CHAPTER 5

PROCESS IN THE CONTEXT OF COMMUNITY
MOBILISATION FOR DEVELOPMENT

5.1 Voluntary organization.
Plate 1. Mariampur Hospital.

Mariampur hospital society is a charitable, voluntary, Non-profit Catholic Christian hospital, formally registered under societies Registration ActXX1 of 1860. The Hospital was opened with 25 beds in the year 1962. Mariampur Hospital is situated in Shastrinagar, Kanpur city 10 kms from Kanpur central Railway station and can be reached within 10-15 minutes time. The Villages are 25-30 kms radius from the city which can be reached by road within 40-45 minutes. The distance from one village to another is 3-15 kms and people usually go by walking or by bicycle as there is no conveyance available. Though there are no proper roads in these villages it can be covered by 4 wheeler except, in rainy season. Mariampur Hospital with 194 beds capacity providing health care to the middle class, lower class and poor patients in various departments. Mariampur Hospital is known as the cheapest and best hospital in the
city. Hospital does not have high tech facilities, so the rich are not attracted. Their charges are very nominal so there is lot of rush of patients in the hospital. Hospital is overcrowded by lower income group patients. Their consultation charge is Rs. 80 for the first visit and revisit charge is only Rs. 60. The general bed charge is Rs. 55/per day. So any common people can get the treatment at the lowest cost.

Out of 194 beds they have 24 private rooms and 170 beds are kept general for the lower income group people and less privileged. 70% of the hospital beds are allotted to women and children. They never refuse a patient because he/she is poor. In the present day scenario of intense competition and escalating costs, high sophisticated institutions are mushrooming rapidly. On the other hand they look after the poorest of the poor. In this dualistic situation their goal is to provide best possible service at the lowest cost. They provide basic health care needs through the main departments of;

1. Out Patients Department
2. General medicine
3. OB/Gyaeco dept.
4. General medicine
5. General surgery
6. Pediatric dept.
7. Ear, Nose and Throat unit
8. Orthopedic unit
10. School of nursing
11. X-Ray
12. Pathology dept.

They have average 305 OPD patients per day. Average admission per day is 35. Average inpatients per day are 172 with an average 4 operations and 7 deliveries per day. They do lot of free care/concession to the poor
and needy. This hospital saves many poor patients’ life. They also take up lot of activities to promote health and prevent disease.

5.2 Community Health Department of Mariampur
Community Health department/social service wing for the outreach programs was set up in 1975 with well qualified persons and equipped with the necessary materials, and planning programs with the aim of “integrated community health and development” and started to function systematically. The main activities were Mass awareness programs on common and communicable diseases and related social issues, mobile clinics, health camps and health education, medical camps, mother and child programs, immunization, T.B. Control programs, non-formal education and job oriented short courses for women and young girls, Balwadies for children and mobilizing and organizing people for collective actions to prevent diseases and promote community health and development.

In the year 1986 Community Health Department (C.H.D.) extended its services to the rural areas/ villages. Where there was no road, drinking water facilities, school, health care facilities, and electricity etc. people were very poor and living in very pathetic conditions. Their intervention was through mobile clinics, medical camps, health camps, immunization camps, mother and child care, health education to women, T.B. control programs, mass awareness programs etc. Through these programs they were able to build up good rapport with the people and mobilizing them for collective actions and promoting community health. The programs made some difference in the life of the people, creation of awareness on health and other social problems, attitudinal and behavioral changes regarding health approach. The name and the activities of the Hospital spread in to the nearby villages and the people requested to include their villages too in the programs thus more villages were taken up.
Past six years they were working with people in 20 villages enabling people for integrated community health and development, especially empowering women for self-help. The outcome was creation of awareness on the existing socio, economic, political scenario and how it affects the life of the people. The formation of 60 Self Help Groups of women and 8 Kishori Groups (Adolescent Girls). These SHGs have become a platform for them to share their experiences, views and concerns. They plan and take up collective activities to solve their problems, and organize programs to create awareness and celebrate important National days and festivals, International day (Women’s day) with the participation, cooperation and contribution of the community. This has enhanced to some extend the socio, economic, political status of women in the society.

5.2.1 Aims of the organization

- To restore health and maintain wholeness of human life and to provide quality medical care to the sick regardless of caste, creed, religion, race, status, sex, and render services with a “holistic approach to health and healing.”

- To provide training and education for doctors, nurses and paramedicals.

- To train people for community health, social and family welfare and development programs and utilize them for the purpose of furthering education and research in the health care field as per the need of times and places.

- To promote health and prevent diseases among the local community by having well planned outreach programs with
participation of the community, according to the need of the people and facilitate health care services to the poor section of the society, who are generally deprived of their rights especially women and children.

- To work in collaboration with the Government and other like-minded NGOs.

5.2.2. Personnel of the Organisation

Sr. Leoni Puthur with an experience of 26 years is a qualified in Rural Development professional. She has also attended many short term courses on Forming and maintaining people’s organization, Herbal medicine and home remedies, drugless therapies, Communication, Puppetry, street play, Legal aid, HIV/AIDS, Gender and development organized by Organisations like Catholic Health Association of India, Caritas India, Government and other NGOs to equip and update herself in this field of work. From 1983 onwards she is working as programme coordinator of Community Health Department of Mariampur Hospital Kanpur U.P.

Her charismatic leadership has provided the required inspiration for the self-help group members, animators and supervisors to achieve the targeted results over the years.

The commitment of the supervisors and the animators has provided motivation for the leaders of the Self Help Groups and the members with a value base of love, co-operation, sharing, equity and equality.

The leaders of the Groups have been exemplary in their living and relationship with others. This has resulted in building of the group with solidarity and concern for each other. This is evident from the economic and social actions taken by the groups and individuals.
Table 5
Staff details of community Health department, Mariampur

<table>
<thead>
<tr>
<th>SL</th>
<th>Name</th>
<th>Designation</th>
<th>Qualification</th>
<th>Experience</th>
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<tbody>
<tr>
<td>1</td>
<td>Sr. Leoni Puthur</td>
<td>Programme coordinator</td>
<td>Diploma in Rural Development and Community Health</td>
<td>26 years</td>
</tr>
<tr>
<td>2</td>
<td>Mr. Ambuj Kumar</td>
<td>Area Coordinator</td>
<td>M.A.R.D.</td>
<td>8 years</td>
</tr>
<tr>
<td>3</td>
<td>Mr. Sohan Singh</td>
<td>Health Facilitator</td>
<td>Intermediate</td>
<td>14 years</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. Suman Devi</td>
<td>Health Facilitator</td>
<td>Intermediate</td>
<td>12 years</td>
</tr>
<tr>
<td>5</td>
<td>Mrs. Prema Devi</td>
<td>Health Facilitator</td>
<td>High School</td>
<td>12 years</td>
</tr>
<tr>
<td>6</td>
<td>Mrs. Vimala Devi</td>
<td>Health Facilitator</td>
<td>High School</td>
<td>12 years</td>
</tr>
<tr>
<td>7</td>
<td>Mrs. Prabha Tiwari</td>
<td>Health Facilitator</td>
<td>High School</td>
<td>12 years</td>
</tr>
<tr>
<td>8</td>
<td>Mrs. Sanjesh Kumari</td>
<td>Health Facilitator</td>
<td>High School</td>
<td>12 years</td>
</tr>
<tr>
<td>9</td>
<td>Mrs. Manju</td>
<td>Health Facilitator</td>
<td>High School</td>
<td>6 years</td>
</tr>
<tr>
<td>10</td>
<td>Mrs. Pushpalata</td>
<td>Health Facilitator</td>
<td>B.A.</td>
<td>6 years</td>
</tr>
</tbody>
</table>
5.2.3 Roles and Responsibilities

5.2.3.1 Programme Coordinator

1. Responsible for the effective implementation of the project, coordinating the entire programs.
2. Planning the total programs, yearly, and monthly with the area coordinator.
3. Regular field visit for monitoring the activities of the area coordinator and the health facilitators.
4. Timely guidance to the project staff.
5. Periodical visit to the target groups and monitoring their activities.
6. Arranging trainings and organizing exposures for the project staff and SHGs.
7. Conducting monthly meeting with the project staff for evaluation and planning.
8. Quarterly evaluation of the program with beneficiaries.
9. Reporting to the project partners.
10. Documentation.

5.2.3.2. Area Coordinator

1. Assisting the Program coordinator for the effective implementation of the entire programs.
2. Planning monthly and daily activities with the Heath facilitators.
3. Daily field visit and monitoring the activities of the health facilitators and target groups.
4. Timely help to the health facilitators and groups.
5. Conducting Mass awareness program in the villages with the help of health facilitators and SHGs.
6. Collecting up to date information from government health care Institutions/ personnel and disseminating it to the health facilitators and target groups.
7. Helping the Health facilitators to conduct health education to the SHGs according to the need.
8. Reporting the daily findings to the program coordinator.
9. Monthly evaluation of the program with health facilitators and target groups.
10. Monthly meeting with program coordinator health facilitators for evaluation and planning.
11. Quarterly evaluation of the program with program coordinator and beneficiaries.

5.2.3.4. Health Facilitators.
1. Planning the activities and preparing the materials needed for the implementing it.
2. Daily visit to the assigned area and implementing the planned activities.
3. Writing the daily report
4. Heath education and demonstration to the specific groups with the help of the area coordinator.
5. Arrange and conduct Mass awareness program with the help of area coordinator and SHGs.
6. Participating in all the trainings, meetings and exposures.
7. Formation of peer groups.
8. Keeping in contact with the Government health care personnel visiting the area and collaborating with them in the programs and motivating the SHGs for the same.
9. Visiting heath care Institutions to collect information and for linkage.
10. Disseminating the collected information to the SHGs and helping them to tap services.
11. Assisting people for referral service.
12. Monitoring the activities/functioning of the target groups.
13. Evaluation of the program with the target groups and beneficiaries.
14. Daily reporting of the progress of the activities to the area coordinator
15. Monthly reporting to the program coordinator/planning and evaluation meeting.

5.2.4 Major Activities undertaken;
The major activities consisted of vocational training, orientations, awareness building on health and education, Self Help Group Formation, Community Mobilisation, Panchayat Raj Institutions, Inclusion of the excluded communities and Income generation programmes.

Self-management of the programmes was a key area of education and training.

Plate 2.
Organising celebration of SHG federation and awareness building on SHGs:-
Plate 3.
Training on reproductive health measures

Plate 4.
Awareness building rally Literacy day
Plate 5.
Organization of Women’s day celebrations and Awareness building on the Rights of women

Plate 6.
Felicitating the elected members to the PRI

One of the greatest achievement of the Self Help Groups is motivating and building the capacities of its members to stand for elections to the various posts of Panchayat Raj Institutions and many of them get elected.
Plate 7.
Organizing Awareness procession on the strength of women

Plate 8.
Promotion of Literacy classes
Plate 9.
Non-Formal education

Plate 10.
Orientation training for the Project Staff
Plate 11.
Celebration of the Women’s day

Plate 12.
Vocational Training

The Vocational training programmes have been contributing substantially to the skill development of the members whereby additional income is generated reducing poverty.
The literacy classes and the awareness to participate in the Local governance systems in the village panchayats have contributed to the empowerment of women as contributors in the development of the village community. This has enhanced their dignity both in the family and the community.
Plate 15.
Training on Income generation programmes.

Plate 16.
Promotion of Income through Goat rearing

The focus on the training for generating income with goat rearing and basket making has contributed to the economic development of the community. These have high demand in the village itself and so marketing has been at the local level with minimum profit. This has not
only benefited additional income for the producers but saving for the consumers.

5.2.5 Training and orientation Programmes

**Project orientation**

3 days of Project orientation was conducted for the staff. The goal, objectives, activities methodology etc. (LFA) explained and discussed in details, the role and responsibility of each staff was made clear to them and the action plan for the year was prepared accordingly. The health facilitators were taught to maintain daily diary, home visits register, child register, pregnant mothers’ register and health education register. This increased the capacity of the staff to plan implement and monitor the programs effectively and the work started as per schedule.

**Training on RCH for health facilitators**

Conservative and oppressive social practices, customs, traditions, superstitions beliefs etc. which affects health especially of women, adolescent girls and children which leads to very low status of women in society and increased number of maternal and infant mortality and morbidity.

- **Health and nutrition**

Training on identification of various nutritional contents in food, how to prepare a low cost balanced diet for the family, especially for pregnant mothers & growing children.
• **Integrated approach to Anti-natal & post-natal care**

Pregnancy and specific attention to the “health and needs” of pregnant mother and unborn child. Nutrition anti-natal check up, immunization, identification high risk pregnancy, skilled care during pregnancy, safe and clean delivery, post-natal care, new born care and colostrums feeding. “Journey to motherhood”/ abortion, female feticide, highlighting IMR, MMR, depleting sex ratio and family planning, counseling and motivation.(3 days)

• **Integrated management of childhood illness:-**

Malnutrition, diarrhea, Pneumonia & acute respiratory infections Early identification of malnutrition, growth monitoring appropriate breast feeding with supplementary food, immunization, identification, management, demonstrations and referring of the serious cases.

• **Adolescent and reproductive health**

Gender sensitization, education on sex and sexuality, under nutrition and stunt growth, early marriage and teen age pregnancy, higher risk of maternal and child mortality and morality, peer group formation and education.

These participatory trainings enabled the health facilitators with better knowledge and skills; they also prepared relevant materials and equipped themselves to conduct the health education in their respective villages and groups. They have been the agents of change to help others to build their knowledge, attitudes and practices and promote safe motherhood and integrated community health.
C. Puppetry refresher training

We had a trained team of 10 members and 5 more people included into the team and the training was conducted for 10 days. (5days x 2) / Writing the script on the topics and practicing. After each show according to the suggestion from the team and the people needed changes were made and practiced prior to the next show for 15 days at intervals.

Plate 17.
Mass awareness program /Puppet show

20 awareness programs (puppet show) conducted in 20 villages based on ‘Health & Nutrition’. Average of 300 people participated per show. These shows highlighted the factors that affect the health of mother and child, Trans generational malnutrition which leads to high rate of IMR and MMR. After every show the interaction with the people showed that 40% of the people became aware of the individual and the collective responsibility of promoting “healthy mother, healthy child, healthy family and healthy nation”. And we assume this awareness creation will make the people to take the correct decision and adapt the healthy practices.
Plate 18.

Heath education to women

Health education conducted in all 20 villages (60 sessions). In each session average 30 women participated. They being illiterate more practical sessions, demonstrations, role plays, posters, flash cards, group discussion etc. were the methods used.

- **Awareness & education to adolescent girls.**

Adolescent girls were sensitized about the gender discrimination, deprivation of the opportunities for education, health, personality development, myths and misconceptions about sex and sexuality etc. and importance of peer group formation and enhancing the social and health status of women in the society.
• **SGH meetings/financial**

60 SHGs are functioning independently and smoothly. Their total saving is Rs. 8,15,591 and this amount is used for inter-loaning. Beside the financial transaction they discuss other problems/issues which affect their lives and plan actions to solve it by themselves. SHGs monitor the functioning of the anganwadies, mid-day meal and tap other govt. schemes in their respective areas.

• **Monitoring & evaluation of the program with the target groups.**

Periodically evaluation conducted by the program coordinator and the area coordinator. By asking informal questions made it clear 25% of the participants had deeper awareness on health and nutrition and better knowledge about on RCH. Some of their sharing was that ignorance, wrong understanding and information, superstitious believes and costumes etc. were the main cause for their health related problems. They were aware more are suffering from ill-health and under nutrition. Mother and children are dying in pregnancy childbirth and early childhood. These lives can be saved by using the knowledge they have gained and transforming these knowledge into individual and collective actions. They understood Healthy mothers and children are the real wealth of the families and society. They also were aware of their responsibility about the health and education of adolescent girls, which they express by saying we talk the talk before they walk the walk.
5.2.6. Home visit/ Counseling and motivation,
Regular home visit are made by the health facilitators to identify the pregnant mothers, counseling and motivating their families for safe motherhood. Identifying the children for the immunization and malnutrition and the people suffering from any other communicable diseases etc. They also keep contact with health personals, visits health care institutions, collect information and pass it to the SHGs. Along with the SHGs they organize the immunization camp though PHCs. and actively participate in the monthly immunization & anti-natal checkup conducted by the ANMs and motivate and help the mothers to bring their children to immunization, pregnant women for anti-natal checkup. They assist the identified risk cases to the hospitals for safe deliveries. They visit the Anganwadies and help the pregnant mothers and children to get nutritious food. They also assist people suffering from any other communicable diseases to get the available medical services on time.

5.2.7 Monthly meeting of project staff/Planning and evaluation.
Every month Program Co coordinator, Area Co coordinator and the health facilitators meet at the centre. They share their experiences, discuss the findings, achievements, difficulties faced etc. and corrective measures are suggested and input sessions provide as per need. The reporting of the completed activities of the previous month and presenting the action plan for the coming month also is done.

5.2.8 Participation in the Government programs.
People participate in the programs conducted in the area and tap Govt. welfare schemes & services like immunization, Nutrition, Family planning, Trainings, Health awareness camps & medical camps, TB Control (DOT), maternity benefit. Scholarship, mid-day meal, widow and
old-age pension, benefit for the handicapped, Indra awas yojana, toilet, hand pump, roads, public distribution service /BPL cards, MANREGA, etc.

5.2.9. **Networking, Advocacy and lobbying.**
They work in collaboration with the govt. organizations at district level and other NGOs. DDWS Allahabad (Diocesan Development and Welfare Society), RUPCHA Delhi (Rajasthan Uttar Pradesh Catholic Health Association), UKSVK Agra (Uttar Keshetriya Samaj Vikas Kendra), SEWYCA Kanpur (Society for Empowerment of Women Youth and Children for Action), Diocesan Social Work Society Lucknow.

5.2.10 **Celebration of important National and International Days.**
Celebrations are the special occasions, for women to come together and voice their views and concerns. This is a platform used to create awareness on the social issues and give reorganization of the activities of SHGs in a wider circle. SHGs take the responsibilities and organize the programs with the participation and contribution from the people.

**Plate 19.**

**Girl child cum Literacy Day celebration**
Plate 20.

International Women Day celebration

Celebration of Women’s day on 8th March every year is a regular feature during which special achievement by any members of the group is publically appreciated where by others get motivated. Special trainings are also conducted during the occasion.

5.3 Medical camp.

Two medical camps organized by Mariampur Hospital in the target area. More than 700 patients benefited. Those who needed special care, investigations, surgery etc. were referred to the hospital and were taken care of by the hospital.
5.4 The following process was followed for their Community Mobilisation.

5.4.1 Preparatory Stage:
It was a period of study of both people and the area. Then they selected the 20 villages for initiating development actions. From the villages they selected the target group which is most exploited, oppressed and vulnerable through the social analysis they conducted in a participatory manner. A mode of presence was selected by getting a field office. The key contact person was appointed in a democratic way from the village itself. The whole process took about six months.

5.4.2 Contact Stage:
The appointed 10 facilitators built rapport with the target group who consisted of dalits. The women of the households were visited and they were informed of the intentions of the Voluntary Organisation in participating in their development actions.

The rapport was built through entering into the lives of each family, understanding their problems, agonies they faced and sharing the possible solutions. The health of the family was the entry point as Mariampur Hospital was well known to them. The mobile clinics conducted by the health personnel of the Hospital brought confidence among the community to the activities the organization promoted. During this stage the commitment of the facilitators were assessed and trainings were provided for community mobilization techniques and interpersonal relationships. They were also trained as social counselors as many required the counseling service. The facilitators staying in the community enabled them to understand and experience the living conditions of the people and for the community to accept them as one of them. This process also took about six months.
5.4.3. The formation of a group among the target population:
In this stage the process of grouping took place. The facilitator became the center of gravity initially as it was she who brought the women together into a Self Help Group. Many members showed enthusiasm in becoming the members of SHG in the hope that the facilitator would bring lot of schemes and services for them from Mariampur Hospital. But once the facilitator made it clear that the members by themselves have to work together to solve their issues and problems, many withdrew from the group and only a few remained. This was highly de-motivating for the facilitators. The voluntary organization at this point provided additional trainings for the facilitators on motivational techniques and sustainment process. This enhanced their motivational level and they continued to work with the few women who remained in the group. The women began to see the problems affecting their lives as not their individual problems but as the common social problems. This also enabled them to realize that these problems cannot be solved by them individually but it has to be addressed collectively. This realization made the members to commit themselves to the group and to work as group for common benefit. This process also took about six months.

5.4.4. The group building process:
The group building process started with the growth of the feeling from ‘I’ to ‘we’. Focusing on the vision of the SHG, they analyzed the present reality which demands a change and there emerged a desire to do something together (collective actions) and this gave them power [Empowerment]. Once they took action, leadership within the group emerged and selection of the office-bearers took place. Then gradually the group took up welfare activities for amenities and also initiatives to benefit individuals (old age pension, widow pension, sick people to hospital etc.). By taking up of these kinds of activities the empowerment process set in and the role of the facilitator receded and the leaders took on the role of the facilitators. The function of the facilitators became
qualitatively different, to build up linkage and leadership within the group.

5.4.5. Stage of Liberating and empowered status of Target group:
As a result of the awareness and group building process the communities came forward to take more collective actions to transfer the unjust situations in their villages. They looked at their lives analytically (systems) and identified the areas of action. A series of actions (in all systems) followed, which liberated them from their oppressed and marginalized conditions. Cultural actions demanded more support from surrounding villages/communities. Facilitators got involved in helping strategic plans/evaluations of actions. The group identified its role as agents of social change. It looked into those areas of exploitation and oppression and acted on them. The group realized that exploitation and injustice are not restricted to one village but has support of semi-macro and macro structures.

5.4.6. Stage of search and inter-village linkages and of forming structures:
Once the groups took up liberating actions they needed to act at inter-village level. The Organization /facilitators gave them information about more empowered groups around them and facilitated their coming together. Inter-village level meeting took place by forming Inter-village level structures. These structures with all those villages together became a force for transformation. Puppetry, street plays and folk music were the methods used for creating awareness. They held innumerable number of village meetings to discuss on various social issues and sensitize the village community. They critically analyzed the Society and understood the root causes of poverty, illiteracy and many other social problems hounding them in the villages. Slowly the village women got attracted to a new vision for better society and thus they formed their SHGs. These SHGs made inroads into the community living patterns in the villages and
changed some of their behavior for better. They started adult literacy programmes, started sending their children especially the girls to schools, adopted personal hygiene, environmental cleanliness, use of iodized salt, potable drinking water, immunization of the children and pregnant women, antenatal and postnatal care, nutrition assessment and periodical weight-taking of malnourished children etc and many other collective and individual activities which were till then not familiar to them. These activities under the banner of their SHG gave a new identity to them and improved their lives qualitatively. One can notice visible changes in these villages over a period of five-six years. The patterns of changes due to their Associations and Network have been the focus of the scientific study.