically talk about conflicts as "the very process of 'empowerment' was bound to create conflicts – conflicts with family members, community, cast and religious groups, patriarchal interests due to challenge to oppressive customs and practices and on issues of development and rights. Every time a demand was raised, the mere raising of

issues and demands itself was taken as an achievement as earlier, even this wasn't happening. But once the process was unleashed, it could not be restricted or limited and as women started gaining a sense of identity and empowerment, contradictions started emerging not only because of conflicts created by such empowerment, but also because the philosophy of the programmes did not synchronize with the overall hierarchical, elitist, centralized, non-participative structure of the state”

- Status of Indian Women – Crisis and Conflict in gender Issues, Volume 1, **Uma Shankar Jha, Arathy Mehta and Lathika Menon**, Kanishka Publishers, New Delhi (1998)
- * **Anil C Shah and Sudharshan Iyengar** –‘ The Contribution of NGOs to Development: Some Issues and a Case Study’, in Social Change Through Voluntary Action, M L Dantewala, Harsh Sethi and Pravin Visaria (Ed)

Integrating women into the development process can be achieved only through carefully planned projects. To achieve the strategies devised, there is need for women to be seriously involved in the decision-making levels in planning. They form the largest group of the unemployed and underemployed, although much is mouthed about the need to integrate women in the development process.

Women as such has always been involved in the development of societies, their involvement went unrecognized, unrewarded and unutilized. They have, for long time, been involved at all levels of responsibility in the activities of improving the quality of life of their families and communities. They have historically been in the disadvantaged position. Hence there is all the more a need specific transitional intervention strategies, policies, measures and actions if they are to actively participate in the execution of the objectives. The specificity of their situation and the need for special programmes point towards their need for economic, social and political empowerment. An essential is the insight to involve the rural women, particularly the women from the low-income group to involve in the decision-making process, which affects their opportunities and the quality of their lives. Here, special mention is made about the sharing of practical experience and wisdom that women have. This type of contributive participation will accelerate the involvement process, which will make women feel better about them which is a great step in the process of their empowerment (1).

The evolution of Swayam Shikshan Prayog (SSP) is dealt in detail and it's transformative value in empowering the women in Maharashtra. The invisibility of the poor women and their communities demanded such an organizational structure. The author talks about the community participation approach based on the empirical foundation stemming from the works of community-based grassroots organizations. In this approach women are actively involved and the organization develop a

comprehensive holistic framework which addresses a multiplicity of issues because these issues are interrelated in the life of the grassroots women. Such movements facilitate the participation of all members within the group in the decision-making process. Emphasis is placed on learning process through interaction, exchanges, meetings, workshops and training. The autonomy of the organization was sustained through participation in all spheres of its activities. **The Empowerment of Women in India** thus placed the emphasis on learning processes of the women.

It was around a couple of decades ago the role of women emerged as an important issue. One of the core questions was about the degree of influence of women in such work and the impact. Therefore evaluation becomes a very important aspect in kind of such work. That is, the rate of effectiveness and efficiency will have to be tested all along so that changes can be incorporated wherever necessary including changes in directions.

- (1) **'Women and Development'**, Caroline Pezzullo (Consultant to CEPAL)
Published by United Nations (1982)

Reider Dale talks about 'relevance', 'rationality', 'impacts' etc in the evaluation process. Any operational plan is a series of relationship between 'cause' and 'effects'. In most rural programmes 'external' factors tend to exert quite an amount of influence. The conventional sets of factors are to be addressed to a great extent for the evaluation to be effective.

Efficiency is defined as "the amount of outputs created and their quality in relation to the resources. The main problem of evaluating efficiency is deciding on the amount of various inputs for producing the outputs.

Effectiveness expresses to what extent the planned outputs, expected effects and intended impacts are achieved. The effect level is the first level at which the benefits for the intended beneficiaries are expressed, making effects much more significant. Effects are generally less influenced by the intervening external factors and therefore is can be assessed more reliably.

Relevance is to what extent the programme or project is addressing the problems of high priority, as viewed by its stakeholders and beneficiaries. Relevance in fact is, complementary to efficiency and effectiveness. That is, instead of asking to what extent the programme or project objectives have been achieved and how productively the allocated resources have been utilized to that end, whether the resources, which are going into the scheme, might have been used with greater advantage.

Impacts are the long-term, largely indirect consequences of the programme for the intended beneficiaries and any other people. In most programmes, the main impacts are positive. Sometimes complex relations within the programme execution or within the community can give rise to unexpected outcomes or impacts.

Lastly, sustainability means the maintenance of positive changes induced by the programme even after the programme has been terminated. In more specific terms, sustainability means

- maintenance of physical facilities or tangible qualities
- continued ability to plan and manage similar programme
- maintenance of impacts created

- multiplication of effects and impacts
- continued production of the kinds of output

He also stresses the 'replicability' aspect *.

- * **Reider Dale**, Evaluation Frameworks for Development Programmes and Projects
Sage Publications, New Delhi (1998)

SOME SALIENT FEATURES OF THE PROJECT

The project was started in the year 1985. It was decentralized in 1987. Membership increased and new programmes like small saving scheme, credit facilities, development awareness programmes etc were being implemented as and need was felt. At a stage when the hospital funding became inadequate, an outside agency gave a support, which required that the programme be evaluated periodically.

Total Community Development was to be achieved through specific programmes and interventions. The members of the community were encouraged to work towards self-reliance. Surveys were conducted to find out the attitude of the people towards the project. Some findings of the surveys are discussed here.

The **goal** of the programme was 'to create a self-reliant, organized community equipped with strong capabilities for critical reflection and decisive action of its own, in its own interests.

Considerable **awareness** has been **generated** about small family norms. Health education was an ongoing process leading to behavioral and social change for better health in the community. The programme encouraged people to discuss and analyze the

aspects of their socio-cultural and economic conditions that lead to ill health and must evolve into a **learning process of the people** from the sharing of experiences in the group and facilitated by the Community Health Volunteers and Nurse Practitioners.

Housevisits maintained the relationship of individuals as well as groups and the community at large. **Weekly meeting** initiated active participation of the women. **Participatory methodology** helped stimulate more **dialogue and discussions** among the women which had a far-reaching consequence in terms of opening up issues and concerns beyond which the CHVs or NPs may think of addressing. Discussions helped people draw from the knowledge and experiences of other members the group, which built a greater treasure of common **knowledge bank within the community** which individuals could draw from at any point of need.

This turned group discussions into learning experience unparalleled in the community before. It also promoted self-expression and leadership qualities in members of the group, which in turn increased the interest, and involvement of the group. **Active discussions** many times brought out effective solutions to problems, promoting the **analytical skill** capacity of members.

Far from these, the discussion brought in a **sense of cohesion and solidarity within the group** leading to greater levels of intimacy, initiating processes of community action towards self-reliance.

People were slowly groomed into **leaders and catalysts for change**. The interactions built and **increased their self-confidence, facilitation of group process** imparting knowledge.

Health education was seen far more potent in reducing parasitical infestations. People were encouraged to apply for government loans. Various seminars, workshops, exposure camps etc were conducted to educate the people. They were also exposed to various progressive schemes in other fields that made them **realize their potentials, learn, evaluate and demand**.

Conceptual clarity of the activists – social workers, CHVs, project staff etc – regarding the meaning of development, self-reliance, the goals and objectives of the project they are involved in are crucial determinants of the process. Here, the programme staff has excellent knowledge of what they are in and that enabled them to bring about awareness in the people.

In the beginning **absence of women** in local committees was a problem. (The programme was started for both men and women but it so happened that, men slowly lost interest and women, acquiring interest, came in and finally owned the programme! Men, of course, had various avenues of interest within the society, which incidentally women didn't have. But apparently it took time before women, standing from far and watching at first, were slowly convinced that after all, this wasn't absurd, before coming in. And the beauty was that, once they came, not only that they stayed in, they also brought in others!). Women had fear of retaliation and resistance from men, which kept them away in the beginning. It meant the programme had to give the strength, confidence and voice as well to these women folk.

Community participation was an integral part of project planning, implementation and monitoring. The task of building an effective leadership from the poorest was the major task of the programme. A **community centre** was built with the collective effort of the people. The members built two houses for two widows left destitute after the death of their husbands. These were potential examples of valuable evidence of community spirit and joint action for a worthy cause translated into an ongoing involvement in the planning and implementation of true developmental schemes.

Ability to **review the programme**, its activities, realize its shortfalls and limitations, changing its course etc are important evaluative measures in any developmental programme. 1987 evaluation brought out the lack of social organization of the people. Emphatic moves were planned, implemented and executed to overcome this. Appointing a social worker with the sole responsibility of organizing women into '**village development units**' was part of this move. A smaller group of representatives from the village development units formed the core group of the project, which met weekly.

Village development units met to **discuss problems and identify solutions**. It brought about community cohesion and co-operation. It spread the ideas of social awareness and initiated processes towards self-reliance. Members took up the activities of the unit in identifying needs, building ESP latrines, widening public roads etc. Seminars were organized on various topics like legal aid, agriculture, etc. Members were fairly motivated to initiate dialogue on some of the very pronounced problems of the area like alcoholism.

In effect, village development units were a progressive step towards fulfilling the goal of the project to **strengthen community organization** to intensify the movement of the community in the direction of self-reliance.

The officials of the programme were in **close touch with the field**, attending regular meetings and maintaining close relationship with the people. Various levels of meetings –

with the staff, the local committee and the beneficiaries – were held frequently and regularly where programmes and problems were discussed, feedback from field given, information from outside sources is shared and decisions were made.

The views of **community** health workers were considered while **planning**. There was a **bottom-up fashion decision-making** in identification of beneficiaries. Needs in the field were identified which were communicated through local committees and community health workers and programmes and beneficiaries were chosen on the basis of this. There were absolutely no political and other considerations in prioritizing needs or deciding beneficiaries. To know that participatory decision-making was practiced here much before the people's planning was ever conceived itself is a proof of the greatness of this project.

Another significant thing was the **excellence in documentation**. Reporting were recorded right from the inception of the project. The field staff did most of the field data recording as they were trained in this. Minutes of meetings also were kept in simple fashion.

An outside agency was entrusted with the task of **evaluation**. There was regular KAP surveys on health aspects. There was also an ongoing monitoring process, which initiated analytical reflection used to change, modify, strengthen and expand existing programmes.

The members, staff and the programme itself were endowed with a lot of scope for **flexibility** and therefore bringing in change for growth wasn't a problem anytime.

Initially the programme was started to build a relationship between health and socio-economic condition. A good **PHC programme** carried out in the community with the back up of doctor's clinic reduced congestion at the secondary and tertiary level hospitals for common illness and the community benefited because service was available at the doorstep at low cost or affordable cost. Time was not wasted nor was money by going to hospital by bus and the additional cost of loss of a day's wages. It also prevented the abuse of broad-spectrum antibiotics thus helping emergence of resistance organisms in the body all at affordable price.

Hookworm infection was a prominent problem at the time the project started resulting in anemia. Surveys revealed that 68.8% of the population did not have latrines. **Health education** alone (even if it results in clean hands) would not prevent these entering humans through the webs of toes. An environmental sanitation and safe drinking water programme were started.

Workshops were used to stimulate new insights perspectives on the work. Relating to the new trends in the field ensured better competence. Project staff were fully involved in developing and shaping new perspectives. Community representatives also were encouraged to participate in this. It enhanced a better conceptual understanding of the issues involved in developing and shaping new perspectives.

They also were instrumental in the effective progress of community mobilization and activism.

The focus of the programme generally was on conscientization and training, which required only a minimum of material and other service inputs. The budget was closely followed. A significant fact was that the hospital did the complete financing of the programme. The fact that the members too learned this is shown by the fact that they, with the help of the community **built its own community health center**.

The CHVs, NPs and others were given timely training. They were encouraged to **develop their skills**. They were equipped to handle majority of the common illnesses at the community level itself. The community was encouraged to view her as their helper and guide. She educated individual households, gave them understanding about simple illnesses and above all advised them on the use of available herbal and local resources.

NGOs are not expected to shoulder the task of providing the entire three-tier health care that an area needs. This will result in duplication and wastage of resources too. It is, therefore, important to organize people to demand their just rights from the government, which should be the prime legitimate activity of the NGO.

Members and staff were given opportunities for **exposure and orientation to new training**. As the participatory concept was being internalized, a genuine interest to better the input to get more lasting effects were seen in the members and staff evidenced by their desire to learn and equip the better with newer technologies. And they had the satisfaction of being party and partners to an effective, cost-efficient country capability building programme.

Research Design / Methodology

A variety of research tools were used in this study. The purpose was to get the most accurate information.

Universe

The universe is the geographical area of Kunnackal, a village in Ernakulam District. (See map (1). The study area lies partly in Valakom Panchayat (Muvattupuzha block) and partly in Mazhuvannur Panchayat (Vadavucodu block) and roughly covers an area of 21 square kilometres.

Sources of Data

Both primary and secondary data are to be collected for qualitative and quantitative analysis.

Secondary Data

It is collected from the following sources.

- Records Section, Community Health department, Medical Mission Hospital Kolencherry
- Reports, Minutes and other documents, Community Health Centre, Kunnackal
- Panchayat Offices, Valakom and Mazhuvannur
- Library, Rajagiri College of Social sciences, Cochin.
- Centre for Development Studies, Trivandrum
- Planning Commission, Trivandrum
- Papers Presented in Conferences, Seminars etc

- Journals, Newspaper cuttings, Radio / T V Interview excerpts
- District Census Handbook
- Related books or other information

Primary Data

In-depth case studies

Direct Participatory Observation

Observation of various aspects of people's life as participant.

Detailed Open-ended Focus Group Discussions

With various stakeholders, beneficiaries, project officials etc

Semi-Structured Interviews

With mahila Samajam, Village Development Units, Local Committee etc

Participatory Research Methodology

Various P R tools used to study the phenomenon

The Participatory Research Process

Participatory research was adopted for this project as it involves the local people in the research process. They are the owners as well as agents of the development process here and hence, a research process involving their insights was expected to add a better triangulatory effect to the conclusions arrived at. The process of empowerment that participatory research ensures helps us realize the social dimensions better.

P R methodology is open, group-based and it has a visual effect even understandable to the least educated which ideally is more suited to a situation like this where the study

group is uneducated, low-income group women. There is a great amount of sharing of ideas and knowledge between the researcher and the members in this type of research.

The research process itself is a cycle that evolves around learning, observation, sharing, analysis, planning, monitoring etc which gives ample scope for renovation and adaptation.

PR Tools Used

Various tools were used in this study, some were used with adaptation.

Mapping

This is a diagrammatic representation of some geographical areas relevant to the study. It brings out the importance of space, topography, land use etc. The mapping used in this study were basically land use mapping.

This tool helped in understanding the socio-economic changes in the community.

Historical Timeline

This tool tells a lot of details about the history of the locality, people, major incidents like earthquake, drought, flood etc. It gives a good idea about the ecological history, changes in land use pattern etc

Seasonality Calendar

In understanding the interrelationship of different seasons, lifestyle changes, changes in work pattern, seasonal availability of various resources, difference in the service patterns of both genders etc this tool is extremely useful.

Daily Routine Analysis

Understanding the time use pattern of individual tell us a lot about individuals, community, changes in attitudes etc. The details of activity and the time spent on each draw light into areas usually difficult to get information on.

Pairwise Ranking and Matrix Scoring

This helps the researcher prioritize the information generated through other sources. You can learn why people choose what they choose or why they prefer something over the other.

Venn Diagram

Various services are essential for a community. Venn diagram helps you find out the relative importance of local institutions and other services and the changes in thinking and attitudes towards these over a period of time due to various factors

Socio-economic Dimension Ranking.

The various aspects of a community or a household or that of a family holds the key to the socio-economic condition of it. This is a tool with which one can study in detail about the social and economic aspects and also about the factors contributing to them.

Resource Inflow Outflow Analysis

The income and expenditure pattern holds the key to knowing a person's lifestyle. A variety of external factors may affect both.

Impact Analysis Diagram

Hardly anything just happens. A good researcher has a keen sense for details. Impact analysis is helpful in finding cause – effect relationships, reasons behind phenomenon etc