CHAPTER-9
RESEARCH FINDINGS AND CONCLUSIONS

9.1 Research
In the social research programme, the study area has been the 20 villages in Kalyanpur block in Kanpur District of Uttar Pradesh, where Community health department of Mariampur Hospital had been involved in the process of social animation and empowerment of the poor. This Organization worked as a Catalyst and Facilitator to mobilize the community and organize them in to Self Help Groups and Women's Associations in the selected villages of Kalyanpur Block. The Universe or Population of the research programme was the 20 Self Help Groups in the 20 villages of the focus area. The sample was those 200 members of the SHGs, called at random and from each group average 10 members were selected.

A questionnaire was prepared and the interviews were held in the respective villages. The data was collected based on the interviews and observations made during the interviews. The collected data had been tabulated and analyzed using the SPSS computer package. The relevant data have been incorporated in the respective chapters. Appropriate Tables, Diagrams, Pictures, maps etc. have been added to present the data understandable. Explanations have been added to the data to substantiate the theories and the facts. We selected the study area of 20 villages of Kalyanpur Block due to the following reasons:

- Community health department of Mariampur Hospital is a very credible organization, which has been functioning in the area as a Catalyst and Facilitator from the very beginning of its existence. Social Animation for social transformation has been their focus and they followed the strategy of Rights based approaches to
development though it was not conceptually very clear to them at that time.

- The Research Scholar was associated with this organization since 1994 and he knew the processes of community mobilization and the principles of social animation. He is also very familiar with the focus area, which could help to interact with the people of the focus area and collect the data more easily and reliably.

- All Voluntary Organizations do not follow these principles and methodologies.

- Hence there was the need to identify one Organization that is practicing these principles.

- There was the need to identify one area where the poor and marginalized had been so deprived and disheartened and therefore they got united together to stand up for their rights, fostered trust, cooperation, reciprocity, collaboration and thus brought social changes in the society.

- Also there was the need to identify an area where this process had been going on for some time. The awareness programmes started in 1992 and the community mobilization and group formation started in 1994 in the selected villages. Though new villages are under the processes of group formation, we have identified only 20 villages that have started these types of activities from the beginning.

- Community Health Department of Mariampur Hospital got the financial support and guidance from Caritas India, New Delhi - a National Organization with international connections. This National Organization is a pioneer in the processes of social animation and provides expert guidance in the steps in community mobilization and group formation. CHD of Mariampur hospital
also got necessary supports for the capacity building programmes from various expert agencies.

- The proximity of the selected villages to Christ College and to the University better credibility and authenticity to the research studies.

Considering all these factors, a research plan and Synopsis was presented to the Department of Sociology, Christ Church College, Kanpur under Chatrapati Shahu Ji Maharaj University, Kanpur and the Research Supervisor was Dr. Smt. P. Richards, Principal, Christ Church College, and Kanpur. The Research Degree Committee of the University, in its meeting dated 3rd August 2010 approved the Topic and Synopsis - New Paradigms for the upward Social Mobility of the Rural Communities through Community Mobilization and Right Based Approaches to Development Leading to Social Inclusion: A case study of 20 villages of Kalyanpur Block of Kanpur District, UP, India.

The entire Thesis was divided in to Three Parts. Chapters One and Two formed the Part One, Chapters Three to eight formed Part Two and Research Findings, Conclusions, Bibliography and Appendices constituted Part Three. According to the approved Synopsis, there is the Introduction in detail of the whole research processes and contextualization of the entire research content. Then there is the discussion on the Historical Background of Uttar Pradesh, District of Kanpur, the Block Kalyanpur, which is the research study area and also of the Voluntary Organization – Community Health Department of Mariampur Hospital, catalyst and facilitator of the empowerment processes in the focus area.

There is an elaboration of the Research Objectives and the Research Design of the study in details. Justification for the choice of Research
Topic was made in the context of Rights based approaches to Development as the strategies for bringing out development of the poor and the marginalized in the society has been a major concern of Sociology and all Sociologists necessarily dwell upon this subject. Our society is stratified in many ways. Social Stratification refers to a structure existing in every society with the possible exemption of very simple one that have not yet developed division of labor or produced surplus. This structure is the result of members ranking one another and themselves hierarchically from low to high with respect to the amount of goods and services they possess. Members of societies rank one another according to the prestige they derive from their possessions and according to the extent of power they wield over others in the Society.

Inequalities are inherent in the nature of human beings. And they are ranked on the basis of status, power, life chances, gender, wealth etc. Can there be any solution to overcome social stratification or should it be maintained the status quo without challenging the homespun wisdom of saying *the poor will always be with us*? To overcome the rigidity and limitations of social stratification, one of the means shall be upward mobility of the community through their rights based development process.

Unfortunately, those who support the poor and work for their empowerment follow different strategies and methodologies. Therefore, there was a need for assessing the veracity and usefulness of the methodologies and arrive at conclusions which will enable the stakeholders to maximize their efforts, become more effective in their empowerment process and thus beneficial to the communities. Hence there was also a need for *Paradigm Shift* in development approaches to be inclusive in nature and with rights in mind to ensure their dignity.

Inclusiveness is a process and a goal. Some people are excluded from society because of difference due to a range of factors. Inclusion is about
society changing to accommodate difference, and to combat discrimination. It sees society as the problem, not the person. To achieve inclusion, a twin track approach is needed;

- Focus on the society to remove the barriers that exclude. (mainstreaming)
- Focus on the group of persons who are excluded, to build their capacity and support them to lobby for their inclusion.

Because inclusion involves everyone in society at all levels, collaboration and networking are core strategies to achieve inclusion.

The Millennium Development Goals provide a basic framework for inclusive Development:

- Eradicate extreme poverty and hunger
- Achieve Universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Ensure environmental sustainability
- Develop a Global partnership for development

**Key Ingredients of Inclusive Development for the above MDGs are;**

- Identification of particularly vulnerable groups/ Individuals or families.
- Poverty alleviation measures
- Community participatory approach
- Human Rights Framework; including basic rights/needs (socio-economic)
- Collaboration, networking, listening and tolerance between all stakeholder groups
- Capacity building of family members
The scientific study on the strategies of development and various approaches was therefore, greater relevance. The learning from such a scientific study could give guidance to many stakeholders of community development, programme planners, implementers and many support organizations. This scientific research could throw light upon the various processes this method has got and the necessary conditions for empowerment. Thus the Research Topic was of greater significance and relevance.

This research could deepen the understanding on development, empowerment of the poor, the various strategies of empowerment, rights based approaches, community mobilization techniques, the various roles of stakeholders, inclusive development etc. There was greater clarity on various development issues. The changes in conditions of the people, their participation, interactions, contributions and involvement were interesting matter for study. The data and conclusions have been useful for application and replication in other organizations and groups for their community.

Thus it was a research on how the poor became a powerful; who hitherto were objects became subjects and masters of their own destiny. The research also highlighted who is the change agent - catalyst - and how a Voluntary Organization can guide the individuals to form into groups and foster interrelatedness and thus form a base for upward mobility in the society and becoming able to restore their lost dignity. Based on the preliminary studies and reference with the poor and the marginalized the following objectives' of the research were identified.

1. Understand the Concept of Social Mobility and Rights based approaches to Development in the context of Rural Sociology and community mobilization.
2. Analyse and interpretation of the existing process of Community Mobilization for upward Social Mobility in Rural Communities

3. Identify the importance of Social Mobility and Rights based approaches to Development leading to social recognition/re-enforcement of the self-dignity of the Rural communities

4. Identify the factors leading to Social Mobility leading to Social inclusion of the rural communities in the process of Community Mobilization.

5. Identify the Constraints in the Process of Community Mobilization leading to Social Mobility and social inclusion of the deprived sections of the society.

6. Identify the possible strategies to ensure social recognition/re-enforcement of the self-dignity of the deprived sections of the society through the Process of Community Mobilization in Self Help Groups.

7. Seek the possibilities of replication and transfer of the learning to various Stakeholders and Interest Groups.

**Based on the above objectives, the following hypothesis was developed for research programme**

1. Due to Social stratification, there are inequalities in the society resulting in the marginalization of poor and lower strata of the society.

2. Lack of organization and community mobilization leads to lack of social mobility and powerlessness of the poor and marginalized.

3. Due to lack of social Mobility, the rural poor are deprived of their human dignity and self-respect and this results in Social Stratification.

4. Community Mobilizations is a useful tool for Social Mobility and Empowerment.
5. There is the need of catalysts and facilitators for Community Mobilizations by way of organization and animation.

6. The best strategy for the Social inclusion of the poor and marginalized is to mobilize them for Social mobility through a process of social animation creating critical awareness in them and organizing them as small and viable groups in the pattern of Community Based Organizations.

7. The poor and marginalized have the potential energy and capacity to bring needed social transformation and create a better society based on justice and equity and in course of time can become catalysts and facilitators.

8. Rights based approaches to Development proactively contributes to Social Inclusion of the deprived sections of the Community and Society.

The period of study was the situations existing in 20 villages of Kalyanpur Block before the interventions of CHD of Mariampur Hospital as a catalyst in 2006 and the present status as in 2011. During this gap at 5 years what happened to the women in their journey towards empowerment and the strategies adopted were the specific questions for research.

In order to conduct the Research, the methods used were Case Study Method, Interview Method, Questionnaire Method and Observation Method. A Questionnaire was prepared to collect data through interview of the women selected. The questions included their socio-economic-political status, the participation in the community affairs, accessibility to and control over personal as well as community resources, their decision-making abilities, physical and social mobility, levels of trust, cooperation, social cohesion, harmony and reciprocity etc. The interviews were conducted at villages with prior intimation of time, at the convenience of
the women members. The collected data were tabulated and analyzed with the help of SPSS computer package and appropriate Tables and Diagrams were prepared. Both descriptive as well as exploratory research designs were used in the study. Some data were collected with the help of secondary sources.

The concepts Development and Empowerment have been analyzed to understand them in depth and have a very clear picture. Relevant data obtained from the focus area have been inserted to substantiate and prove that development and empowerment processes are taking place in the focus area with the poor and the-marginalized. Development has been understood as Development of People and their capabilities and not the development of things like buildings, facilities and infrastructures. This calls for an *Integral Development touching* all aspects of life viz. material, intellectual, social and spiritual. The concept of development has undergone substantial changes and has taken wider sociological and justice dimensions.

- Development is much more than what the Government and other Non-Government agencies do for material well-being.
- Development is to be seen as improved quality of life, cultural regeneration, and social justice, inclusive in nature, cohesion, political awareness and empowerment.
- Development is both qualitative – actualizing the inner potentialities of a person and quantitative as it brings growth in their material wellbeing such as increase in the income and obtaining of services from the various government schemes meant for them.

Various development models have been practiced all over the country. The results and impact also vary according to situations. The following are the main models tried in our country viz. Charity or Pity Oriented
Development Model, Input or Welfare Model of Development, Animation Model of Development etc.

Development is concerned with the progress of the poor and the marginalized to have a better quality of life, so that the social stratification effect is reduced and the gap between the upper and the lower, powerful and the powerless can be minimized. The conditions of marginalization are characterized by:

- Powerlessness due to lack of access to and control over public resources and institutions both tangible and intangible like information and influence.
- Isolation due to lack of control over political processes and decision-making.
- Victimization due to lack of access to education.
- Hopelessness due to lack of access to and control over community affairs.
- Voicelessness due to lack of mobility and accessibility.
- Choicelessness due to lack of options.

In this context, Rights based approaches to Development are understood as an Empowerment process characterized by:

- A process of powerlessness to power by gaining control over the self, ideology and the resources, which determine power.
- A process isolation to unity by changing the systematic forces of marginalization
- A process victimization to become masters of own destiny by liberating from oppressors and exploiters.
- A process of hopelessness to hope which begins in person's mind, with the glimmers of a new consciousness, which questions existing power, relations and roles.
- A process of voicelessness to vociferous which comes with
power of information and knowledge.

- A process of choicelessness to choice which enables people to discover new possibilities, new options and growing ability to make choices.

This demands an environment where basic needs of all are fulfilled, social well-being ensured, and psychological as well as physical needs are met. The new set of parameters to measure this development would be people's participation in the programme planning, decision making, implementing and evaluating their activities, their organizing and federating capacity, the role of women and youth in these processes etc. The people will at the end of the process will feel - "we have done it."

There are three major capital measures namely, financial capital, human capital and social capital. Finance capital takes up far too much policy time and space at present. Human capital is the total of our skills and knowledge but rarely count its loss in unemployment. There has been too little attention paid to social capital which refers to the processes between people, which establish networks, norms, social trust and facilitate coordination and cooperation for mutual benefit. Social Capital is also appropriate because it can be measured and quantified so we can distribute its benefits and avoid its losses. Community development is a 'bottom up' phenomenon. It originates with people forming social relations and networks based on principles of trust, mutual reciprocity and norms of action by which Social capital is formed.

Bourdieu and Coleman first used the term social capital in the 1980s. Wide discussions on social capital was promoted after the publication in 1993 of "Making Democracy Work: Civic Traditions in Modern Italy" by Robert Putman: Similar to the notions of physical and human capital,
the term social capital refers to features of social organisation, such as networks, norms and trust that increase a society's productive potential. The social capital embodied in norms and networks of civic engagement seems to be a precondition for economic development as well as for effective-government.

Dr. KM Francis, in his book “Building Social Capital as a paradigm shift in development approaches” refers social capital to the Institutions, relationships and norms that shape the quality and quantity of society's social interactions. Social Capital is the raw material of civil society. It is created from the myriad of everyday interactions' between people. It is not located within the individual person or within the social structure but in the space between people. It is not the property of the organisation, the market or the state, though all can engage in its production.

Community Mobilization and Social Animation are closely connected. Social Animation is the tool for community Mobilization i.e. to bring together people and enable them to create avenues and forums for community development. It begins with awareness about oneself, one's roles and responsibilities to build a just and equitable society based on universally accepted values and enables people to collaborate and cooperate. The basic pillars of animation being awareness, organisation and collective actions it is the methodology to build up social capital. Hence the process of building community mobilisation through social animation is of extreme importance.

“Animation is an awakening’ and action-oriented process aimed at social transformation affecting, at general level, all people and at specific level, the poor. It initiates a dynamics in a person and in a community to struggle for empowerment to bring about change among themselves and
in their situation of poverty and marginalization and to affirm their
dignity as persons to create a more just society” states P.J. Lukose in his
chapter in the book “empowering the poor, animation for social change”
published by Caritas India in 1994.

It is a process of conscientization: It is a process that is initiated and
sustained by the animation in a group who helps the poor to become
aware of their situation, its roots causes, the forces, interacting as well as
their strengths and weakness. As all are entitled to a life of dignity and
respect, and have the capacity to achieve fullness of life, the widening
gap between the rich and the poor, the upper and the lower, the powerful
and powerless are to be contained. A social transformation is needed to
uphold the rights and entitlements of the poor and the marginalized.
Hence social animation is relevant and is the need of the time.

It is a well-accepted fact that People's Organisations - more recently
known as Community Based Organisations - are the most powerful and
viable media for social change. From the community Mobilisation
perspective, these groups have got greater relevance and meaning in
development sector. A growing body of evidence shows that
incorporating the poor in to the design and implementation of
development projects helps not only to produce appropriate projects but
ensures that they are better targeted to reach those with the greatest
needs.

Government has recognized the importance of community mobilisation
and thus began to foster communities in the form of Self Help Groups
and Women's Associations. The Government adopted Convergent
Community Action (CCA) as an updated strategy for social action to
enhance the capacity of the family and community to meet the needs of
particularly of children and women. The strategies enable them to act
together with the Govt. in a manner that fulfils human rights. The CCA document says that when people, particularly the poor, are allowed and enabled to come together, for a social purpose, this very process generates community mobilisation to energize and enhance the economic capital by way of labor and local materials. The greater the community's involvement in articulating, assessing, analyzing, planning, managing, monitoring and working jointly on a continuing basis, the greater will be the relevance, transparency, efficiency, cost effectiveness and accountability of development process.

The purpose of community mobilisation is to bring social transformation so that all will have better opportunities and accessibility to resources, power, information and control which will result in better quality of life, and thus the poor will benefit the maximum.

A presentation has been made about the Community Health Department of Mariampur Hospital, Kanpur - the Catalyst and Facilitator for the empowerment of the poor and the marginalized in the focus area.

Mariampur hospital society is a charitable, voluntary, Non-profit Catholic Christian hospital, formally registered under societies Registration ActXXI of 1860. The Hospital was opened with 25 beds in the year 1962. 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, heath 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. Until 1985 all these programs were conducted only in the slums/city.

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 came requesting them to include their villages too in their 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) 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.

An Analysis has been made about Development Context of Uttar Pradesh, the situations of the focus villages, the socio-economic and political conditions of the target area and population under study etc. The State of Uttar Pradesh came into existence in 1950 and has been the most populous State of India. In terms of geographical area U.P. is the fourth largest state having 70 districts with 166 million people, which constitutes 16.17% of the total Indian Population and 9% of the total geographical area of the Country. It has got about 240,940 sq. km, and average size of the district is 3442 sq. km. The State is divided to Western, Central (Avadh) Eastern (Purvanchal) and Bundelkhand Regions. The entire state has a tropical monsoon climate and the year is divided in to 3 distinct seasons - winter, summer and Monsoon. Eastern part of the state receives more rains than western part. Floods and draughts are the major calamities, which adversely affect the entire life patterns of U.P. The various reports and studies reveal that Uttar Pradesh is one of the most backward states in India in terms of Human Development Index. It has not crossed over the status of BIMARU states.

The reference area is the district Kanpur city, consists of urban and rural area, the rural area is divided in to 3 Tehsils, 10 blocks, and 557 Gram panchayats. The people in this area are landless agricultural laborers and marginal farmers. The target population consists mostly of Scheduled castes and backward classes.

We have analyzed the emerging problems and conflicts in the process of women's empowerment. These problems and conflicts have been associated with the aspects:
• People's participation
• Communication and empowerment
• Power associated with males and gender perspectives
• Govt. policies and social opportunities
• Micro-credit and economic activities
• Role of Facilitators
• Community Mobilization and Team Building
• Poor representation of the marginalized sections.
• Co-responsibility of the rich and the poor
• Human Rights approach
• Evaluating empowerment processes.
• Integration of life and activities.

These problems and conflicts are to be considered as opportunities for improving the empowerment processes, getting the collaboration of the larger section of the village community. Social group and building alliances with few like-minded people should not become the channel or pretext of exclusion of others, even the oppressors. There should be openness for dialogue with all, even the opponents, so as to foster social cohesion and harmony be maintained, mutual trust and reciprocity be promoted and peace-building processes be strengthened. Women have to face these challenges and tackle these issues amicably and thus build a better society. Finally we have the Research Findings and Conclusions, highlighting the learning from the research activities. Based on the research in the focus area and analysis of the data, the following findings have been identified and the major conclusions drawn.

9.2 Research Conclusions
The first Hypothesis that due to social stratification, there are inequalities in the society resulting in the marginalization of the poor and the lower strata of the society has been established and proved by the following facts.
1. There are poor and the marginalized people in the society, who have been living in abject poverty, deprivation and exploitation. There is a big gap between the poor and the rich in the society. The poor people lack even the minimum resources for a decent and dignified living. The data show that all the respondents are living the life below poverty line. The criteria for assessment of poverty line are the annual income of the person. All who are not able to get annual income more than Rs. 36,000/- (Rs. 3000/- per month) as per Govt. calculations are below poverty line.

Out of the total 200 respondents, 53 respondents who are daily labourers, 10 earn between Rs. 501 -1000 a month; 24 earn between Rs. 1001 – 1500; 18 earn between Rs. 1501- 2000; only one earns between Rs. 2001 – 2500. Of the 27 who earn a monthly salary, 9 earn Rs. 1500 or less a month; 18 earn above Rs. 1501. Animal husbandry is the sole occupation of 16 respondents. These earn between Rs. 500 to 2500 a month. Of the 13 respondents, who farm their own land, 10 earn only between Rs. 1000-2000 a month. Ten of the respondents have a petty shop that provides a monthly income of Rs. 1001 to 2500. Animal husbandry and daily labour are the occupation of 11 respondents. These earn between Rs. 5001 and 3000. As is obvious, the respondents are below the poverty line...

2. The quality of life of these poor people is very low and needed immediate attention. This is verified and confirmed in terms of the educational status, health conditions, low level of sanitation and hygiene and other socio-economic-political and cultural factors. Among the 200 respondents, 43% are illiterates; 28% have only primary school education. Thus three-fourth of the respondents has little or no education. Of the rest, only one has a PG education and three have high school education.

As a result, their health awareness, personal and environmental hygiene, use of safe drinking water, use of other facilities etc are adversely...
affected. As in any of the villages of Uttar Pradesh, the high rate of infant mortality, complications in the pregnancies, inadequate pre-natal and post-natal care, and dependence on quacks and reliance on many superstitious beliefs still persist. The family size is still big and this has resulted in inadequate physical care, intellectual formation and social development. Nuclear families are just half the number of joint families. The number of extended families is negligible. The size of the family ranges from one to 13 members with a mean of 5.64 and a std of 1.79. 16% have four members, 28% have five members and 17.5% and 17% have seven and six members in the family. This shows the burdens of maintaining the families and compromise with the quality of life in the communities.

The Second Hypothesis that lack of organization and community mobilization leads to lack of social mobility and powerlessness of the poor and marginalised has been proved by the following facts.

3. The focus group consists predominantly of scheduled castes and backward castes. Out of the 200 respondents the general category comprises of 92 respondents. The next highest are the SC respondents constituting 50 cases; backward others (N=26) and backward dhobi respondents (N=28) are fewer compared to the SC respondents and the least are the backward dhobi with 2 cases.

Thus the empowerment processes are taking place among the poorest and the most vulnerable and disadvantaged sections of the area. This has resulted in the ready acceptance of the efforts for a social change in the area and the poor have captured a vision for a better society based on Justice, Equity and Fullness of life according to the vision and mission of the facilitating Organization. The success of the programme is the success of the efforts of these poor and downtrodden Dalits who have
been looked at scornfully and skeptically by the powerful and the rich. The gain of access to and control over the resources and the possibility of the empowerment programmes have proved that the poor are capable to empower themselves and effect radical social changes. Women are more interested in community development activities because they are the most oppressed ones and they needed radical and structural changes in the present systems. The sample size is 200. Age ranges from 20 to 65 with a mean of 39.14 and STD of 10.208. Except one, all are women. of these, 90% are married, 7.5% are widows and only one person is unmarried. The men are more preoccupied with many other engagements or are not very keen to come to organize themselves in to groups. They have adopted an attitude of wait and watch. They also are bound by the cultural barriers and often are not very positive about women's empowerment. It is also a fact many men go out for work and come back in the evening and do not find free time to engage themselves in Group activities. Some men have temporarily migrated to other cities in search of works and therefore are not available in the villages for participation in the community affairs.

4. The conditions existing prior to the formation' of the Self Help Groups or Women's Associations and their organizational strength have been almost nil. All of them have joined the Group for the first time in their life. They have not assembled together to discuss any community matters regarding any of the development issues. The presence of women in public meetings was not an approved behavior. They were not participating in the Gram Sabha meetings. Information on the 'Gram Sabha meetings were not shared with them. They were not aware of the many Govt. schemes for rural development. the provisions of Panchayati Raj Systems, the health facilities and the need for immunization of the children and the pregnant women and many other social, economic, developmental and political issues. They had very limited access to and
control over the personal as well as community resources. They lacked physical mobility and had no share in the decision-making processes. They did not know each other even though they were living in the same village. They had not much contact and interactions or sharing of joys and sorrows among them as they did not have confidence and trust among them.

Membership in the group has benefited most women as they were able to have greater control over their ancestral property after joining the group than was possible before joining it. Three-fourth of the women had no control over their ancestral property before joining the group whereas only 7 had no control after joining it. Membership has greatly contributed to control over the ancestral property.

Before joining the group, three-fourth of the women had no access to their dowry, whereas after joining the group, only 6% did not have access to it. This shows that membership has helped in a substantial way for these women to have access to their dowry that they brought with them at the time of their marriage.

**The third Hypothesis that due to lack of social mobility, the rural poor are deprived of their human dignity and self-respect and this result in Social stratification has been proved by the following facts.**

5. The conditions existing before the intervention of Community Health department of Mariampur Hospital and the formation of the Groups have been very deplorable and needed strong interventions for a positive change. But the present condition after the formation of Groups has been very different and positive changes have taken place among them in their outlooks, attitudes, behavior and situations. They began to experience greater sense of self-confidence, mutual trust, sharing,
cooperation, interaction with others, gained information on various matters, acquired skills in many fields including the ability to read and write, at least a little bit, began to behave with others in respectful way with regard and dignity and were in the process of self-empowerment. They became conscious of their rights as citizens and dignity as human beings due to the effects of conscientization and awareness programmes among them. They became capable of making a social analysis and critically look at the society and thus came to know about the oppressing and enslaving conditions and found that associational strength and unity among them could be one way of tackling the exploitations. Thus community mobilizations and group formations took place to gain the associational strength. They began to gain better accessibility to and control over the personal, household and community resources. Their opinions were sought for and were consulted before taking decisions at home and in the Gram Sabha meetings. They have become respected persons and the oppressive and aggressive behavior with them by powerful and the rich became reduced. They also have been able to move out of the four walls of their houses and the limits of their own villages.

6 The biggest majority did not have any access to personal income before joining the group. Only a negligible number of persons had such access. If one does not have access to personal income, there is no way he or she may be able to control it. Hence four-fifths do not have control and one-third have only little control over their personal income. One-third of the women do not have any access to their ancestral property and another one-third have very little access to it. Of those who do have access, only 4% have considerable access and one-third, somewhat access. Before joining the group, three-fourth of the women had no control over their dowry, whereas after joining the group, only 5% did not have any
control over it. 85% of women had very much too somewhat control over their dowry after they joined the group, whereas before joining it, only 7% had such control. Membership has given an enormous boost to control over dowry for these women.

7. The level of their participation increased considerably and qualitatively. All these have been the noticeable changes and positive impact due to the community mobilization and formation of Groups. They are no more recipients of mere charity and helps from the rich and the powerful but they have become stakeholders and shareholders of the community development programmes and creators of their own destiny. All these have been radical changes towards social transformation and empowerment. The benefits of all these changes have been experienced directly by the poor and the marginalized and indirectly by the larger community...

The Fourth Hypothesis that community mobilization is a useful tool for social mobility and empowerment has been proved by the following facts.

8. Community mobilization promotes empowerment by providing conducive atmosphere for access and control of resources. Access to husband’s property was possible somewhat to very much to only about two-fifths of the women before joining the group, whereas after joining the group, it was possible for three-fourth of the women. A little more than half the women did not have access to their husband’s property at all before joining the group, while after joining the group; it was not possible to only 6%. Hence membership has facilitated access to husband’s property. Those who controlled their husband’s property very much after joining the group were eleven times more compared to before their joining the group. Those who controlled their husband’s property much
after joining the group increased by 21 times after they joined the group. Only 18 women did not control their husband’s property at all after joining the group while there were 159 before joining the group.

Those who accessed health facilities very much before joining the group were just four women, whereas there is a ten-fold increase of such women after joining the group. Those who accessed health facilities much before joining the group were just seven women, while after joining the group the number swelled to 62. After joining the group only 17 did not access health facilities whereas before joining the group, there were 138 women in this category. Those who had control over their health very much before joining the group were hardly three women before joining the group while this number went up to 86 after joining the group. Those who had control over their health much before joining the group was only eight but after joining the group this number grew to 56. 163 women did not have any control over their health before joining the group, while this number came down to a mere 14 after joining the group. Those who accessed education facilities very much before joining the group were only two women but after joining the group, the number increased to 23. Those who accessed education facilities much before joining the group were only 11 women, but this number increased to 56 after joining the group. Those who could not access education facilities at all before joining the group were 155 but this number came down to 13 after joining the group.

The women who had much access to livestock before joining group were only six but after joining the group, 45 women had access to livestock. Only one woman had very much access to livestock before joining the group whereas after joining the group this number grew to 18. Those who did not at all have access to livestock were 154 before joining the group but shrank to just 18 after joining the group. Hardly three women had
very much control over livestock before joining the group whereas 60 had very much such control after joining the group. Those who had much control before joining the group were only five but after joining the group 56 had such control. Those who did not have any control whatsoever before joining the group were 165 but after joining the group hardly 19 had no such control.

Before joining the group, only three women had access to business/shop very much but after joining the group there was a seven-fold increase in this number. Before joining the group only six women had much access. Women who had very much control over business/shop before joining the group were hardly four but after joining the group, the number of women having control over business/shop had a ten-fold increase. Those who had much control over business/shop were only four but membership in the group made this group increase twentyfold. Those who never had any control over business/shop before joining the group were 158 but membership in the group reduced this to a mere seven.

Women, who had very much access to the income of the group by way of savings, were 83 and those who had much access were 49. These two groups constitute two-thirds of the sample. If we include those who had somewhat access to the income, the total comes to four-fifths of the sample. This indicates the benevolent effects of membership in the group. Women who had very much (32%) and much (32%) access to bank assistance after membership in the group constitute two-thirds of the sample. Adding those who had somewhat (24%) access, we see that 87.4% of the sample had some bank assistance or other. Membership has contributed to their possibility of availing of assistance.

Those who received very much seed money from NGO are 45%; those who received much from NGO are 13%. More than 50% of the women
received very much or much seed money from an NGO. This would not have happened had these people not enrolled themselves as members. Women, who had access to loans very much, are 18% and those who had much access are 25%, besides those who had somewhat access are 27%. Thus, three-fourth of the sample had access to loans. Those who access interest very much are 42% of the sample and another 20% access it much. This means two-thirds of the women access interest. Those who are not able to access interest at all are only 10% of the sample.

The women who access community centre very much (16%) and much (32%) constitute almost half of the total sample. Those who somewhat access community centre being 30% of the sample, access to this facility is enjoyed by three-fourth of the sample. Those participating in group activities very much (12%) and much (57%) are two-thirds of the sample. Those who participate somewhat are 21%. In all, 90% of the women take part in varying degrees in group activities.

Women with linkage with Government departments very much (11%) and much (38%) constitute half of the sample. Those with some linkage with government departments are 35%. Thus, 84% of the women have some link to a Government department. Women, who access very much (33%) and much (22%) government schemes, constitute a little more than half the sample. Those who access such schemes somewhat are 30%. Membership in the group has facilitated 85% of women to have access to government schemes.

Many Government, Voluntary and Formal Organizations tried with various strategies to empower the poor and the marginalized. Well-planned activities have been undertaken to reach out to the most disadvantaged sections. Somehow all these models and strategies did not yield expected results. Consequently there were leakages of energy and
resources. The failure of many models compelled the Facilitators and Catalysts to try the model of community mobilization to promote integrated development based on the principles of social animation which includes necessarily the processes of contact and rapport building, awareness creation, conscientization, sensitization of the community on the current status, sharing of a new vision for establishing a better society, identification of local leadership, prioritization of development issues, community mobilization, formation of Groups, capacity building, participatory planning and implementation, documentation, participatory monitoring and evaluation etc. In all these stages participation of the stakeholders at every level, network of communication, local leadership and participatory decision-making became the hallmark and essential ingredient. All these processes necessarily enhanced the accumulation of Community Mobilisation.

Community Mobilisation meant the connections among individuals, their networks, and norms of reciprocity and trustworthiness that arise from them. Community Mobilisation calls the attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal relationships. A society of many virtues, but isolated individuals is not necessarily rich in community Mobilisation. Leadership qualities are directly connected to relationship with people. Strong relationships are dependent on values - trust, truthfulness, honesty etc. Building trust and being truthful are essential for strong relationships and success of organizations.

The Fifth Hypothesis that there is the need of catalysts and facilitators for Community Mobilisation by way of organization and animation have been proved by the following facts.

By organizing the community in the focus area in the form of Self
Help Groups and Women's Associations, Mariampur Hospital just facilitated the formation and accumulation of community Mobilisation, based on trust, reciprocity and mutual collaboration. The members of the groups began to interact in a new mode and their relationships became stronger resulting in bonding and bridging. They started to behave with one another with in the frame of new norms and patterns. They transacted money among them in the form of monthly savings, inter-loaning, petty credit etc. and a new environment of trust and trustworthiness came in to existence.

The road map to social change in the focus area began with the presence and intervention of the Community Health department of Mariampur Hospital with the establishment of the Community Centre in 1975. For thirty years there were only few villages and mobile health clinic. Then they began to form Women's associations in five villages. All these interventions were only the preliminary works to pave the way for formal and extensive interventions in twenty villages. With the financial support of Caritas India, Mariampur Hospital launched community development programmes in 1994 in the model of social animation by way of community mobilization and group formation. Step-by-step procedures in all the sequences had been followed to form the Groups. This resulted in the social change among the poor and the marginalized sections in the focus villages. Though Kalyanpur Block was one of the first few Development Blocks in Uttar Pradesh, established by the Govt. in 1953, the development effect had not reached the interior villages and the most deprived and oppressed sections. As in any programme of the Govt. the fruits and impact bypassed the poor- and the marginalized and the real beneficiaries were somebody else than the target group. The conditions of these poor remained the same till the arrival of the Catalyst and Facilitator- Mariampur Hospital. Under the programme of DWCRA the Block organized some women, but these were not very successful and
effective enough to bring any radical changes in the villages. These groups were not sustainable and beneficial to the poor and marginalized sections and were not accessible to them.

As on 30 December 2011, they formed 60 Self Help Groups, with total membership of 799 Persons, and their total monthly savings is Rs. 19, 65,877. They could mobilize Rs. 3, 08,000 from NABARD. They were able to give a total loan of Rs. 27, 62,417 to their members, of which Rs. 12, 04,676 are in circulation.

These Groups have proved that they are capable of saving money, generate income, creditworthy to get loans, truthful to their partners, and they foster high level of trust, reciprocity, and honesty and collaborate with one another. These members of the Groups have established rapport with a wide section of people like Village Pradhan, B.D.C, Secretary and institutions like Block, Bank, PHC, PDS, District Office, NGO Office etc inside and outside of their villages which was new experiences for them. Now they are able to tolerate with other sections of people understand that the coexistence of many categories of people will make life better in the area.

The real winds of change blew with the advent of Community health department of Mariampur Hospital. All the respondents said they were joining first time in any group and they have this as entirely a new idea. First time they got a platform to come together and share their views. First time they got someone to listen to their woes and worries. The Development Block and Primary Health Centre were visualized to take leadership in the rural development and community empowerment programmes they did not become successful with these vulnerable sections and were not fulfilling he tasks of catalysts and facilitators for them. The poor themselves also were not able to initiate the needed
social changes as they lacked the self-confidence and did not realize the hidden pool of talents and capacities. They had not identified the proper leadership among them and they continued with their darkness of ignorance and mistrust.

The CHD of Mariampur Hospital gave them a new vision and perspective, mobilized them and organized them to Groups with cohesion, harmony, trust, reciprocity and mutual collaboration. New norms for community participation and collaboration were developed and they became vibrant with new hope and capacities. The CHD fulfilled the task of a real catalyst and facilitator and initiated the directions for social transformation, leading them to the path of integrated, participatory and sustainable development and empowerment.

The Sixth Hypothesis that the best strategy for the Social inclusion of the poor and marginalised is to mobilize them for Social mobility through a process of social animation creating critical awareness in them and organizing them as small and viable groups in the pattern of Community Based Organisations has been proved by the following facts.

Community convergence has to take place for community mobilization, social mobility and social inclusion. Membership in the Self-help groups shows that almost three-fourth (70%) are members of the group since five years and 13% since four years. Those who are members of the group since three years are only 7%, since two years, 3% and since a year, 2%. This shows that the vast majority (four-fifth) of the respondents are members for four years or more. This vast percent indicates the eagerness of the respondents to grab opportunities to pull themselves up from the miserable social and economic condition they
were in. Those who joined later did so probably seeing the benefits enjoyed by those who were members.

Two-fifth of the respondents (42%) were never or only rarely associated with any such institutions. Only one-third (29%) of the respondents were very often or often associated with any such organizations. The reasons for such a majority not being associated with any such organization may be due to the possible difficulty of joining, even if they wanted to; no sufficient awareness on the benefits accruing from such association was probably created by such organizations; the social or economic cost of joining, if any, could have also been an element of inhibition. One-fourth (25%) have very often helped out a group as a volunteer, 42% have done so often. Thus, two-thirds have helped out as volunteers. But the remaining one-third has either never, or rarely or only sometimes helped out a group as a volunteer. Two-thirds of the respondents attend very regularly or regularly group meetings. The others do so only somewhat or more or less regularly. That two-thirds are committed to attend the meetings regularly is a good sign of their wanting to run their affairs as they think is to their advantage.

Participation in meetings of other social organizations: Alost two-thirds (61%) participate very often or often in meetings of other social organizations. Such participation widens their knowledge about available schemes and ways to access them. It also enhances their social respectability as they develop contacts that are useful in getting things done. Participation in gram sabha meetings: Only 15% attend very regularly or regularly. This is a poor participation as these respondents allow others to take decisions that affect them. Half the respondents (51%) are office bearers of the groups...

During the past five years, they have removed very often or often (39%) or sometimes (45%) rubbish from public places; they have gone out to
visit a relative of theirs very often or often (50%) or sometimes (23%). If the respondents need information to make a life-saving decision, 98% know where to get it from.

If the respondents disagreed with what everyone else agreed on, they would still speak out very much (27%) or much (44%). That almost three-fourth have mustered courage to speak out even when their opinion does not fall in line with the majority augurs well for a democratic nation such as India. Nearly all (99%) would seek mediation if there is a dispute with a neighbor. As for taking initiative at work even if no one asks, 96% say, they would.

With regard to walking down the village road after dark, 83% feel safe. 95% agree that most people can be trusted. If someone falls sick outside one’s home, 98% state that they would invite that person into their home and give first aid.

All believe that their area has a reputation as being a safe place. Also all feel that their group feels like home. All also agree that in moments of need; they are confident of getting help from their friends. Nearly all (99%) will ask a neighbor for help if they were to go out but had a small child. Nearly all (99%) visited a neighbor in the past one week. Nearly all also acknowledge that they are likely to run into friends and acquaintances. Nearly all (96%) acknowledge that they have done a favor to a sick neighbor. And in the past one week, personal contacts were made with friends between 25 to 36 times by 10 persons; eight persons made contact between 20-25 times; between 15-25 times, 15 persons made personal contact; 12 persons made contact between 10-15 times. The day before the data were collected, three persons talked to 20 persons, 26 persons talked to 10-18 persons; the rest talked to eight or fewer persons. 98% state that sometimes they have lunch/dinner with
others outside their home. Nearly all (97%) think that co-existence of
different categories of people makes life in their area better. Almost all
(95%) enjoy living among people of different lifestyle, religions and
practices. Without exception, all feel they are valued and considered
important in the society. All would feel satisfied with what life meant
for them if they were to die the next day. Nearly all (99%) feel concerned
for the sick, suffering and the marginalized and feel that they also are
human beings with equal rights. Also all feel they are part of the local
geographical community where they live and work together. Nearly all
(99%) consider their workmates as their friends and all feel they are part
of a team at work.

13 Membership in the group has vastly helped the respondents to
exercise control over the resources of the group: 60% of the respondents
have very much or much control over the groups’ resources while before
joining, there were hardly four persons who exercised such control.
Before joining the group, 87% had no control over the resources of the
group whereas after joining the group, this number got reduced to 3%.
Membership contributed to a high social standing to the respondents.
Hence 61% had very much a say and one-third more had much say in the
affairs of the village school. With regard to the ration shop, 60% had very
much say and 35% had much say in its affairs. Thus, 95% of the
respondents had very much or much said in the running of the ration
shop. With regard to the running of the panchayat bhavan, three-fourth
had much say and 14% had very much say in the way it is run. Two-
thirds of the respondents had much say in the affairs of the primary health
or sub centre while 23% had very much say. In the affairs of the
development block, 60% had much say and 15% had very much say.
Half the respondents had much say in the meetings of the gram sabha and
one-fourth had very much say. Membership has contributed immensely to
the active participation of the three-fourth of the respondents in the gram sabha meetings.

14 The Govt. adopted the strategy of Convergent Community Action as an approach to social change in which both the community and those responsible for the delivery of the services join hands to find solutions to local problems. It is an updated strategy for social action to enhance the capacity of the family and the community to meet their needs. This strategy wanted to reverse the top-down approach to bottom-up where an organized, aware and active community plays the lead role in taking actions required for sustained development. The strategy aimed at addressing the marginalized and unreached sections of society and ensuring fulfillment of their rights. Community Convergence has to take place to build the community Mobilisation.

The Seventh Hypothesis that the poor and marginalised have the potential energy and capacity to bring needed social transformation and create a better society based on justice and equity and in course of time can become catalysts and facilitators has been proved by the following facts.

15 Mariampur Hospital had adopted Community mobilization process long back, as Voluntary Organization supported by Caritas India, the pioneers in Social Animation processes and many of the Support Organizations. People First had become the policy and practice in the activities of the Organizational interventions. As a result, they sensitized the community, mobilized them and organized them in viable neighborhood Groups and accumulated their community Mobilisation. This made the further steps of articulating, assessing, analyzing, planning, managing, monitoring and jointly working with trust, reciprocity, and mutual collaboration feasible and easier. To organize them and bring
them together to one platform had been the first step, which was difficult and time-consuming. Thus the processes of building community Mobilisation has been the first activity and preceded all other activities. Now they are able to assemble together conduct their meetings regularly, review their actions, plan for the future and articulate their needs and pressurize the administration to get their rights. They have become pressure group with clear vision, strategies and skills. They have attained the self-confidence and acceptance in the community and they are highly respected and regards in the community. They have tasted power - with the distinctions of power over, power with, power within, and power to.

Only three of the 200 respondents had very much, much or somewhat access to the village school before joining the group. However, group membership made it possible to have access to the village school for 40 (20%) persons very much, for 55 persons (28%) much and for 41 persons (21%) somewhat. Before membership, 88% did not have any access to the village school. After membership, only 6% did not have access to the school. Before joining the group, hardly 10 persons had very much (2 persons), much (4 persons) or somewhat (4 persons) control over the village school. Membership in the group made it possible for 38% to have very much, 34% much and 22% somewhat control over the school. Before membership, 85% did not have any control over the school. This number got reduced to 4% after membership in the group.

Panchayat Bhavan was accessible much too only two persons before joining the group. However, after membership, it was accessible very much to 37 respondents, much to 55 respondents. The place was not at all accessible to 88% of the respondents before joining the group. However, after membership, it was not accessible to only 11 (6%) respondents. Control over Panchayat Bhavan was exercised by only two persons very much and one person much before joining the group. But
after membership, two-fifths of the respondents (41%) exercised control very much and another two-fifths (41%) exercised control much. Thus, four-fifths of the respondents could control panchayat bhavan after joining the group. Before joining the group, 90% had no control whatsoever over Panchayat Bhavan. But after membership, only four (2%) did not exercise any control at all.

Access to India Mark II hand pumps was very much possible to only five respondents and much to six before membership in the group. But after membership, it was very much accessible to 23% of the respondents and much to 15%. Thus, membership enabled one-third to have access to hand pumps. Before membership, 87% of the respondents did not have any access to these pumps at all. But after membership, only 8% had no access to this pump. Control of India Mark-II hand pump was very much possible for 4 respondents and much for three respondents before joining the group. But membership made control very much possible to 106 (53%) respondents and much to 43 (22%) respondents. Those who had no control whatsoever before membership were 166. After membership, this figure came down to 14 (7%).

Prior to joining the group, access to the village Khalihan was very much possible to four and much to 10 respondents. But after membership, those who had very much access were six-fold (24 persons); those who had much access were 32 (16%). Almost two-fifths of the respondents had access to this facility after membership. Before membership, 82% had no access at all. Membership to the group brought this figure to mere 5%. Before joining the group, those who had control over the village Khalihan very much were only two respondents and much were six. However, membership in the group raised the number of those who very much controlled it to 90 and much to 54. Thus, three-fourth of the respondents exercised control over Khalihan, thanks to their membership in the group.
Before joining the group, those who had no control whatsoever was three-fourth (76%) of the respondents. Membership in the group brought this number to 3%.

Access to village pond was very much enjoyed by only three persons and much by six before membership in the group. After joining the group, 21 respondents enjoyed access very much and 52 respondents, much. Almost two-fifths of the respondents owe their access to the village pond to the membership in the group. Prior to joining the group, four-fifths (79%) had no access to the pond at all. But membership reduced this figure to a mere 9%. Control over the village pond was exercised by only 3 respondents very much and 9 respondents much before membership in the group. But membership in the group enabled 79 (40%) respondents to have control very much and 53 (27%) persons much. Membership enabled two-thirds of the respondents to exercise control over the pond. Those who had no control over the pond before joining the group were 172 (86%) respondents, which figure got reduced to 10 (5%) respondents by the membership in the group.

Before membership in the group, only two respondents had access to PDS shop very much and six had access much. Membership made it possible for 25 respondents to have access very much and 50 persons much. Before membership, 160 (80%) did not have any access at all to PDS shop. This figure came down to 22 (11%) after membership. Control over PDS shop was exercised by only two respondents very much and 9 persons much before membership. However, after joining the group, 92 persons had very much control and 66 respondents had much control. In other words, three-fourth of the respondents had considerable control over PDS shop. Those who did not have any control over PDS shop before joining the group were 161 (81%), while after membership, only three persons did not have any control at all.
Ability to move around inside the village alone was possible much for only three respondents and not at all to 166 (83%) before membership. But after membership, those who moved around freely alone very much were 29 and much was 57. Thus, two-fifths of the respondents were able to move around freely very much or much. Before joining the group, such mobility was not possible to 166 (83%) while after membership no one was hampered from moving around alone. Moving around inside the village with someone else was very much possible before joining the group to only 13 persons and much too only three. But after membership, it was possible for 39 respondents to move around freely with someone else very much and for 69 persons much. Thus, more than half the respondents were free to move around the village with someone else. Prior to membership, 132 (66%) could not move around at all. But after membership only 17 could not do so. It was possible to move around alone outside the village much for only three persons. But membership made it possible for 92 respondents to move around very much and for 37 to move around much alone. But for 175 (88%) persons it was not possible at all to move around alone outside the village before they joined the group. This figure came down to only 7 persons (4%) after membership in the group. The ability to move around outside the village with someone else was possible very much too only four respondents and to 17 persons much. But after membership, 34 persons could do so very much and 114 much. Membership facilitated three-fourth of the respondents to move around outside their village with someone else. Those who could not do so before membership were 69%.

99% of the respondents report that they have no difficulty to move in and out of their villages to visit various institutions of their choice. The ability to go to various institutions alone before joining the group was possible very much too only three persons and much to another three. After membership, those who could go to various institutions alone very much
were 60 (30%) and much was 71 (36%). Thus, two-thirds were able to go alone to various institutions alone. Before membership, 69% could not go to any institution alone whereas after membership only 7% could not do so. Those who could go very much too various institutions in the company of someone else before membership were 25 and those who could do so much were only four. After membership, 28 respondents could do so very much and 53 could do so much. Thus, two-fifths of the respondents could go to various institutions in the company of someone else after membership very much or much. Before membership, almost three-fourth of the respondents could not go to any institution with someone else but after membership only 12% could not do so.

Before joining the group, almost half (48%) the respondents faced resistance to mobility very much and another 11% faced it much. But after membership in the group, only 11% faced resistance very much and another 11% much. While 59% facing resistance to mobility very much or much before joining the group, only 22% faced it very much or much after membership. Before membership, only 7% did not face resistance at all but after membership, 62% did not face it. Resistance from within the family was the highest, with the father-in-law being the source of highest resistance (25%), followed by the husband (24%) and mother-in-law (19%). Only 6% of resistance was from other men in the villages. About similar number of persons faced resistance very much before (31) or after (37) joining the group. However, more persons faced resistance much after joining the group (63) than before. Membership in the group made the respondents more active and so mobile. In a traditional society, where mobility has been customarily restricted, those who became active in various projects and meetings and so became mobile, are bound to face more resistance to their free movement.
Of the respondents, one-third (34%) is engaged in health-related roles, 11% in development-related works, 9% each are engaged in education and agriculture-related works and the others in security and committees. These attend gram sabha meetings always (12%), often (10%), sometimes (45%), rarely (28%) or never (2%). About one-fourth are conscious of the importance of attending meetings to influence decisions. It is unfortunate that the majority are yet to realize the importance of attending such meetings.

Support from group members in family decisions are very much available to 29%, much to 38%, somewhat only to one-fourth (24%) and only little to 5% of the respondents. Group support is available very much or much to two-third of the respondents. This is a great support both at the individual level of the member and at the family level.

Correct information with regard to government schemes is available to almost half the respondents (49%), about gram sabha projects to a third (35%), about health services of the government to two-fifths (42%), information regarding agriculture-related schemes to a third (30%), animal husbandry to one-fourth (27%), Gram sabha meetings to two-fifths (43%), on tehsil diwas to two-fifths (42%), thana diwas to two-fifths (38%). On average, in spite of membership, not even half the respondents get correct information about the various schemes meant for them. This shows that the group has to further enhance its image and efficiency so that its members benefit from the schemes announced by the government for their benefit.

However, it is heartening that 94% are in the voters’ list. Credit to this happy situation may probably not be attributed to the membership in group but the efficient functioning of the election commission. Half the respondents (52%) have very regularly exercised their franchise, 18% on
a regular basis, 8% somewhat regularly, 4% more or less and 14% not at all regularly. That almost three-fourth of the respondents participate in the democratic practices of the nation by casting their votes shows the sense of individual responsibility and political awareness. However, there are still 25% of the respondents who need to be conscientized about their democratic rights and responsibilities. Of those who have contested in any election, there are 6% who have done so very often, 16% have attempted often, 18% have done so only sometimes. Half (51%) of the respondents have never contested any election and 8% have done so rarely. Only about one-fourth have seriously attempted to represent the others in an election. But the three-fourth needs to be encouraged to contest elections so that they may bring about a change in the governance that affects them.

Among the respondents, 8% are presidents, 6% are secretaries, 18% are treasurers and 67% are members of the group. From downtrodden situation they have become the catalysts and facilitators of other members in their groups and for their respective village community.

The eighth Hypothesis that Rights based approaches to Development proactively contributes to Social Inclusion of the deprived sections of the Community and Society has been proved by the following facts.

16. Rights based approaches to development has increased the participation of the members. Women’s/Men’s respect on account of their participation in the social activities Increased very much (42%), much (27%) somewhat (15%) little (3) or not at all (6%). As is obvious, participation in social activities has boosted very much and much the respectability of two-thirds of the respondents. Purdah system is practiced or promoted very much (40%), much (9%), somewhat (19%), little (3%) or not at all (28%). Half the respondents promote or practice purdah
system. As for the rest, it does not seem to be an issue. Allowing daughter-in-law to go to work and to join the group is very much in cases of 25%, much in 27% of cases, somewhat in 34% of cases, little in 7% and not at all in 3% of cases. For half the respondents, sending the daughter-in-law to go to work or join the group poses no problem. It is somewhat an issue only for the remaining half of the respondents. Group activities help with better mobility very much for 25%, much for 30%, somewhat to 32%, a little to 7% and not at all to 1%. Group activities have supported mobility and face resistance in the case of 55% of the respondents.

17. Family members seek the opinion of the respondents very much in the case of 37%, much in the case of 38%, somewhat in 19% of cases, little in 1% of the cases and not at all in the case of 3%. Membership in group and participation in group activities has enhanced three-fourth of the respondents' image leading to seeking their input with regard to issues such as running the house, education of children, or health. 98% of the respondents have decision roles in the family. Before joining the group, those who exercised decision roles very much were only 10% and those who had such roles much were only 4%. After membership in the group, those who had very much decision roles were 38% and those who had it much were 42%. After membership, those who did not have such roles were only five (3%) members whereas before membership, those without decision roles in the family were 159 (80%) persons. With regard to the type of decision roles, education tops the list with 84% allowing respondents very much a say; purchase of household items follows with 64% having very much a decision role. This is followed by marriage (60%) and number of children (60%). Occupation (57%) is another area where a substantial number of respondents have very much a decision role. Membership has contributed substantially to the participation in the decision-making process over what affects family and
family life. With regard to the type of area where decisions are taken, use of family planning methods has given very much space for 67% of the respondents. Obviously this is followed by decision-making role for 61% with regard to the number of children to be had. Education and occupation have allowed equal opportunity for a little more than half the (57%) number of respondents to take decisions. The issue of marriage also has offered very much an opportunity for decision making to nearly half the number of respondents (48%). Membership to the group, thus, has facilitated very much decision-making roles on crucial areas of family life and what affects it.

18. The analysis of the Rights based approaches show that 80% women, adolescent girls & children now take low cost available nutritious food, 85% pregnant women got educated on safe motherhood, 80% pregnant women have safe delivery, 80% mothers have Post Natal Care, 80% of early marriage and teenage pregnancy arrested, all the children in the target area immunized against 6 killer diseases, 10% reduction in malnutrition in children, 60% of women are able to identify Dehydration and manage by themselves with simple home remedies and 70% of women are able to identify water borne diseases (diarrhea, dysentery, Infectious Hepatitis, Cholera, Typhoid).

19. There was the realization that no amount of external effort can help solve the problems on a long-term basis and the only solution is to develop the strengths and the skills of the community itself along with activating the democratic systems. The Govt. as well as the Voluntary Organizations learnt that the poor needed an assurance simultaneously of the socio-economic opportunities to tackle poverty; so that they could manage their lives pursue social goals and fulfill the demands of human rights.
20. When the poor and the marginalized are enabled to come together for a social purpose, this very process generated community Mobilisation to pool together and enhances the economic capital. Thus the greater the community's involvement in articulating, assessing, analyzing, planning managing, monitoring, and collaborating together on a continuing basis, the greater will be the relevance, transparency, efficiency, cost-effectiveness and accountability of the development process. This process of building capital became easier, following the devolution of the responsibilities and resources to the local self-governance under the Panchayati Raj Systems with the 73rd amendment of the Constitution and the People's Planning.

The above research findings and its analysis focuses on right to food security by ensuring to achieve livelihood through income generation programmes, right to health facilities by ensuring proper linkage with health institutions and the Government entitlements under the National Rural Health Mission 2006 (NRHM), right to education by ensuring proper linkages with Educational Institutions, right to employment by ensuring job cards for the Mahatma Gandhi National Rural Employment Guarantee programme, right to dignity by ensuring that the rights are not violated and creating an environment for their dignity and right to participate in Panchayati Raj Institutions to become members of these institutions and avail the schemes meant for.

9.3 Summary of Research Findings

1) The rights-based Development is a comprehensive economic, social, cultural and political process. It brings about constant improvement of the well-being of the entire population and of all individuals, on the basis of their active, free and meaningful participation in development and in the fair distribution of the resulting benefits. Essentially, a rights-based approach integrates
the norms, standards and principles of the international human rights system into the plans, policies and processes of development.

2) Social Mobility focuses on growth. It is the degree to which, in a given society, an individual's, families, or group's social status can change throughout the course of their life through a system of social hierarchy or stratification. Social mobility in Economic terms is a process whereby the real per capita income increases over a long period of time while simultaneously poverty is reduced and the inequality in society is generally diminished - or at least not increased. Social Mobility in Human development invests in human capabilities to empower individuals to take charge of their own destiny.

3) Community Mobilization promotes Social mobility especially of the unorganized section of the rural communities. This restores the human dignity of the marginalized communities.

4) Poverty is caused by:
   i. Lack of access to and control over resources
   ii. Lack of access to and control over intangible resources like information and influence
   iii. Lack of access to education
   iv. Lack of access to and control over public resources and institutions
   v. Lack of access to control over community affairs
   vi. Lack of control over political processes and decision-making
   vii. Lack of mobility and accessibility
   viii. Lack of Freedom as human being with various capacities

5) Development in the purview of Empowerment is:
   - A process of gaining control over the selves, ideology and the resources which determine power
• A process, which changes the systematic forces, which marginalizes the disadvantaged sections in a given context.

• A process, which liberates persons from their roles of oppressors and exploiters.

• A process, which begins in person's mind, with the glimmers of a new consciousness, which questions existing power, relations and roles.

• A process where persons find a 'time and space' of their own.

• A process, which enables people to discover new possibilities, new options and a growing ability to make choices.

6) The empowerment processes pass through various stages of rapport building, contact building, group formation, group building, taking liberative actions, and linking with other CBOs.

7) The process of Trust and confidence building has been the initial stage of empowerment processes.

8) People's Participation, Social Communication, Empowerment, the Flagship programmes of the Government, Government Policies, Micro-credit and Economic Activities, Commitment, dedication and the passion of the facilitators and Team Building processes are some of the contributing factors for Community Mobilisation.

9) Poor representation of the marginalized sections in the decision making processes, lack of understanding of the co-responsibility of the poor and the rich, human rights abuses, limitation to the vision, monitoring and evaluation, slow empowerment process for women, lack of integration of life and activities, conflicting social situations, problems in participation, problems in social communication, non-utilization of social opportunities and social stratification.
based on caste, class and creed are some of the hindering factors of Community Mobilisation.

10) There are inequalities in the society resulting in the marginalization of poor and lower strata of the society due to social stratification.

11) There is lack of social mobility and powerlessness of the poor and marginalized due to lack of community mobilization.

12) The rural poor are deprived of their human dignity and self-respect due to lack of social mobility.

13) Community Mobilization is a useful tool for Social Mobility and Empowerment.

14) There is the need of catalysts and facilitators for Community Mobilization by way of organization and animation.

15) The best strategy for the Social inclusion of the poor and marginalized is to mobilize them for Social mobility through a process of social animation creating critical awareness in them and organizing them as small and viable groups in the pattern of Community Based Organizations.

16) The poor and marginalized have the potential energy and capacity to bring needed social transformation and create a better society based on justice and equity and in course of time can become catalysts and facilitators.

17) Rights based approaches to Development proactively contributes to Social Inclusion of the deprived sections of the Community and Society.

18) There are poor and the marginalized people in the society, who have been living in abject poverty, deprivation and exploitation.

19) The focus group consists predominantly of scheduled castes and backward castes.

20) The quality of life of these poor people is very low and needed immediate attention.
21) The conditions existing in the community before the intervention of Community Health department of Mariampur Hospital and the formation of the Groups have been very deplorable and needed strong interventions for a positive change

22) The biggest majority did not have any access to personal income before joining the group

23) The level of people’s participation increased considerably and qualitatively due to the community mobilization and formation of Groups

24) Community mobilization promotes empowerment by providing conducive atmosphere for access and control of resources

25) Many Government, Voluntary and Formal Organizations tried with various strategies to empower the poor and the marginalized

26) By organizing the community in the focus area in the form of Self Help Groups and Women’s Associations, Mariampur Hospital just facilitated the formation and accumulation of community Mobilisation, based on trust, reciprocity and mutual collaboration

27) These Groups have proved that they are capable of saving money, generate income, creditworthy to get loans, truthful to their partners, and they foster high level of trust, reciprocity, and honesty and collaborate with one another

28) Community convergence has to take place for community mobilization, social mobility and social inclusion.

29) Membership in the group has vastly helped the respondents to exercise control over the resources of the group

30) The Govt. adopted the strategy of Convergent Community Action as an approach to social change in which both the community and those responsible for the delivery of the services join hands to find solutions to local problems.

31) Rights based approaches to development has increased the participation of the members
32) Family members seek the opinion of the respondents who are women.

33) There was the realization that no amount of external effort can help solve the problems on a long-term basis and the only solution is to develop the strengths and the skills of the community itself along with activating the democratic systems.

34) When the poor and the marginalized are enabled to come together for a social purpose, this very process generated community mobilisation to pool together and enhances the economic capital.

9.4 Suggestions

1) The government should take effective steps for imparting human rights knowledge to the society.

2) Violations on human rights are increasing on day by day. The active involvement of voluntary organization needed in the field of human rights.

3) Government support for the National programme for human rights education in schools is very essential for the further development of the people.

4) Human rights should be included in the school curriculum for overall development of the students which leads to progressive social change.

5) Advocacy efforts of the NGO on human rights education need to be widened.

6) Direct involvement of the affected communities is very essential for the programme. It leads to the developing a positive attitude towards the programme.

7) Forming human rights forums in villages or Panchayats.

8) Media advocacy on Human rights education programme should be adopted in effective manner.

9) The poor need an assurance of the socio-economic opportunities to
tackle poverty; so that they could manage their lives pursue social goals and fulfill the demands of human rights.

10) The new mantra for development and empowerment is the way of building community Mobilisation, based on the values of trust, honesty, reciprocity, mutual benefit, collaboration, norms and relationships. Only in this value-based community, the proper environment of development and empowerment are possible and humanity will reign supreme.

11) Additional strength of political processes is necessary which can accumulate and use vertical networks and linkages in the context of modern democracy to achieve the objectives of access to and control over resources, institutions, information and thus empowerment.

12) Community Mobilisation is the need of the hour, for peace building and communal harmony.

13) People need patience and perseverance. Immediate and tangible results are not readily available or possible. Hence we need that understanding to make slow and steady progress in the processes of empowerment.

14) Someone has to facilitate to bring out their hidden potentialities and talents and make them effective agents of social change.

15) Greater level of community Mobilisation is 'needed to support the movement and make it a great success.

9.5 Conclusion
Building and accumulation of community Mobilisation is relatively a new model and is really a Paradigm Shift in the development strategies and approaches especially for the empowerment of the poor and the marginalized. The poor and the marginalized sections and most of the Voluntary Organizations and even the Govt. pursued a strategy of

Only very few Development Agencies and Organizations believed in the Conscientization and Social Animation Approach to development and took efforts to sensitize the community, mobilize them and organize them to make a power and pressure group. The power of the community Mobilisation hidden in the people's organizations and their associational strength has to be identified and released for mobilization of the people for their empowerment. This model is replicable and is possible everywhere in any field and is particularly relevant to the poor and the disadvantaged, as they have their number of people readily at hand as the most valuable and available resource.

Community Mobilisation is the need of the hour, for peace building and communal harmony. Our country and the world at large are divided over silly matters and on communal basis. There is always tension between different communities. In this context, peace is possible only when people are bonded together in harmony and fraternity. Hence the bonding, bridging and linking resources have got greater relevance and meaning for communal harmony, national integration and peace building exercises.

Community Mobilisation is considered to be the backbone of the processes of social movements. In the processes of Social movement, there is greater linkages and bonding between various sections of people and they show greater amount of mutual trust, cooperation, reciprocity, embeddedness and other values, which have been identified as the core elements of community Mobilisation. Greater level of community Mobilisation is 'needed to support the movement and make it a great success. There is greater collective effort, with inter- sectoral and inter-disciplinary linkages. The relationships in vertical as well as horizontal
dimensions are promoted. Movements all around the world are demonstrating that the path to sustainable development, social justice and equity lie in alternative models for people-centered and self-reliant progress where the poor and the marginalized also share the fruits and shoulder the responsibilities.

Community Mobilisation is not merely academic and intellectual theory. It is very much practical and applicable in day-to-day life situations, irrespective of the space and time. It is always necessary and relevant. The formation of associational strength is very much realistic and applicable and therefore, all have to strive to foster and accumulate the community Mobilisation. There is no much sense in mere academic discussions and debates on community Mobilisation unless it is practically applied. This adds to the utility of community Mobilisation to manifold times and magnitude.

Empowerment begins in a small and step-by-step process. It is like a mustard seed or a sparkle of fire. At congenial and appropriate atmosphere it catches up and begins to grow. It will take its own time and process and thus is a slow process. People need patience and perseverance. Immediate and tangible results are not readily available or possible. Hence we need that understanding to make slow and steady progress in the processes of empowerment.

There is a strong criticism that in India, community Mobilisation is less relevant and useful process with regard to social transformation and upliftment of the poor. The critics suggest for a more aggressive and powerful strategy and advocate for political processes. In Indian context of multi-parties, many political affinities and alliances with known and unknown push and pulls, greatness of the diversities and contradictions, simple use of the concept of community Mobilisation brushes aside the real issues of power, control and structural contradictions.
Therefore, additional strength of political processes is necessary which can accumulate and use vertical networks and linkages in the context of modern democracy to achieve the objectives of access to and control over resources, institutions, information and thus empowerment. The political connections, linkages, network and collaboration will effect faster changes in favor of the poor. Their alignment with the political parties and the corridors of power can attract greater influence and thus this political capital can be more influential in dealing with the issues of empowerment and social change. This is true that political influence and clout are needed to bring faster changes. That can trigger legal legislations; speed up executive interventions to bring immediate results. Even then the principles of mutual trust, embeddedness, network, associational strengths, cooperation and reciprocity remain the same. Therefore, the recent disaffection with community Mobilisation in favor of political processes is not based on sound theories and grass root experiences.

The poor are the corner stones of our community because the fruits of all development activities are in their hands. They were considered to be useless, powerless and resource less without any capacities and potentials. But it has been proved beyond doubt that they are useful, powerful and resourceful with lot of hidden potentialities and capabilities. Someone has to facilitate to bring out their hidden potentialities and talents and make them effective agents of social change.

All those who believe that the poor and the marginalized have the right to live a life of quality, dignity and equal opportunity firmly believe in the process of empowerment. This process is essentially within and not externally driven. Realization of one’s inner potentialities and actualization of the same brings in development. Active self participation and conducive environment is required. This is enabled by the facilitating
organizations like Community health department of Mariampur Hospital.

They believe that they are committed to build a society centered on the human person - person with rights and dignity. People's movement all around the world are trying to show that the path to sustainable development, empowerment of the poor and socio-economic-political justice lie in alternative models of people-centered and interdependent development rather than islands of exclusion, selfishness, aggrandizement and uncontrolled wealth for one's own self-satisfaction.

The new mantra for development and empowerment is the way of building community Mobilisation, based on the values of trust, honesty, reciprocity, mutual benefit, collaboration, norms and relationships. Only in this value-based community, the proper environment of development and empowerment are possible and humanity will reign supreme.

One can become a catalyst and facilitator of this process of building and accumulating the community Mobilisation. She / He can support and work for a just and sustainable society by creating opportunities for the participation of the poor and the marginalized sections in the development processes through networking, alliance building, and strengthening their associations .. Thus mainstreaming the poor and making them resourceful through their community Mobilisation is a possible, replicable, measurable, preferable and essential strategy and a new paradigm to development and empowerment.

In this process of empowerment and becoming a catalyst, each one has to decide for oneself and take steps of action-interventions. It is compared to a journey where each one has to find the pathway, and it is very difficult to pinpoint a single path as the best way because all the ways may be good and leading to the destination; at the same time some may be attractive, safe, shorter but misleading and disastrous. Hence there is the dilemma of choices and conscious decisions.
In Gandhian perspectives, the human wants are infinite but the resources servicing these are finite. Instead, human needs and wants must be moderated to become finite so that available resources then may become infinite. Human rights activism and education face formidable challenges. In the face of a globalized middle class consumer ideology, the Gandhian truth needs to be revived that insists on individual sovereign agency which limits the triumphant march of global capitalism. Simple living and high thinking was the Mahatma motto, now wholly reversed by the gurus and pundits of globalization. Human Rights Education practices need now to revert the current truths of high living and simple thinking; there are no easy ways to accomplish this.

This is the age of rights. Human Rights have gained prominence to the extent that there is no Government and individual, who do not speak about human rights today. The perspective that human rights should be promoted not only in the legal aspect but also as a human value has been strengthening the world over. The dimensions of human rights movements have undergone change by the fast changes in the social, economic, cultural and political structures globally. Human rights education is one of the best ways of imparting human rights culture. The present study focused the action oriented approach on Rights based Approaches to Development. Here investigator tried to analyze the community Mobilisation through RBA in the 20 villages of Kalyanpur Block. From the study researchers found out that the influence of human rights education for development action.