CHAPTER V

ANALYSIS AND INTERPRETATION
CHAPTER V

ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

This chapter is devoted to the tabulation and interpretation of the primary data collected from the four VAs selected for the present study. The four VAs are: ASSEFA, CentreRLT, CWD and MSSS. An attempt has been made to present the historical background of these VAs and their founders or present leaders. The general profile of the respondents has also been presented. An attempt has been made to analyse the views of the respondents on various aspects: the activities for their benefit and their impact on them and their communities; their perception of and views on the respective VAs voluntary movement in Dindigul District. Their views on essential qualities that VA leaders should possess in order to provide effective leadership to the VAs working in the district have also been analysed. The analysis done is based on the activities/programmes taken up by the respective VAs. At the end of the chapter brief Case Studies drawn from the sample of the respondents and beneficiaries included in the study have been presented.

From each of the VAs covered under the present study a women-specific programme has been selected for the study, with a view to interpreting and discussing their impact. The details are as follows:

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAME OF THE PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ASSEFA</td>
<td>Dairy Development</td>
</tr>
<tr>
<td>2. CENTREREDA</td>
<td>Savings and Credit</td>
</tr>
<tr>
<td>3. CWD</td>
<td>Rural Drinking Water and Sanitary Latrine</td>
</tr>
<tr>
<td>4. MSSS</td>
<td>STD/HIV/AIDS Awareness</td>
</tr>
</tbody>
</table>
The chapter has been divided into three sections:

Profile of the Selected Voluntary Agencies

Socio-Economic Profile of Beneficiaries

Case Studies

SELECTED VOLUNTARY AGENCIES

Table 6

PROFILE OF THE SELECTED VOLUNTARY AGENCIES

<table>
<thead>
<tr>
<th>Name of the Agency</th>
<th>MSSS</th>
<th>CWD</th>
<th>CentreREDA</th>
<th>ASSEFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of commencement of work</td>
<td>1988</td>
<td>1986</td>
<td>1986</td>
<td>1968</td>
</tr>
<tr>
<td>Location</td>
<td>Oddanchatram</td>
<td>Dindigul</td>
<td>Nilakkotai</td>
<td>Natham</td>
</tr>
<tr>
<td>Villages covered</td>
<td>25</td>
<td>80</td>
<td>100 villages in Nilakkotai Taluk</td>
<td>30 Villages</td>
</tr>
<tr>
<td>Fields</td>
<td>Educational awareness</td>
<td>Health and</td>
<td>Sanitation</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Environmental Development</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>Women's Welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Socio-Economic Development</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Beneficiaries</th>
<th>Women</th>
<th>Men</th>
<th>Total strength</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200</td>
<td>300</td>
<td>24</td>
<td>39</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>600</td>
<td>20</td>
<td>48</td>
<td>24</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sources of fund</th>
<th>Grants</th>
<th>Grants</th>
<th>Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>Target Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex Workers and Truck Drivers</td>
<td>Women and men</td>
<td>Women</td>
</tr>
</tbody>
</table>

✓ means programme is undertaken; - means the programme is not undertaken.
<table>
<thead>
<tr>
<th>Name of the Agency</th>
<th>MSSS</th>
<th>CWD</th>
<th>CentreREDA</th>
<th>ASSEFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Official</td>
<td>Mrs. M. Prasanna</td>
<td>V. Mahavizhi</td>
<td>S. Chinnan</td>
<td>A. Mahendran</td>
</tr>
<tr>
<td>Designation</td>
<td>Programme Coordinator</td>
<td>Secretary</td>
<td>Secretary</td>
<td>Project Director</td>
</tr>
<tr>
<td>Period</td>
<td>1988 to till date</td>
<td>From 1986</td>
<td>From 1986</td>
<td>1995</td>
</tr>
<tr>
<td>Age</td>
<td>38</td>
<td>36 Completed</td>
<td>47</td>
<td>42</td>
</tr>
<tr>
<td>Community and caste</td>
<td>BC</td>
<td>BC</td>
<td>MBC</td>
<td>BC</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>Female</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Religion</td>
<td>Hindu</td>
<td>Hindu</td>
<td>Hindu</td>
<td>Hindu</td>
</tr>
<tr>
<td>Educational Status</td>
<td>College Education</td>
<td>College Education</td>
<td>College Education</td>
<td>College Education</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>Married</td>
<td>Married</td>
<td>Married</td>
</tr>
<tr>
<td>Occupation</td>
<td>Social Worker</td>
<td>Social Worker</td>
<td>Social worker</td>
<td>Social Worker</td>
</tr>
<tr>
<td>Average Monthly income (Rs.)</td>
<td>8000/-</td>
<td>3,500/-</td>
<td>4,000/-</td>
<td>4000/-</td>
</tr>
<tr>
<td>Type of Family</td>
<td>Joint</td>
<td>Nuclear</td>
<td>Nuclear</td>
<td>Joint</td>
</tr>
<tr>
<td>Family</td>
<td>Female</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Size</td>
<td>Male</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Family Occupation</td>
<td>Social Work</td>
<td>Chartered Accountant</td>
<td>Agriculture</td>
<td>Agriculture</td>
</tr>
<tr>
<td>Number of Dependents</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Number of Earners</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other sources of Family income</td>
<td></td>
<td>Land income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Family’s income</td>
<td>Rs. 2,00,000/-</td>
<td>Rs. 1,00,000/-</td>
<td>Rs. 48,000/-</td>
<td>Rs. 50,000</td>
</tr>
<tr>
<td>Residence</td>
<td>Block Oddanchatram</td>
<td>Dindigul</td>
<td>Nilakkottai</td>
<td>Nanthum</td>
</tr>
<tr>
<td>Village</td>
<td>-do -</td>
<td>-</td>
<td>Kodai Road</td>
<td></td>
</tr>
<tr>
<td>Total Years of Service</td>
<td>10</td>
<td>14</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Socio-economic class</td>
<td>Middle</td>
<td>Middle</td>
<td>Middle</td>
<td>middle</td>
</tr>
</tbody>
</table>

Figure A gives in brief, preliminary information on the VAs and personal data of the leaders/founders of these agencies, covered under the present study. Data on these VAs include: year of establishment and commencement of their work, location and villages covered. Besides, their functional areas/fields, total number of their beneficiaries and total strength of their staff, sex-wise and, sources of their funds have been indicated.

Personal data of the leaders/founders their names, designation and period, and, their socio-economic background have been presented.
2 ASSOCIATION FOR SARVA SEVA FARMS (ASSEFA) -
NATHAM BLOCK

2.1 LOCATION

Natham Block is set in a hilly region of Dindigul District, some forty (40) kilometers north of Madurai City. It is more than a thousand feet above the plains. It is blessed with a more hospitable climate than other adjacent parts.

2.2 GENESIS

ASSEFA’s work at Natham may be seen as having had two phases. The first phase began in the Sethur-Sirangattupatti area, encompassing about 32 hamlets. The Sethur-Sirangattupatti project (1981-84) was ASSEFA’s first experiment in Gramdan development. ASSEFA’s approach has always been people-centred: sensitize people to their own needs. In the early eighties the task was therefore to organise people to form their own associations. ASSEFA played an active role in forming Gram-Sabhas (Village Assemblies) in the project area and all development efforts were channeled through these people’s structures. The Gram Sabhas identified irrigation and health as their most urgent needs and joint attempts were directed to meet these needs. Community wells were dug by the people to be owned and used by groups of farmers. Primary education was another need and ASSEFA collaborated in fulfilling it: eight primary schools were opened with contribution of land and labour from the people.

2.3 GROWTH

Encouraged by the experiences of the pilot project in Sethur-Sirangattupatti area, ASSEFA's works moved about and started the work of initiating communication in other...
pans of the block. This led to the formation of more Gram Sabhas and in building up rapport in several villages.

Maclhar Sangams and Youth Clubs were also formed. Programmes and schemes were evolved jointly in response to the expressed immediate needs of people. In the Gram Sabhas, spontaneous discussions on various problems were held. Such an interactive approach in development gave rise to a multiplicity of schemes, representing the real life, heterogeneity of needs and demands in the areas.

ASSb'kA, by 1989, had entered a variegated network of partnerships with people in the block. The programmes spanned across agriculture and animal husbandry, rural housing, social forestry, health, education, women and community development.

5.2.4 COLLECTIVE SPIRIT

Various people's structures, Gram Sabhas, Youth Clubs, Mathar Sangams have enhanced people’s confidence in themselves. They assert their rights and undertake, through functionally planned collective actions. Its superior efficacy over individual efforts has been recognised in the block. A block level collective marketing committee of farmers has been formed to take care of marketing of farmers' produce such as groundnuts, mangoes, etc.

An independent cattle insurance and protection scheme is also in operation on a cooperative basis. The scheme has benefited owners by way of better animal care and prompt settlement of genuine claims. A rural housing scheme is also available for the people of the area. Besides other benefits of joint action, this scheme enjoys the advantage of economies of scale. When a large number of people with the same need get together and order raw materials in bulk straight from the manufactures, the price is cheaper, administrative and transport costs low, thus, reducing the total cost of the house.
HEALTH AND EDUCATION

The conditions of health and education have also improved in the area. In addition to having better access to curative medical aid, people also acquire knowledge of preventive health care and nutrition through ASSEFA's health camps and adult education classes. Most of the villages that did not have any school for their children now have one, making education available close to home. At present, there are forty-five ASSET A schools in the remote villages, eighteen (18) of them have been accorded recognition.

3 FOCUS ON WOMEN

The majority of the women both in the rural and urban areas of the block are individually engaged in a variety of income generating activities, such as small businesses, dairy, farm produce processing, collection of forest produce, to mention a few. Most of these women are illiterate and, depend on local moneylenders so as to be able to meet the needs of working capital at exploitative rates of interest. Interaction with ASS EPA workers has brought many of these women together to discuss their problems. They have recently formed a Working Women's Association, ready to take up collective action. This Association might, in the long run, become an effective vehicle for development on the fronts of nutrition, health, hygiene, functional literacy and thrift.

7 SYSTEMS DEVELOPMENT

On realizing the uncanny tendency of even the most well meaning of economic programmes to bypass the poor and the resourceless, ASSEFA began to lay special emphasis on Antyodaya—the rise of the last. In pursuit of this objective, a simple and reliable system of ranking families was developed on the basis of surveys of each family in the village. This system has been useful as an objective tool in implementing women's programmes. The concept of SAGE (Situation Analysis and Goal

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Establishment) to work out short term and perspective plans for the entire village has been introduced, involving the people of the village.

The one major achievement of partnership between ASSFFA and the people of Natham has been the burgeoning of people's own associations in two-thirds of the villages in the block. These associations and groups are expected to take up the reins of their development. Are they ready? In the words of Chris Wilde "Natham project is, thus, a true block development programme having systematically taken up the whole area for development with an integrated approach. It illustrates how /when a project reaches a critical point, it can begin to capitalise on its size and geographically central position in the block, by starting wide-spread collective action for development, as well as projects which integrate rural and town development. . . . . Natham project is still evolving and experimenting”.

5.2.8 PEOPLE'S ORGANISATIONS AND THEIR ACHIEVEMENTS

ASSEFA’s approach of development has always been people-centred, sensitizing people to their own needs. ASSEFA plays an active role in strengthening of Grama Sabhas in the project area. All the development efforts have been channeled through these people's structures. The one major achievement of joint effort between ASSETA and people organizations of Natham Block has been the burgeoning of people's own associations in ninety percent of Natham Block's villages.

Various people's structures such as Gram Sabhas, Youth Clubs and Madhar Sangams have enhanced people's self-confidence. They began to assert their rights and undertaken, through functional groups, planned collective action, the superior efficacy of which over individual effort has been recognized by the majority of the people of Natham.

Hence, ASSEFA-Natham, since its inception, has been giving thrust to the concept of people's participation, involvement in every aspect of development, and
infused the community with the spirit of action. This eventually has produced the desired results by enhancing the mutuality and joint responsibility of the people who have placed the community as the local point in rural development.

5.2.9 WOMEN EMPOWERMENT EFFORTS

Emphasis on strengthening and organising women forums was the main focus of the Natham Project during the year 1999. Kosh Project provided all the necessary assistance to women beneficiaries. The Natham Project has manifold objectives for sustainability and women’s empowerment.

**Women Empowerment**

**Objectives:** To ensure women's social equality, to improve women's income level/participation in the development of the families and the society as a whole, to ensure their representation in the Government bodies such as the Grama Sabhas and other functional forums and to create employment opportunities for them at their own villages.

**Means:**

1. To organise/strengthen women’s forums.
2. To design and earmark income-generating programmes exclusively meant for women (Dairy Societies and Rural Housing facilities provided by the Sarva Seva Habitat Promotion Limited (SSHP Ltd).
3. To Conduct meetings and group discussions on specific issues concerning women.

**Achievements:**

1. Regular Savings.
2. Regular monthly meetings of women forums.
3. 95% credit: recovery performance.
4. Linkage with block level bodies.
5. Quality leadership to lead the group.
5.2.10 DAIRY PROGRAMME

ASSEFA-Natham Project area is in a hilly region and a potential Held lor dairy development activities. Most of the villagers have long experience with the Natham Dairy Programme. The major focus of the Project is on dairy farming and creation of self-employment exclusively for women in the block during 1999-2000 financial year. Forty (-10) potential villages were identified in the initial stage in order to effect the Dairy Programme. The forty (-10) villages constitute Sarva Seva Milk Producers Society in their villages. These have federated with their apex body at block level called ASS ETA Dairy Development Union.

The Union takes care of milk procurement and veterinary services of its society members. Currently this union procures 3500 litre per day. It is noteworthy that ASSIT'A’s past experience and natural conditions are suitable for further improvement of dairy programme.

In future, the following dairy sustainable strategies will be adopted in the project in consultation with the Executive Director in Chennai, as pointed out by the Manager in charge of the Project:

1. To develop mixed livestock system, increase vocational opportunities and supplement incomes of the families.
2. To upgrade the breeding.
3. To form separate structure for marketing and financing.
4. To train and create awareness among the women beneficiaries so as to improve their skills in Dairy Farming.

Sarva Seva Gramodyo Samithi (SSGS) Dairy Promotion-Chilling Plant

In the Sarva Seva Gramodyo Samithi Milk Chilling Plant-Natham (10,000 Litres Capacity) construction and machinery erection have been completed. This chilling plant has been tested successfully. Milk processing started in March 2000.
Table D

PEOPLE'S STRUCTURES

<table>
<thead>
<tr>
<th></th>
<th>160</th>
<th>8800</th>
<th>45</th>
<th>6</th>
<th>180</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DURING THE YEAR 1999-2000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRAMASABHA - 160</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBERS - 8800</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MADHAR SANGAM - 45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBERS - 1800</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUTH CLUB - 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBERS - 180</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO. OF NIDHI FOUNDATIONS</td>
<td>160</td>
<td>8800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>36</td>
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<td></td>
</tr>
<tr>
<td>NO. OF WOMEN SELF HELP GROUPS</td>
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<td>1635</td>
<td></td>
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<td>1968</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>NO. OF MILK FEDERATION</td>
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<td>39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO. OF SARVA SEVA HABITAT SOCIETIES</td>
<td>4</td>
<td>360</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARKETING COMMITTEES</td>
<td>2</td>
<td>12</td>
<td></td>
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</tr>
</tbody>
</table>

Table D shows the various people's structures and their strength, operative during the year 1999-2000, supported and facilitated by ASSEFA-Natham block.

Table E

ACTIVE FUNCTIONAL COMMITTEES

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>SMALL BUSINESS</th>
<th>MARKETING</th>
<th>HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANIMAL HUSBANDRY</td>
<td>HOUSING</td>
<td>AGRICULTURAL</td>
<td>WOMEN DEVELOPMENT</td>
</tr>
</tbody>
</table>

Table E indicates the names of the active committees through which ASSEFA routes its various activities/programmes.

5.2.11 A BRIEF NOTE ON SARVA JANA SEVA KOSH LIMITED

GENESIS

ASSEFA was inspired and motivated by the Gandhian philosophy of SARVODAYA, welfare of all. It is the second phase of the Bhoothan Gramadhahan movement directed
towards the emancipation of the weaker section through Antyodaya, the uplift of the last person in society. The spread and networking of ASSEFA in eight states, forty-eight (48) districts and over 3000 villages provide the base for the movement of the people. The long-term objective of ASSEFA is the establishment of Grama Swaraj-Village Republics. Categorically, drama Swaraj should promote a society that can establish self-rule, create a non-exploitative system for managing its own affairs and lead itself to self-reliance, the Macro vision is built into the ASSEFA's mission in its day to day working. Further, due importance is assigned to people's participation through people's structures: Grama Sabha (Village Assembly), Mahila Mandal (Women's Forum) and such other structures at the grassroot level which are part of decision making bodies and are created, sustained and nurtured by the community during the implementation of the development projects.

ASSEFA's experiment started in 1968-69 and has undergone tremendous changes. As part of the evolutionary process of ASSEFA's rural development strategy, six organisations have emerged:

1. Grama Sabha / Mahila Mandal.
2. Sana Seva School.
3. Sana Seva Gramodyog Sanstha for village industries.
4. Sana Jana Seva Kosh for Rural Credits.
5. ASSEFA Dairy Development Federation (ADDF) for Dairy Marketing.
6. Sana Seva Habitat Promotion for Rural Housing.

SARVA JANA SEVA KOSH

Preliminary

Sarva Jana Seva Kosli is a people's institution promoted to take care of the management of the generated funds arising out of their planning and developmental activities. Kosh was born out of necessity to institutionalize the development fund
operations at the village level so that the continuity and sustainability of the programme is ensured even if the project is phased out in the area. Formation of Kosh is an attempted endeavour to go near the last person who is unbankable and untouchable in terms of banking norms, regardless of the expansion of various credit agencies. Kosh functions at levels where formal banking institutions will not dare to enter as they look at viability. It performs the role of a rural financial institution with a difference in its approach to the people, with a different strategy for their economic development.

Sana Jana Seva Kosh, which commenced its business in March 1989, is a non-banking, people-based institution, registered under the Companies Act of 1956. It has its own by-laws. It opens membership with the low shares value of Rs.1/- each, and emphasizes the importance of any individual becoming members with one vote one member. All the villages covered under the ASSKFA project areas will be served by their respective Kosh branches. The branches, either already opened or proposed to be opened, are expected to serve three hundred thousand (3,00,000) families. Each branch enjoys its own autonomy and is managed by the federation of Sarva Seva Nidhi Foundation. The Village Assembly (Oram Sabha) is the nodal body to govern the affairs of the branches as regards the formulation and the funding of the development programme of the villages. All other forums, Mahila Mandram, Youth Forum, Marketing Committee to mention a few, would fall under the overall purview of the Grama Sabha.

The board of Management, comprising the top management of all branches, confines itself to specific subjects such as mobilising and distributing external resources and framing overall policies. It is only a co-ordinating body, leaving all other functions to the branches concerned, besides, it conducts counselling programmes. It also provides support service needed by them to enable them to develop skills to manage themselves in order to achieve their objectives. It also delegates its powers to the branch managerial functionaries for effective operation.
OBJECTIVES

1. The main function of KOSS is to make credit facility available to its members, out of local community funds raised within the village, for income generation or production oriented purposes.

2. To promote saving habit with an emphasis that saving is a habit to be developed with relevance to capacity.

3. Promotion of services to be accompanied by credit assistance with a view to developing the skills and aptitudes of its members.

Kosh's approach is to make every beneficiary family cross the Poverty lane by helping them to earn enough to meet their requirements as well as have the capacity to repay their loans.

FINANCIAL SOURCES (1) Share subscription (2) Recoveries from members against the amount advanced by ASSFFA for their economic improvement, (3) Recovery of loans issued by the contributions raised for specific purposes are the various resources.

MANAGEMENT

The kosli branch is managed by a Federation. The Federation consists of one member from Nidhi Foundation as the Chairman, while the Secretary is nominated by ASSFFA. The Treasurer is elected by the Nidhi Foundation office bearers. Thus, the Federation Council has the supreme power of the branch administration such as planning, review of progress, budget control, election of Nidhi Foundation trustees.

The Federation manages the affairs of the branches by generally following the policies and programmes drawn up. At present the Federation is assisted by the Branch Managers, staff of ASSEFA being sent on deputation to work as Branch Managers. A Cashier cum Accountant with a clerical assistant is provided depending on the workload.
PRESENT WORKING

The Kosh branches are functioning as agents of the Niclhi Foundation (Grama Sabha / Mahila Mandram) with statutory power. The income is distributed among the Nidhi Foundation based on lic utilisation of the Revolving Fund.

5.2.12 PRESENT WOMEN SPECIFIC PROGRAMMES

Dairy Development Programme.

Housing Programme.

Social Pension.

Micro Credit Programme—Kosh.

ORGANISATIONAL STRUCTURE AT ASSEFA-NATHAM

The team behind the people's development comprises thirty six (36) development workers, eighteen (18) community health workers and one hundred and thirty-five(135) teachers in the project apart from the Sector Officers, the Project Manager and the administrative staff. The project area has been divided into four sectors for achieving closer association with the people and workers. A Sector Officer under the guidance of the Project Manager manages each of these. The organisational chart below depicts their working relationship:
Figure 1

ORGANISATION STRUCTURE AT THE NATHAM PROJECT

Project manager

Professional Special Sector Project Project Administration
Staff projects officer in-charge in-charge staff
Staff (Health) (Education)

Administration Development Health Education
Staff Programme Programme Programme
Associate Associate Associate

Health Teachers Animators
PROBLEMS INITIALLY FACED BY THE AGENCY

- Communication barrier due to illiteracy and superstitious beliefs of the mass in the area.

- Initially, people did not view and fully accept ASSEFA as development Agency. They saw it as an agency that was out to benefit a chosen few, by grabbing their land, and hence, never interested to entertain its staff, too.

People showed much more interest in economic programmes by way of co-operating and participating to ensure their implementation than any other programme, focal moneylenders were not happy at all with this Agency’s issuance of loans either in cash or in forms of materials. They viewed it as a great threat to their source of livelihood.

 hack of basic amenities in the target area (all weather roads, water, and means of communication) affected the functioning of this agency in its initial stages.

SOLUTIONS TO THE PROBLEMS FACED

The Agency prioritised the programmes by way of providing basic necessities of life to the people of the target area. Hand pumps were constructed in each village.

Schools were constructed in each village.

Mini health centres for every five villages were put up.

A great deal of collaboration with other development agencies was done, in order to share experiences in the area of development.

ACHIEVEMENTS OF THE AGENCY

- Cultural advancement of the people of the area. A majority of them now, no longer believe in and depend upon superstitious beliefs.

- People's economic situation has improved and hence lessened the extent of their clebtness.
Health and sanitation conditions have improved. People are using latrines, which the Agency assisted them in constructing. This has led to the development of their overall health habits.

People are now able to mobilise the Government resources for their own development,

- The overall rate of literacy in the area has improved to slightly over 60%.

Prevalence of diseases such as TB and leprosy has reduced considerably.

Daily incomes of women have increased due to training and small scale development activities routed through ASSEFA, for instance, the production of soap and pickle. and, herb medicine making.

Mobilisation and awareness of the people has led to the people's realisation of the importance of the local available resources in their endeavour to develop themselves and their own areas.

- Incidences of maternal death and infant mortality have declined.

- The Agency's development efforts, a good measure, have brought its target villages into a self-sustainable stage,

- Trained villagers can now plan and mobilise funds using their own means and ways for their own development.

FAILURES OF THE AGENCY

- To convince the beneficiaries of the Agency to believe in their concepts.

- Irregular repayment of loans by beneficiaries.

- Equal distribution of grants to all the villages, without assessing their needs has led to numerous problems.
- Gram Sabhas/Mathar sangams have been observed to practise some degree of nepotism, they favour their close relatives, as regards the selection of beneficiaries and the concentration of various programmes in their areas.

- Government's jealousy feeling towards the setting up of the ASSEFA schools, mainly because of their better administration and performance than full Government-sponsored schools.

FUTURE PROSPECTS

1. To establish a Rural Bank to take care of the area's financial assistance to the people.

2. To work for total sustainability of the women folk through the lending of loans, fodder and also recruitment of women veterinarians.

3. The present economic empowerment may not be complete unless and until, the Gram Swaraj is achieved, accompanied with a view to dedicate themselves to achieve the Gram Swaraj.

5.3 CENTRE FOR RURAL EDUCATION AND DEVELOPMENT ASSOCIATION (CentreREDA)

<table>
<thead>
<tr>
<th>Name of the Organization</th>
<th>Total number of Beneficiaries</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>CentreRTDA</td>
<td>600</td>
<td>60</td>
</tr>
</tbody>
</table>

CentreREDA is a voluntary organization that was established in 1986. it comprises a team of qualified, experienced and dedicated personnel. Since its inception it has been working for the betterment of the downtrodden and the underprivileged in Dindigul District, particularly in Nilakkottai Taluk. Women and children are their prime focus in their programmes, for they feel that they are much more deprived than any other section of our society in the modern world.
Il is governed by twenty (20) governing body members with seven (7) executive body members. Its approaches to its working are mainly based on the social philosophy of Panic I'Yeire and (iandhian ideology. Working for the rights and development of the rural women and children through peaceful means such as yatras, processions, dialogues and negotiations with a view to effecting a social change are the major guiding and essential principles of the organization.

5.3.1 FOUNDER OF THE ORGANIZATION

CentreREDA in Nilakkottai was founded under the leadership of Mr. S. Chinnan, who, till date, is the head of the organization. He hails from a poor-farming community and has a thorough knowledge of the problems of the people of the area.

Born and brought up in an agricultural family in Nilakottai in Tamil Nadu, Mr. Chinnan opted for a lifetime career in active social work at the young age of twenty (20). A student of Gandhigram University, Chinnan was influenced by the Gandhian Philosophy of Gram Swaraj and local self-governance. Belief in self-development, of villages and decentralization of power were the motivating factors for the idealistic youth. He joined the youth movement during his student days and later on moved to the Institute of Youth and Development (IYD) at Bangalore. During his five-year association with the institute, Chinnan underwent intensive field experiences, working with the rural poor in different areas on a range of development issues. An extension centre of IYD took him back to Nilakkottai Block. On completion of the project 1985, Chinnan opted to continue his work in the same block on his own.

He launched CentreREDA in 1986 with the vision of bringing about social change through a multi-pronged approach with special focus on women and child development. Trained in rural development, he planned innovative welfare activities for women and children. He organised, various women and children groups and provided them with some training in self-employment and income generation programmes.
However, he points out that it was not an easy task. "With no mads or bus services, we used to walk miles to each village", recalls Chinnan nostalgically. "But the bigger problem lay in our acceptance by the people."

Nilakkotai Block in Dindigul District in Tamil Nadu is situated in the foothills of kodaikanal, a hill station known for its salubrious environs. The Taluk is located in the rainshadow of the Western Ghats in the west, Sirumalai in the north and Nagamalai hills in the south. At present, it is listed under the drought-prone area program. Though it was rich in flora and fauna as recently as twenty-five(25) years ago, however, environment degradation and indiscriminate felling of trees has led to erosion of topsoil and fall in ground water level-two factors which directly affected the agricultural pattern of the area. Today, Dindigul District follows a mono cropping pattern of agricultural activities and depends entirely on rainfall for its water resource. With employment available only for 3-4 months in the year, migration is a common practice. Due to a high floating population, the local departments take little interest in providing health, education and other infrastructural facilities for the development of the area and its people.

Nilakkottai Taluk is a Scheduled Caste reserved constituency, comprising one hundred and ninety-three (193) villages with a total population of three (3) lakhs, of whom, thirty four thousand six hundred and twenty-nine (34,629) belong to SCs and STs. The Goundars, Vanniyars, Thevars and Nadars constitute the dominant castes. Caste differences are common and untouchability, is a way of life. The literacy rate is 49.5 percent, with the men outnumbering women. Hence, the taluk is socially, economically, educationally and politically backward.

It was against this background that a small, motivated group initiated development activities in the area in 1983. Working as a small service centre providing some relief work and welfare support in the form of health camps, fire relief, cultural camps to name a few, the focus of the young group largely addressed local issues and
problems. CentreREDA grew out of this initiative and was registered in 1986 with the following objectives:

- Build knowledge and skills among the rural masses.
- Build awareness and create social values among children.
- Impart training to women.
- Prevent atrocities against women and make them aware of their rights.
- Impart alternative education, health and environment education.
- Eradicate child labour and ensure rehabilitation.
- Organise and conduct seminars, workshops and study circles for rural people.
- Preserve, protect ecology and environment.
- Support and facilitate governmental activities in the area.

5.3.2 PROGRAMMES OF CENTRE REDA

1. WOMEN’S DEVELOPMENT (WOMEN'S SANGAMS)

The Women Development Programme commenced in 1986, with a modest five Sangams in five villages with a view to developing leadership qualities in women and to empower them socially, economically and politically as well. The sangam members are given training for undertaking micro-finance activities. Along with savings and credit, they also make collective effort to tap Government benefit schemes such as houses, lighting, to mention a few. Through the activities/programmes of the Agency, they have gained courage and negotiation skills that have enabled them to contact Government departments for problems such as drinking water. The women’s Sangams are federated at the taluk level in order to take up common issues. CentreREDA plans to organise about three hundred (300) women's groups in the taluk before 2002.

Pandiainmal, the convenor of the federation is a dynamic woman. She is one of the members of Harijan Seva Manila Sangam at Uchnamapatti, one of the earliest Sangams, who has witnessed all the stages of development of her Sangam. She proudly
said, "It is through our efforts that twenty (20) harijan families from our village have acquired sites and house from the Government. Many women have assets such as land, milch animals in their own names. We have bought them on our own without taking any help from the middle men". We have also taken up issues like domestic violence and atrocities committed against women in our village", said Araliamma. The women members went on speaking about their gains from their collective action. The feeling of pride was evident.

At the beginning, the Agency was concentrating on relief activities such as flood relief works, fire works, conducting eye camps, conducting programs for school, among others. However, in 1987, it gradually extended its work plans to the surrounding villages. At first it began its work activities only in five villages and paid special attention to the welfare and development of women folk in the villages. By creating social awareness it fought against the injustice done to women folk in the villages. Their efforts resulted into strong opposition against the slavery and inequality made against the women folk in the target villages. It not only worked hard to eliminate illiteracy among women but also helped them improve the unhygienic living conditions which were prevailing in their villages. Too, it assisted them to form forums.

The Agency at present, is concentrating on women's rights, education, self-employment programmes, village problems, atrocities committed against women, environmental education, health education, etc.

THE MAJOR ACTIVITIES

The major activities are savings and credit, legal and supporting services etc.

SAVINGS AND CREDIT PROGRAMME

For this programme, the Government of Tamil Nadu has selected CentreRF DA as one of the VAs for implementing Mahalir Thittam in Nilakkottai and Batlagundu.
Taluks. Hence, the agency has formed so far over ninety (90) SHGs in the villages of the two blocks.

2. LEGAL SUPPORTING SERVICES

The agency conducts counseling meetings once a week at its registered office, for legal support and counselling CentreREDA has appointed special staff, who gives legal support to the Sangam members who come for counseling, Till now sixty-seven (67) cases, has been handled and forty (40) of them have been sent to Dindigul police station to pursue legal action through court of law. The cases handled are those related to dowry harassment, wile beatings, quarrels amongst the womenfolk, male dominance, violence against women, property rights, social restriction, etc.

3. CHILD LABOUR ELIMINATION

The aim of the child labour elimination programme is to target the children who are exploited, a situation that hinders their development.

THE MAIN ACTIVITIES

The main activities carried out include:

- Non-formal education to child labourers.
- Enrollment of child labourers in formal schools.
- Social awareness building through seminars, workshops, supply of printed materials,
- Cultural yatras and children's melas.
- Formation of parents' committee,
- Formation of children's committee.
- Sensitizing the public through communication media.

4. ALTERNATIVE EDUCATION PROGRAMME

To make education more effective and useful to the under privileged sections of the boys and girls CentreREDA is running the Alternative Education Programme.

The aim of alternative education is to create casteless, classless and just society.
ACT! VSUES DONE

The important activities done in the Alternative Education programme.

- Imparting vocational education,
- Development of vocational skills
- Conducting educational tours, debates, drawing competition, cultural programmes and giving awards and making creative models
- Mold skill competitions and conduct exposure visits

5. ENVIRONMENTAL DEVELOPMENT PROGRAMME

Environmental awareness building programme has been conducted by this agency, for the last decade with the assistance of the Ministry of Environmental Forestry, Government of India. The awareness building is conducted amongst women, students, youths and to the liked minded VAs through public meetings, seminars, workshops and yatras.

The major activities of the program are as follows:

- Formation of Green Brigade.
- Awareness and training's to teachers.
- Cultural training to students.
- Competitions on the theme "Environment.
- Introducing Environmental Education.
- Free distribution of tree saplings.
- Education through printed materials.

Hence, it can safely stated be that the environment program that is conducted with a view to creating awareness about environment in the Government school children, is in tune with the concept of holistic development of a child.
6. INCOME GENERATING PROGRAMME: CULTIVATION OF SPIRULINA

Spinilina is a high protein content micro-organism, which grows rapidly in alkaline water with rare essential lipids, numerous minerals and vitamins. It is named Spinilina as its filaments are coiled in spirals of varying degrees of tightness and numbers.

The proteins in Spinilina are complete, as all the essential amino acids are present in them. Their digestibility is also very high, as the Spinilina cells do not have cellulose walls but a relatively fragile envelope of inurein. Hence, Spinilina does not require any special cooking or special treatment to increase the availability of proteins. This gives it a substantial advantage since the production and preservation are both very simple.

Spinilina is also recommended as a food supplement in cases of deficiency of essential fatty acids. It is also a rich source of iron, calcium, phosphorous, magnesium and potassium. The relative amount of these elements is balanced. The presence of vitamins, particularly A, h and 1312 are worth mentioning.

Studies have shown its therapeutic values in treating iron deficiency, anaemia, pernicious anaemia, vitamin A deficiency, inhibition of mother to child transmission of HIV, prevention of cancer, etc.

I fence. Spinilina is a real source of health for children and a daily consumption of 15 gins is sufficient for children to get these benefits. However, it is ironical that despite being one of the best answers to the problem of malnutrition, it is out of reach to most of the children, more often than not the malnourished who rally need it, since it is sold in tablet/powder and again at very high price in the market.

The Agency selected the production of Spinilina not only as income generating activity for the women's sangams but also as a complete food that fulfils all the nutritional requirements. Though the price of Spinilina is very high, about Rs.1000 per Kg and too, has a good market demand, the women sangam members , have decided to
sell the produce only after meeting the Spirulina needs of AEP/child labour centres have been met.

MAJOR ACHIEVEMENTS OF THE AGENCY

1. The Agency till the time of the present study, had facilitated women in the area to form eighty (80) SIGS with a strength of sixteen hundred (1600) women in the age group 18-60,

2. The people of Nilakkottain taluk through the Agency's action have gained much more awareness of the existence of the ill practice of child labour and its negative impact on the future life of the children of the area. CentreREDA's efforts in awareness building among the people in the target areas have led to their understanding about this long-existing ill practice.

T The Centre succeeded in identifying 1600 child labourers in the target areas and enrolled them in formal schools during the period 1994-99.

4. The Agency has also, to a good measure, influenced the formal sectors such as the Ckmennent Education Department. Rural Welfare Departments and, both the taluk and district level revenue officials for the elimination of child labour.

5. The agency has so far, managed to establish ten cultural troupes with the strength of two hundred (250) school children.

6. They also set up live children's garden in five villages, fifty environment protection group (EPG) with a strength of 2250 students.

7. They have shared their ideas / knowledge and experience with six hundred and fifty (650) teachers on environmental protection measures and how to incorporate environment education in the school curriculum.

8. They have encouraged and extended all the possible assistance to fifty (50) women entrepreneurs in Spirulina cultivation, as an important Income generating activity.
Q. Development experience has shown that attitudinal change is one of the most difficult but essential indicators of change. Hence, since CentreREDA is able to set up committees at different levels where the child is the central figure, it is an indication of extended and intensive relationship between the agency and the community at large.

FAILURES OF THE AGENCY

Nilakkottai Block, according to the Government of Tamil Nadu, is the most backward area, socially, economically and politically. Besides, it is a drought-prone area, with employment available only for 3-4 months a year. The wage rate for men is Rs 50-70 and for women it is Rs. 30-40. Though the Agency has worked in this area for long, it has not yet succeeded to improve the socio-economic conditions of the people to its expected standard due to reasons ranging from lack of finances to population pressure and also wipe out wage discrimination between the two sexes.

Unemployment, poverty, instability income of a majority of the people has compelled them to borrow money from rich landlords at very high interest rates. Till date, the Agency has not been able to solve this problem, which has led to those are poor to continue becoming poorer and poorer.

Child labour is still being practised in the area, despite the Agency's huge effort to eliminate it.

Atrocities committed against the women folk by their counterparts in the area are no, uncommon, regardless of the developmental activities/programs directed towards their empowerment and development routed through the Agency's women's departmental practices such as female foeticide and female infanticide are on the increase in the area.

The Agency has not fully been able to stop caste discrimination and clashes which common in the target area.
FUTURE PROSPECTS

The Agency has a vision of being able to organise all the people, women and children alike in all the 350 villages, so as to work together for the prevention of female infanticide, empowerment of women through clinical programs, to encourage them to demand for their human and political rights.

Table G

SOURCES OF FINANCE

<table>
<thead>
<tr>
<th>Name of the Funding Agency</th>
<th>Rs. Per Year</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  CZWD, the Netherlands</td>
<td>3 lakhs</td>
<td>1990 - 2002</td>
</tr>
<tr>
<td>2  Ministry of Human Resource and Development</td>
<td>1 lakh</td>
<td>1999 -2000</td>
</tr>
<tr>
<td>3  MHRD for School Dropouts</td>
<td>2.5 lakhs</td>
<td>1997 -1999</td>
</tr>
<tr>
<td>4  CRY - Chennai for Child labour Programme</td>
<td>12.5 lakhs</td>
<td>1997 - 2002</td>
</tr>
<tr>
<td>5  KFB, Austria</td>
<td>2 lakhs</td>
<td>1989 - 1999</td>
</tr>
<tr>
<td>6  Social Welfare Board for Condensed Course</td>
<td>50 thousand</td>
<td>-- 1999</td>
</tr>
<tr>
<td>7  Government of Tamil Nadu (Mahalir Thittam)</td>
<td>30 lakhs</td>
<td>2000 - 2005</td>
</tr>
</tbody>
</table>

Table G presents the names of the funding agencies and amount of money for activities/programmes undertaken by Centre REDA, at various periods.

5.4 CENTRE FOR WOMEN'S DEVELOPMENT

Table H

TOTAL NUMBER OF BENEFICIARIES AND SAMPLE SIZE

<table>
<thead>
<tr>
<th>Name of the Agency</th>
<th>Total number of Beneficiaries</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre for women Development (CWD)</td>
<td>1000</td>
<td>100</td>
</tr>
</tbody>
</table>

221
5.4.1 FOUNDERS

The Agency was established in 1986 by its present Secretary, Mrs. Malarvizhi and her husband, Mr. S. Ravindran. Mrs. Malarvizhi is the head of this Voluntary Agency working in Dindigul Block, Dindigul District. She was twenty-four (24) years old at the time when they founded it at Palani. It started functioning from 1987 at Oddanchatram.

She was born and brought up in Periyakulam. She holds of M.A. and B.Ed. Degrees and TTT and CGT Certificates. She is married to Mr. S. Ravindran, B.Com., R’A., an auditor at Dindigul and a practising Chartered Accountant. They have three sons. They are residents of Dindigul. Her father worked as a translator in Judicial Department. She has two brothers and three sisters.

What prompted the founders to set up the agency in its present location

When was asked for the reasons behind the establishment of the agency, she answered by pointing out that, basically she was born in a middle-class, medium sized family in a village and educated up to M.A. in Madurai City. Wide reading, close interaction with women at various levels, observation of the pathetic situations and conditions of rural women, various forms of atrocities committed against on women, sufferings of women in villages, especially of how they were exploited by men in all walks of life, made her think a lot about their development.

Having thought about it for over a period of six months, she came to the conclusion that these women should also be treated equally and they should not be exploited. In order to realise this, she felt that collective mass action was the only way out. which could be made possible only through the establishment of an agency of this calibre. Accordingly, she got the present agency registered. She emphasised that it was her husband who shouldered the major responsibility of getting it established. Female infanticides, widowhood, child marriage, were the reasons which led to the establishment of the Agency in its present location.
5.4.2 OBJECTIVES OF THE SOCIETY

The main objective (focus) of the Agency is to improve women’s socio-economic conditions and hence, their empowerment and development.

SPECIFIC OBJECTIVES OF THE AGENCY

1. To integrate women into development process through educational, social and economic activities.
2. To organise women's associations and make them get rid of social evils like drinking, dowry system, illiteracy etc.
3. To conduct training programmes for women in different vocations like tailoring, typewriting etc., and help them settle down in the vocation in which they have got training.
4. To conduct informative, educative and communicative activities/programs to help spread awareness of population problems and family planning services among the women.
5. To reduce maternal and infant morbidity and mortality by improving their general health and nutrition through various services and research programmes.
6. To start creches and balvadies for infants and young children.
7. To run residential hostels for working women.
8. To conduct research and service programmes concerning rural development and employment creation.
9. To run rehabilitation centres for deprived and destitute women in rural and urban areas.
10. To run counseling centres in rural and urban areas with a view to solving the social economic and psychological problems of women.
11. To foster and develop contact with other organisations engaged in similar type of work in the state, in India and abroad.
12. To accept grants, money, donations, subscriptions, securities of property of any kind under such terms and conditions as may seem expedient for the purpose of running the institute.

I.i. To do such lawful things as are incidental and conducive to the attainment of the above objectives or any one of them.

To implement wasteland development programmes, afforestation works and other allied works (amendment dated 01.02.96).

5.4.3 ORGANISATIONAL STRUCTURE OF THE AGENCY

Figure 3

```
    Director/Secretary
     /   \
   /     \
Executive Committee
     /   \
   /     \
Supervisors (3)
 /   \
/     \
Administrative Staff (3)   Field Staff (28)
    |       |
    |       |
Accountant (1)      School Health Workers (6)
    |       |
    |       |
Computer Operator (1)   Village Health Workers (22)
    |       |
    |       |
Typist (1)          Coordinator
    |       |
    |       |
Organisers
    |       |
    |       |
Programme Officer
    |       |
    |       |
Animators
    |       |
    |       |
Self Help Groups
```
Criteria for Selecting Staff

Area resident, willingness to work as social worker, high education, sincerity, smartness, technical/professional knowledge.

The full-time employees of the agency are a typist, a B.A. Degree holder and a Health Assistant with a Diploma in Pharmacy. Both are married ladies and Hindus by religion. The agency has also employed a male hand-pump mechanic. He, too, is a Hindu, married and educated up to 7th standard. A part-time woman volunteer, who is a Hindu, married and educated up to SSLC, is also the staff of the agency.

During Mrs. Malarvizh's absence from the agency, the typist shoulders the key responsibilities. The performance of the staff during her absence is to her satisfaction.

As far as decision making is concerned on various matters regarding the implementation of the activities/programmes of the agency, the chief functionary and the general body take decisions collectively.

DONOR AGENCIES

It was found that CWD received funds for the first time in 1987 from the Department of Science and Technology, Government of India, New Delhi: a sum of Rs.96,000/- for Hay Box and Janatha Refrigerator for one year under the scheme of popularisation of lay Box and Janatha Refrigerator in Oddanchatram project area. The CWD, so far, has covered 30 villages in Thadicombu Gram Panchayat of Dindigul District. The main target groups are socially and economically backward people.

5.4.4 PRINCIPAL SOURCES OF FUNDING OF PAST/CURRENT PROGRAMMES

The CWD also collaborates with Government Agencies and as well as Private Agencies. This helps them tap the Government and Private resources to the maximum for the benefit of the rural poor of the adopted villages.
1. Department of Science and Technology, Government of India has granted Rs. 56,700/- for the project "Popularising the use of improved storing and cooking techniques among working women in rural areas" (1988 - 89).

2. The Social Forestry Information Project (SFIP), Madurai, granted Rs. 5,150/- for the year (1987 -88) and Rs. 11,686.27 for the year (1988 - 89) for the project "Tree and Nutrition Programme".


4. MLSERER, West Germany, granted Rs. 1,73,600/- for the project "Starting Phase for Women Development in Athikombai" (July 1988 to September 1991).

5. Terr des Homines, West Germany, India Programme, granted Rs. 2,66,000/- for the project "Education to women and Children as a source of Child Development" (October 1988 to September 1991)

b. Caritas India, New Delhi granted Rs. 22,500/- for Mat-Weaving Training Programme for 15 Women Beneficiaries in 1989-90.

7. Swedish International Development Agency (SIDA), New Delhi, granted Rs. 1,00,000/- for the "Self reliant Programme for Women".

8. C.P.R. Environmental Educational Centre, Madras, gave a part-time grant Rs. 750/- for conducting a One Day Environmental awareness camp for village students (22.07/92)

9. District Agriculture Office, Dindigul District gave a grant of Rs. 7,000/- for raising one unit of (10,000) seedlings under Kisan Nursery Programme (1992 - 93).

10. Water-Aid, England sanctioned an amount of Rs. 2,80,000/- for the project "Rural Drinking Water Reconstruction Programme" (1993 -94).

2. Water-Aid, England, sanctioned an amount of Rs. 6,89,374/- for the project "Rural Drinking Water Reconstruction Programme" (July '95 till June 96'),

3. Water-Aid, England, sanctioned an amount of Rs. 33,94,025/- for the "Rural Drinking Water Reconstruction Programme III (01.10.96 to 30.09.98).

4. Water-Aid, England, sanctioned an amount of Rs. 70,00,000/- for the "Rural Drinking Water Programme (98-2001).

5.4.5 MAJOR ACHIEVEMENTS OF THE AGENCY

Mrs. Malarvizhi pointed out three major achievements of her agency:

1. Regular supply of drinking water

2. Implementation of women development programmes

3. Health education and hygiene to rural women

OTHER ACHIEVEMENTS

1. Community Organisations: to date, a number of men's and women's Sangams have been formed in thirty(30) villages. They are given general awareness on safe drinking water, health, and sanitation.

2. Cooperation of women Sangams, youth clubs, local bodies, villagers throughout the implementation period of the present program.

3. Awareness programs have created some sense of awareness among the people on issues such as hygiene, sanitation and proper handling of hand pumps.

4. Mechanics developed out of the caretakers/mechanic training can now attend minor repairs in their hand pumps. This is an attempt to towards self-sufficiency of the villages.

5. Involvement of women Sangams throughout the program has brought more integration among them.
0. Public cooperation promotion is another success of the agency.

7. Development of gardens has become an income generating activity for all the water committees in all the villages.

8. School children and youth clubs have been initiated in most of welfare activities such as village cleaning, important days cerebration, among others.

9. Supporting Agencies: Donors have assisted CWD by giving funds. The Government has been cooperative in identifying the source of water and other female headed agencies, too, in various ways.

10. The target community has welcomed all the programmes implemented by CWD. The members of their families of the volunteers of the agency, support and encourage them to carry on with this kind of social work.

MAJOR PROGRAMMES PAST AND PRESENT PROJECTS UNDERTAKEN

1. Health-Co-operative study (87 - 88).


4. Use Spouse Nirolch Study (88 - 91)

5. Mat-Weaving Training Programme for Women under TRYSEM (88 -91)

6. I land loom Weaving Training for Women under TRYSEM.

7. Popularising the use of improved Storing and Cooking Techniques among working women in rural areas.

8. Mat-Weaving Training Programme as an alternative employment for the Rural Landless Poor Women (92).

10. Tree and Nutrition programme (93 - 95).


12. Assessment of Non-rotational Crops raised Kudumbam (96 - 98).


PROBLEMS FACED IN THE OPERATIONAL AREAS OF THE AGENCY

The Agency met with many problems/failures and successes as well. However, according to Malarvizhi, the agency took the problems as challenges, failures as stepping stones to success and successes as a boost for their efforts.

The main problems faced by the villages in the agency's service area include:

- Inadequate hospitals
- Improper roads and
- Lack of schooling facilities

The most notable constraints of the women's associations in her project areas include lack of financial support from nationalised banks and non-co-operation of family members. The male-headed agencies in the District, too, create problems to CWD unnecessarily.

THE PROBLEMS FACED WHILE IMPLEMENTING RURAL DRINKING WATER RECONSTRUCTION PROGRAMME

1. The sudden withdrawal of two of the five trained volunteers in hand puppetry in the middle of the project delayed the puppet show, compelling the agency to train new persons to conduct the hand puppetry programme.

2. High pressure in some places made it impossible for the agency to drill borewells to the estimated levels.

3. For the caretakers' mechanical training, keeping the poor women and men for four days without any wages/small income, which is a must for running their families, was another problem.
In some villages the broken platforms taken for reconstruction, were found to be situated in the main path. Though the shapes of the platforms were adjusted to some extent, they were found to have some effect on the overall size of the platforms.

4. Lack of transport facilities to remote villages.

5. Technically, there was much difference between the planning stage and the implementation stage in the case of restoration works. All those changes were because of the Government.

6. To conduct Awareness Programme at night in the villages, the agency faced a lot of problems, such as transport facilities, lack of passable roads for reaching the villages.

7. During the drilling process, some of the agency’s Geo-Hydrological points surveyed in some target areas were under the electrical power lines.

T A river isolates Undarpatti SC colony from the main village. The Agency had a problem in crossing the river with the rig service for drilling work. In Kappiliapatty and Undarpaiy SC colony the Agency was supposed to attend to flushing work and to sink new borewells in the main villages. However, this led to caste problem and dharnas requesting a new source for the people of the colony from the Government.

10. Taking dual responsibilities in the family and in the agency is the main difficulty faced by female staff of the agency.

FAILURES OF THE PROGRAMME

1. In the first phase of the programme, the agency expected to deepen two wells and desilt one more. However, because of heavy monsoon rains throughout the project period, it was not possible to fulfil this objective.

2. Lack of technical/professionals awareness, led to construction of borewells at wrong place and the lack of knowledge of the importance of flushing during the draining period, also resulted in setbacks.
3. The Agency had expected 10 attend to the flushing work in KappiJiapatty and Cndarpatty colonies. However, due to slim possibility of success and the emergence of inter-caste problems, these were not possible.

3.2 SUCCESSES OF THE PROGRAMME

1. Cooperation from women sangams, youth clubs and other villagers in genera! throughout the implementation period of the programme.

2. CarctakcrsYncchanical training has produced some mechanics in villages, women inclusive.

T The majority of the people are now aware of many health related issues: hygiene. sanitation and proper handling of hand pumps.

-1. Though Oddanchatram Boick is a drought prone area, while drilling , the agency was able to get the first water in all the eight places before reaching 100 feet.

T In l'. Alhikombai. for a platform reconstruction, the Block Development Office, which is a government agency, provided the agency with a cylinder, This implied the Government's co-operation with the agency in particular and people in general.

6. The involvement and participation of women through their sangams throughout the programme, to a good measure, has strengthened the inner personality of the womenfolk.

7. Many Youth Clubs are now been initiated in a good number of welfare activities such as village cleaning, village festivals and celebration of important days, among others.

8. Cooperation from all those associated with the running of this agency in one way or the other.

She shares the credit for the above sticcesses with the entire staff at all levels. She stated that more than anything else a woman should have 'human values' in order to become a leader.
Mrs. Malarvizhi is confident that all the programmes assigned to women heads/leaders will be implemented successfully. She feels that female heads of VAs should acquire all managerial capabilities including documentation in order to become good heads of the agency concerned. In conclusion, she feels that the programme has achieved its full impact for it has not only been linked to education and hygiene but also health and sanitation.

THE PEOPLE’S ACTUAL BENEFITS

A number of new borewells, reconstruction of platforms, awareness creation on hand puppet show, caretakers' mechanical training.

THEIR PERCEPTION

-The people in the agency's operational areas are very happy and hence, satisfied with the agency’s functioning. They are grateful to Water-Aid, London. The people of the nearby villages have also been noted to be looking forward to receiving such kind of help routed through the agency.

-The platform reconstruction, to a great deal, has prevented wastewater stagnation, breeding of mosquitoes, etc.

-Hand puppetry program has generated successful health awareness amongst the people especially those in villages.

-Mechanical training programme has enabled some villagers, both women and men, to be able to attend to minor repairs.

EMERGENCE OF NEW ACTIVITIES

As a result of the programme, new activities emerged:

- Formation of Youth Clubs.

- Women sangams through their collective action-they now easily approach the Government for other public utility services.
- Sangams are maintaining kitchen gardens next to the bore wells, hence, utilising the waste water.

- The caretaker training/mechanic training has now enabled both men and women to attend to minor repairs.

In the areas where the agency is functioning there is much more improvement in hygiene and sanitation conditions.

PEOPLE'S PARTICIPATION

The authorities of the agency place the beneficiaries' participation at 80%. For women it is 60% and for the socially backward groups 50%. They further pointed out that more interaction with the people, awareness programmes through suitable modes of media can enhance people's participation in the agency's activities.

People always have power and there is nothing that can be compared to that power. Initially, in this agency, there was no interaction of that power. However, through the present programme, people have realised the significance/impact of the integration of their power. In the reconstruction of platforms, for instance, women sangams and the youth clubs contributed their mite/labour. In Kollapatti, Mrs. Palaniammal, president, women's sangam, said, "We arranged for two carts of sand and further assisted the workers in carrying out minor works. We poured water on the platforms for seven days and cured them."

The agency's Awareness Creation Programme has given birth to the development of good relationship among the beneficiary group members, with other groups/institutions and also Government agencies. Each of the groups helps each other. They have good relationship with the present agency. They select on their own, people/trainees for masonry work in platform construction/reconstruction. They often play an important role in the agency's functions, for instance, participate and present cultural programmes which depict the essence of the spirit of national integration in the district.
All the women sangams are in charge of supervision and guidance. They are also willing to take part at all levels of the implementation of the programme on voluntary or paid basis organised by the agency.

FUTURE PROSPECTS/PLANS OF THE AGENCY

Formation of good and more functioning women sangams, as a foundation for women's development in the agency in particular and the district in general.

A good number of women of all the sangams under the agency, who have received some training through the agency, are ready to stand for the Panchayat Raj elections. Under such circumstances, it is easy to tap public funds and services too.

5.4.6 PROPOSED PROGRAMMES

1. Non-Formal Education Programme for Rural Women.
2. Leadership Training for Rural Women.
3. Organisation of Beneficiaries of Anti-poverty Programme.
5. Integrated Programme for women Development in Rural Areas.
6. Training in Fodder Production and Deep Litter System,
7. Rural Lousing Programme.
8. Collective Dairy Farm.

Mrs. Malarvizhi is looking forward to receiving technical support from the Department of Appropriate Technology and moral support and technical assistance from Gandhigram Rural Institute.

Programme impact and outcome

Women have been empowered in several spheres of their life: culturally, socially, economically and politically. Women sangams have been strengthened in all the agency's programmes through holding women sangam meetings. In a few selected villages self-
help groups have been formed and linked with NABARD Scheme besides formation of water and sanitation committees, for effective construction and usage of sanitary latrine, selection of village women volunteers for water programme. Their sincere work has brought lb nil good results through the implementation of the programmes.

5.5 MOTHER SARADA DEVI SOCIAL SERVICE SOCIETY

Table 1

<table>
<thead>
<tr>
<th>Name of the Agency</th>
<th>Total number of Beneficiaries</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Sarada Devi Social Service Society</td>
<td>500</td>
<td>50</td>
</tr>
</tbody>
</table>

GENESIS OF THE AGENCY

The Social Service Society was founded in 1988 by a group of rural women in the area headed by Mrs. M. Prasanna and her husband Raja. The society is named after the wife of the well-known Hindu spiritual leader, Ramakrishna Parahamsa, who attracted a large following in the early part of the twentieth century. Saradevi was a leader in her own right, who carried out progressive work in promoting women's education and the rights of widows. Their main objective was to work for the uplift of their fellow womenfolk and children, irrespective of caste, creed or religion. They conducted a detailed survey of the target area and planned to undertake a host of programmes aimed at alleviating malnutrition, disease, ignorance, indigence, socio-economic inequalities, etc. The society works on various programmes ranging from health, environment to economic development programmes for women of different religious faiths.

Mrs. M. Prasanna was 29 years old when they established the agency. She was born and brought up in Virudhachalam and got married to Mr. Raja from Guruvayoor, a postgraduate and currently, doing his doctorate at GR1, Gandhigram. She is, to a large
extent, wholly responsible for the establishment of the Agency. Prasanna is an MA degree holder in Sociology and has a Diploma in Tailoring. Before establishing the present Agency, she was working as a trainer at the tailoring unit in an institute at Oddanchatram. Mother Sarada Devi Social Service Society (MSSS) got registered under FCRA in 1992. for quite some time, it was undertaking state Government programmes.

GEOGRAPHIC AREA OF WORK

Palani, Oddanchatram and Thoppampalti Blocks and Palani Municipal Area of \[he Palani Taluk in Dindigul District form the geographical area of working of MSSS.

OBJECTIVES OF THE SOCIETY

Women and child development is the main objective of the society. This can be achieved through group formation, skill training, income generation activity, non-formal education including social forestry awareness, low cost technology to women, marketing facilities, health education and service.

FORMATION OF WOMEN ASSOCIATIONS

formation of women associations must be the first activity in any development work among women and children. This is the primary group of the village and all the development programmes can be easily implemented if these two are taken as the major target groups. This institution, so far, has succeeded in organising 80 women organizations in its target area.

VOCATIONAL TRAINING

The society imparts vocational training in dress making, embroidery, leather goods manufacturing, toy-making, plastic cane basket making, sweater knitting, crochet knitting, radio and TV mechanics, computer programming to the downtrodden women with financial assistance from National Small Industries Corporation Ltd., DRDA and
TAHDCO. Of the trained women so far 75% are well placed in their respective trades and earning their livelihood.

5.5.1 ENVIRONMENTAL DEVELOPMENT PROGRAMMES

Awareness in social forestry is disseminated to the women association members through non-formal education. With the Agriculture Department's assistance, the women's associations raise nurseries in the target area. The society also implements National Environmental Awareness Programme and fruit seedlings distribution programme for the SC women.

5.5.2 HEALTH PROGRAMMES

The society opened a rural health centre in a remote village of Thoppampatti Block named "Sarada Health Centre". A registered medical practitioner and a nurse run the Centre. The Health Extension Officer resides in the village concerned and she provides round the clock service to the people of the area within a 10km radius. A medical team for the public and school children also conducts health camps. The programmes have helped to instill confidence and trust among the village people about the work of the agency.

INITIAL PROBLEMS FACED

Initially, Mrs. Prasanna found it difficult to get funds by identifying the donor agencies and the types of programmes given priority to by the donor agencies. Many NGOs exploited her ignorance and she never received any sort of help from them. Public donations, self-sustainability programmes, proper approach to Government and other donor agencies were some of the strategies adopted to overcome the problems.

Finally, MSSS received Rs. 1 lakh from a foreign donor to implement Women and Child Development Programmes in Thompapatti Union for a period of one year. The State Government's TRYSEM programmes were implemented by the agency during the period 1991-1998. Regarding foreign donors, a total of Rs.1 1 lakhs was sanctioned for
the prevention of AIDS (1994-96) and Rs.8 lakhs for the same programme in 1997. The government has often supported MSSS by extending to it financial and technical support. The target community is actively involved in the programme implementation. Friends and relatives and family members have always extended their moral and emotional support to the agency.

ORGANISATIONAL STRUCTURE OF THE AGENCY

The project is co-ordinated by Prasanna and Raja, and employs two counsellors, who are professional nurses. A group of twenty animators, mostly women, complete the team. All the animators have at least completed their primary school. Further all are married and hence, they are less inhibited to about discussing STDs and HIV. They have greater credibility and therefore, more often than not people accept information on sexual matters from married men and women more, than from single young people, whom they find easy to dismiss.

The Agency comprises live female executive council members besides 10 general body members, of whom, three are men. The staff of the Agency consists of three female, graduate counselors and four male field staff, educated up to higher secondary school. Besides, there are five female married animators, who had their education up to SSLC level. All the staff members are Hindus by religion, full time workers and residents of Dindigul District. The Counselor is a female while the Coordinator is a male. They shoulder the key responsibilities in the agency jointly whenever Prasanna is away from from the agency.

At present, MSSS is concentrating on STD/HIV/AIDS awareness programme targeting women in prostitution, women from scheduled castes, women living in slum areas and truck drivers in urban Palani and Oddanchatram Taluks of Dindigul District. MSSS receives funds from both within and outside India.
CRITERIA FOR SELECTING STAFF

The would-be stall members should be conscious of and follow the four ethical values: confidentiality, non-judgment, restricted relationship with the press and adhering to WHO Conventions in blood testing. Married women are good communicators especially on matters concerning sexuality with opposite sex and also those with good educational qualifications. However, there is relaxation in recruitment procedures.

* When asked to mention the achievements of MSSS, she said that MSSS has achieved success in applying PR A technique among female sex workers, WIP, illiterates, to mention a few. She also asserted that the achievement was because of the maximum involvement of the target groups and proper coordination with the filed staff.

* Stating the major drawbacks of the agency, she pointed out the inability of the field staff to make the sex workers understand the importance of the programmes being implemented. She also admitted that the staff educated up to post graduation level felt hesitant to work with sex workers.

* She feels that male headed agencies dominate the female headed agencies. She further said it is only by women heads that the problems of women can be realised and understood properly.

* According to Mrs. Prasanna, any programme related to women in prostitution may be allotted to female-headed agencies. She feels that they should be experts in management and have efficient communication skills so that creation of rapport with people at all levels is possible. The pathetic situation the field staff faced in their area is that very often the staff are regarded as sex workers since the staff are moving with sex workers closely and frequently.

Regarding the problems faced by women and children in the service area of MSSS, she pointed out that the sex workers are stigmatized along with their children who are a high risk group spreading HIV/AIDS, and other anti-social activities. Mrs. Prasanna, as the head of the Agency, expects support from other agencies. From GR1, she expects regular management
training to female heads of all VAs and periodical visits and advice by the members of the various faculties in GUI to motivate their staff.

5.1.1 STD/HIV/AIDS PROGRAMME

The Society’s AIDS program was started simultaneously both at Palani and in the village of Porulur, 90 kilometres away, in the month of January, 1944.

OBJECTIVES OF THE PROGRAMME

Its objectives were defined as:

1. To increase the level of information about STD/HIV/AIDS among women in prostitution and women living in slums.

2. To increase the women’s knowledge about safer sex, not only among women in prostitution and slums but also S.C. women.

3. To increase women’s utilisation of condoms in the target areas.

4. To heighten women’s consciousness regarding their health.

5. To provide the women with STD/HIV/AIDS prevention and support services such as STD/treatment facilities.

IN ITS A LPRO B L E M S FAC E D

1. Selection of the staff

Cultural barriers prevented the married and unmarried women from working in this sex education programme/project. In the Indian society, both men and women are not permitted to talk freely about sex and sexually related matters in public. Besides, part of work the would-be staff of the Agency was engaged in was the distribution of condoms in the community. Hence, most of the candidates selected by the women’s groups were not willing to come forward and take part in the programme. Two married women accepted the offer to join the Agency as animators. However, on the next day, they never showed up, the reason being that their parents did not allow them participate in this kind of the programme.
2 Misconduct of the staff

In one incident, two of the Agency's unmarried staff (animators) had gone for their regular work in one of the target villages. While there, one of them had sexual intercourse with one of the village men. This sparked a big problem in that village. The sex education training the Agency had imparted to her seemingly had a negative effect, for she courageously decided to have sex with a married man using the very condom she was expected to distribute to others. The concerned village panchayat (Village Committee) immediately summoned the coordinators on the issue. The coordinators tendered their unconditional apology and relieved the worker from her post as animator. To date, women in the said village have refused to form their association. In the case at hand, the animator's unbecoming behaviour not only damaged her reputation but also the reputation and the objectives of the Agency as well.

3 Failure of the Staff to Act as Pre-planned

Yet in another incident, two of the selected animators were asked to persuade the Women In Prostitution (WIP) in the target area to send their female children for vocational training. However, they refused to adhere to it. During the staff PRA exercise/application, the rest of the staff asked for their dismissal from their posts. Soon after their removal, they started propagating among the target women that the Agency had asked them to persuade the target community to change their caste. In addition, they started spreading the rumour that the Agency was encouraging prostitution in the area through the act of supplying condoms. Their action caused a severe problem in the area in which the Agency's AIDS Action Centre was situated. The owner of the Agency's office building immediately asked the agency to vacate the place. On the very day, the dismissed staff members came to the Centre with a group of some men and women from the area and shouted slogans against the agency's functioning. This compelled the Agency to vacate the building. In the course of that incident, a daughter of one the WIPs was beaten up by a mob. The staff intervened by calling for police protection and a criminal case was registered. Thereafter, both the police officers and the Agency's executive committee members talked to the people of the area and explained to them the essence of the present programme and
its future implications. As a result, not only did the people allow the agency to carry on with the programme. Also through the police officials’ discussion with the landlord, he agreed to allow the agency to use his building as their office for a period of another year.

4. Rehabilitation of WIP Children

Again another cultural barrier faced in the implementation of the present programme was the rehabilitation measures for the WIP children and their families of which the Indian culture does not approve. These various incidents/social problems helped the agency learn to handle such situations with patience. The agency also felt that there was need to have a resource cum vocational training centre in the town to help the WIP to change their profession and protect themselves from the killer disease, AIDS.

5. Resistance from political party activists was yet another problem encountered by the agency in the initial stages of its establishment. One of the community parties had its women’s wing in the agency's target area. They thought that the Agency was motivating the women in the area to form groups to work against their party. Hence, they made use of their influence and asked the women to keep aloof from the agency's activities. The staff met with a lot of harassment, to such an extent that they all decided to meet the top political leaders in the district to appraise them of the programme and the the prevailing situation. Soon after the staffs mission, the party's women's wing changed its attitude towards the Agency's programme and started to take part in the implementation process of the programme. An important lesson learned by the agency from the incident is that, before implementing any programme, it is essential for the staff of the agency concerned to meet and discuss with the traditional community leaders and also the influential political leaders.

6. Male Community Members

Male community members was the other problem which the staff faced. More often than not, the male members used to mock the staff in the target area, by calling them balloon (condom)sellers/AIDS people. Some even wanted to have sex with the staff. This affected the morale of the staff and made them feel sad and nervous. The Agency then introduced uniforms
7. Target Groups' Unwillingness to Use Condoms

The majority of the family women were not willing to use condoms due to their husbands' unwillingness, at the initial stage. Hence, the Agency decided to conduct men's meetings in all the target areas. In some target areas, women were not willing to form associations mainly because of their ignorance and misunderstanding. In this case, PRA technique was employed which brought the problem to rest.

8. Poverty of Target Groups

Due to the poverty of the target areas, those who came for STD treatment were not able to meet the half charge for their treatment. Also they needed treatment for other ailments. Hence, their case, could not be ignored. At the same time they showed some willingness to receive regular advice and services from the agency. Sarada Health Centre is situated in a remote area, far away from some target areas. Hence, 15 women associations of the areas concerned came to the Agency with a request to take primary health care activities to their areas.

9. Insufficient Facilities

During the first year of the commencement of the programme, the Agency was not able to get the required number of condoms from the Government. However, due to the timely intervention of high officials of the state Government, the problem was solved, for the required number was obtained from the District Family Welfare Bureau.

Other downtrodden communities pressurised the Agency to provide condoms to them too. They also requested for audio-visual shows in their places.

The downtrodden communities in the adjacent areas, the organized and the unorganized sectors, labourers, Government officials of Palani Town, college and school students, have also requested for awareness meetings and intervention programmes in their communities.
10. **Resistance from local leaders**, who thought that the Agency was encouraging the formation of women groups so as to weaken the influence of the political parties was a problem but it was overcome when the project staff met the local leaders to explain their plans and to seek their cooperation.

11. Initial reluctance on the part of animators to talk about specific sexual matters had to be overcome through special training sessions. In some cases, meeting their parents or husbands was necessary.

12. The animators had to put up with taunts from men in the areas where they worked, who nicknamed them "balloon sellers/AIDS people". To deal with this problem, the Agency sought co-operation from police and also introduced uniforms and identity cards for the animators, to make their work more official.

5.2 **WORKING ETHICS OF THE SOCIETY**

The Agency follows four ethical issues in its efforts to control and prevent HIV/AIDS.

1) Confidentiality.

2) Non Judgmental.

3) Testing policy
   
   a) Pre test counseling
   
   b) Post test counseling.

4) Relationship with the press.

5.2.1 **ITS APPROACHES**

Target Group Approach, Participatory Approach and Integrated Approach. The organization is working with four groups:

1) Truck Drivers

2) Truck Driver's wives

3) Sex workers

4) Partners of sex workers.
They also adopt One to One Approach which means that the social workers of the organization individually meet the target group separately in order to provide awareness and explain more about the problems of HIV/AIDS.

5.2.2 AREAS OF COVERAGE: PALANI AND DINDIGUL BY-PASS

They identify the hot points (important places) where the truck drivers gather/assemble together to take rest. They locate and visit the secondary stay holders, shops functioning in and around the hot points, so as to meet the truck drivers for their programme. In the hot points, the social workers discuss and educate the truck drivers matters related to HIV/AIDS as well as safe sex. They also motivate them to share the perceived information with their peers. Their view is that the peer group education strategy produces positive results in AIDS Awareness Programme. In the hot points, they apply Integrated Approach to provide HIV/AIDS awareness to the target groups. Each field staff is expected to contact four truck drivers individually in the hot points (One to One Approach) per day and she/he has to conduct a group meeting in order to bring about qualitative behavioural changes among the truck drivers.

In the hot points, the field staff will provide AIDS awareness to the target group. They distribute condoms, provide counseling to the infected people, give treatment to the STD infected persons and complicated cases will be referred to some medical institution if need arises. They find that the Integrated Approach attracts many truck drivers.

They are also making use of the services of Self Help Groups formed by other NGOs in and around Oddanchatram and Palani areas. Should they find any woman infected with HIV/AIDS, they pay a visit to her house (house visit) to provide counseling. In the case a I" commercial sex workers, they motivate them to use condoms and take treatment in the Government hospital for STD infection in the primary stage itself. They also request doctors to provide good treatment to the infected commercial sex workers.
5.2.3 The Problems Faced by the Field Staff

1) Related to their work:

The work starts late in the evening. The majority of the staff is women. Hence, their working hours make some people, especially men, have a misconception about their work.

2) Truck drivers more often than not do not cooperate with the staff. They take rest at the hot points only after taking alcohol. During their discussions with the staff on sex matters, they often use very obscene language while giving comments and raising questions.

3) While the staff distribute the handbills the moving truck drivers touch their hands.

4) They are often criticized by their relatives and neighbours due to the nature of their work.

5) The field staff have to wait at the bus stand to meet the commercial sex workers. Surprisingly enough, often, the commercial sex brokers fix rates for the staff. This creates problems for the field staff.

6) Sometimes, the truckers force the unmarried staff to discuss more about their own personal sex life and experience gained thereof.

7) They also face problems from auto drivers.

8) In some areas, the village people, due to their wrong perception, think that the organization is involved in religious conversions. In one area, for instance, the staff were put under arrest by a group of politicians for a whole day. In most of the places they are often referred to as AIDS Group.

9) The unmarried staff has to pretend to be married ladies in the field, in order to avoid the avoidable problems.

10) More often than not they are not able to share their own family responsibilities with the rest of the members of their families due to their tight schedule and the Agency's activities. Hence, sometimes, they are looked down upon by their own families.

5.2.4 Solutions to the Problems faced by the Staff in the Field.

1. Use badges so as to identify themselves to others.

2. Avoid sticking flowers in their hair, especially kanakamparam flower, which is considered a stigma for it is often used by commercial sex workers.
3. Build rapport with the autorickshaw drivers at the bus stand.

4. Establish contact with the shop owners in and around the bus stands and hot points, so that the people working in those shops may help the field staff to identify and contact sex workers.

5.2.5 ORGANIZATIONAL ATMOSPHERE

The field staff designs the proposal for the next plan of action. They hold Appraisal Meetings for sharing their year-round experiences and plan for the future. A draft of their plan for future action is circulated to all the staff members. They often conduct a PR A (Participatory Rural Appraisal) exercise in order to analyze the problems faced by the people in the villages in which the agency is implementing its programmes/activities. They have adopted the Bottom-Top Approach to understand the problems and design measures accordingly to overcome the problems.

In this Agency, no hierarchical differences amongst the staff members or management is experienced.

5.2.6 REASONS FOR JOINING THE AGENCY

The psychology behind people's joining VAs is a notable subject for research. Muttalib (1987:405) has observed that a variety of impulses move people to serve themselves, their fellowmen and society. In the present study an attempt was made to inquire why the staff of the VAs included in the study chose to work in their respective VAs. The MSSS, gave the following reasons:

1) To know more about HIV/AIDS.
2) To understand the conditions of HIV/AIDS positive people and their backgrounds.
3) The knowledge given by the Agency motivated them to work with the people.
4) At the time of the staff selection, discussions with the agency by the husband/parents of the field staff encouraged them to join it and work with the people.
5) To provide AIDS awareness to the risk groups.
6. Increase llic level of information about the STD/HIV/AIDS not only among women in prostitution and slums but also S.C. women,

7. Increase the knowledge about sate sex among women groups.

8. Increase the utilization of condoms among the target women.

9. Increase the health consciousness of the women groups through health education.

10 Increase the STD/HIV/AIDS prevention supportive services to the women.

IMPACT OF THE PROGRAMME

1. Besides, the AIDS program, the Agency, helps women to overcome their vulnerability to socio-economic exploitation by assisting them to increase their incomes.

2. In collaboration with the State Government, the Agency has so far distributed roughly over 35,000 fruit tree seedlings to women farmers.

3. It has enabled a number of women to be trained as radio, television, and computer mechanics. It has also given vocational training to more than 20 sex workers who wanted to give up the profession. The already trained women are noted to be involved in activities such as tailoring, manufacturing leather goods and make knitwear garments for export.

4. The members of the women's groups have also begun to reach out to others just like themselves, to make one another aware of the sexual risks to which they are exposed, to have their STDs treated, and to persuade husbands and others to use condoms.

5. The society's goal is to get the women's groups already formed to be registered as societies in their own right, hence, make them qualify for government funding. According to Prasanna, money will help to bond them together and eventually lead to their self-sufficient, hence, be less vulnerable to STD/HIV/AIDS.

LESSONS LEARNED

AIDS is a preventable medical condition. People can protect themselves against HIV, the virus that causes AIDS, through behaviour that eliminates or minimises the risk of HIV transmission.
There is no doubt that appropriate information on how to avoid HIV, reliable supply of good quality of condoms, free or at low costs, accessible STD treatment services, and safe alternatives to shared drug-injecting equipment are notable in any HIV prevention strategy. However, mere availability of appropriate information and services does not necessarily mean that people will use them. Till people not only feel the desire to protect themselves and those whom they love from AIDS but also feel empowered to change their behaviour, simply providing information and services will make little difference to the spread of HIV. Hence, for people trapped in economic, social or sexual relationship over which they have no control, the mere availability of, for instance, free condoms may be totally irrelevant.

AIDS is an infectious disease spread by a virus which is mainly sexually transmitted and as such depends upon the actions taken by the person concerned. Education for prevention is the only possible way to control its spread. A change of risk behaviour to responsible sexual behaviour is necessary. Sex must be seen as part of a long-term faithful relationship, not as the consumption of goods, available when wanted, possibly for money. It is related to a great deal to the lifestyle. At the same time, it depends on the health status at the time of exposure. The existence or non-existence of reliable basic health services, too, influences the spreading of the infection. Hence, the activities to care for AIDS patients and to control the spread must be seen as an integral part of primary health care.

WOMEN'S (JROliPS AND FRA

The society's main operational strategy is the formation of women's groups, which enable women to work together in order to have more say in the decisions affecting their lives. The formation of women is the basis of our work”, says Raja. "Implementing a project without this element would be like setting a boat on the river without oars”(Williams and Shreedhar, 1996: 36). Raja further points out that within the first six months of the project, 50 women's groups-each with 20-25 members-were formed. Each now meets regularly to discuss problems related to health, income, children, sexuality and the attitudes and sexuality of their husbands and their sexual partners. In helping the women groups to get started, the society has found the
Participatory Rural Appraisal (PRA) extremely useful. PRA is a way of enabling communities themselves to define, evaluate, and influence their economic, environmental health conditions. "We extended this tried and tested approach to our AIDS work and it has been found to be effective", says Prasanna.

Employing the PRA technique, the Agency was able to identify neighbourhoods where the men needed to be sensitized on HIV/AIDS. The staff visited the concerned areas, holding video shows of popular film stars purposely to attract the attention of the crowds. They then talked about M1V/A1DS, distributed pamphlets and condoms. Members of the women's groups reported that these meetings helped to make local men aware of the dangers of risky sexual behaviour, of the need to use condoms to protect themselves, their wives, and sexual partners. Home visits by the animators and the counsellors have helped to motivate women who are not group members to seek treatment for their STDs.

The Agency's workers also explain how condoms can prevent STDs and stress their importance in protecting people from HIV infection. The number of condoms distributed in each month is rising steadily. In the second year of the project, women in prostitution, began visiting the animators' homes to pick up condoms whenever they needed them.

With funding from the South India AIDS Action Program, the Agency has established a Truckers Check Post, which serves Gandhi Market, famous for its vegetables and butter. Truck drivers now pick up nearly 1,000 condoms each month from iron pots strategically placed in the area's petrol stations. Besides, animators from the Agency, meet the truck drivers early each evening to discuss STDs/HIV/AIDS and condom use.

FAILURES OF THE AGENCY

Due to the sensitiveness of STD/HIV/AIDS Program, the Agency has always encountered three major problems:

1. They have not been able to recruit adequate staff.
2. Cultural restraints to talk about sexuality.
FUTURE PROSPECTS

To set up Sarada Home for Positive Women.

I. The society's goal is to get the women's groups already formed to be registered as societies in their own right and make them qualify for government funding.

3.3 SOCIO-ECONOMIC PROFILE OF BENEFICIARIES

Bhatia (2000:191) has pointed out that beneficiaries are the raison d'être of VAs and that the existence of VAs is due to them. She emphasises that a sound understanding of the needs of the beneficiaries as expressed by them is of paramount importance for those VAs whose aim is to deliver services to them and importantly to their satisfaction. Salmen (1987:36, in ibid.) has observed that many a people-oriented project is bound to fail to realise its potential or sustain its achievements for lack of knowledge or understanding of beneficiaries' concerns. Korten (1980:480, in ibid.) has noted that a review of successful organisations of various kinds has brought to light the fact that one of the reasons for their success was that they had worked out a programme model responsive to beneficiary needs at a particular time and place. It is generally perceived that VAs by their very nature are responsive to the beneficiaries' needs as compared to bureaucratic agencies.

Hence, a sample of beneficiaries of the selected VAs included in the present study were contacted and interviewed so as to collect data from them regarding their socio-economic and demographic background, their opinion about the functioning of the VAs assisting them in particular and others in the district in general, their views on the emergence and the proliferation of VAs, and, aspects pertaining to the leadership qualities of VAs in general.
Table 5.2.1 shows that the majority of the beneficiaries (66.36%) of the four VAs covered under the present study comprised young people, belonging to the age group of 21-40 years.

Table 5.2.2 shows that the beneficiaries of ASSEFA and CentreREDA were only women. This was not surprising, for the programmes of these agencies, Dairy Development and Saving and Credit, respectively, are exclusively meant for women. The data shows that women comprised 71% of CWD’s beneficiaries. The results were as expected for the programs: Rural Drinking Water and Sanitary Latrine were started purposely to help lessen womenfolk’s burden due to water scarcity and lack of toilet facility in their homes/villages. Male beneficiaries form the majority (60%) of MSSS’ programmes.

Table 5.2.3

It may be observed that the majority (54.24%) of the beneficiaries are women from SC/ST communities. It is interesting to note that the proportion of the SC population is 19% in
It can be noted that 76.67% of the beneficiaries of the VAs selected for the study are Hindus. The data shows that there is no Muslim among the ASSEFA beneficiaries. Our casual enquiries addressed to the leaders of the agencies also revealed that there were no staff members recruited from Muslim community. It is certain that the agencies have not made any serious efforts to approach the Muslim community members for its programmes, especially the present one. Dairy Development Programmes. CWD has beneficiaries from various religions such as Muslims, Christians and Hindus who were the majority (82%). It can also be observed that Hindus make about 62% of beneficiaries of CentreREDA whereas Christians are 30% and Muslims 8%. This confirms the agency's claim that it functions without considerations of caste, class and religion. MSSS has a large number of Hindu beneficiaries (64%) and Christians come second. It has the largest number of beneficiaries (22%) from the Muslim community. This indicates clearly that in its programme, STD/HIV/AIDS Awareness, its target group includes all regardless of their religious background.

**Table 5.2.4**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>108 (85.00%)</td>
<td>62 (62.00%)</td>
<td>37 (61.67%)</td>
<td>32 (64.00%)</td>
<td>253 (76.67%)</td>
</tr>
<tr>
<td>2</td>
<td>18 (15.00%)</td>
<td>15 (15.00%)</td>
<td>18 (30.00%)</td>
<td>11 (22.00%)</td>
<td>62 (18.70%)</td>
</tr>
<tr>
<td>3</td>
<td>6 (5.00%)</td>
<td>3 (5.00%)</td>
<td>3 (5.33%)</td>
<td>5 (9.80%)</td>
<td>17 (5.55%)</td>
</tr>
<tr>
<td>4</td>
<td>6 (5.00%)</td>
<td>1 (0.00%)</td>
<td>0 (0.00%)</td>
<td>1 (2.00%)</td>
<td>8 (2.55%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>50 (100.0%)</td>
<td>330 (100.0%)</td>
</tr>
</tbody>
</table>

It can be noted that 76.67% of the beneficiaries of the VAs selected for the study are Hindus. The data shows that there is no Muslim among the ASSEFA beneficiaries. Our casual enquiries addressed to the leaders of the agencies also revealed that there were no staff members recruited from Muslim community. It is certain that the agencies have not made any serious efforts to approach the Muslim community members for its programmes, especially the present one. Dairy Development Programmes. CWD has beneficiaries from various religions such as Muslims, Christians and Hindus who were the majority (82%). It can also be observed that Hindus make about 62% of beneficiaries of CentreREDA whereas Christians are 30% and Muslims 8%. This confirms the agency's claim that it functions without considerations of caste, class and religion. MSSS has a large number of Hindu beneficiaries (64%) and Christians come second. It has the largest number of beneficiaries (22%) from the Muslim community. This indicates clearly that in its programme, STD/HIV/AIDS Awareness, its target group includes all regardless of their religious background.

**Table 5.2.5**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 (1.67%)</td>
<td>10 (10.00%)</td>
<td>12 (20.00%)</td>
<td>7 (14.00%)</td>
<td>31 (9.09%)</td>
</tr>
<tr>
<td>2</td>
<td>103 (85.00%)</td>
<td>80 (80.00%)</td>
<td>37 (61.67%)</td>
<td>39 (78.00%)</td>
<td>259 (78.49%)</td>
</tr>
<tr>
<td>3</td>
<td>13 (10.00%)</td>
<td>3 (3.00%)</td>
<td>6 (10.00%)</td>
<td>2 (4.00%)</td>
<td>24 (7.27%)</td>
</tr>
<tr>
<td>4</td>
<td>0 (0.00%)</td>
<td>2 (2.00%)</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
<td>2 (0.61%)</td>
</tr>
<tr>
<td>5</td>
<td>1 (0.63%)</td>
<td>2 (2.00%)</td>
<td>5 (8.33%)</td>
<td>1 (2.00%)</td>
<td>9 (2.73%)</td>
</tr>
<tr>
<td>6</td>
<td>1 (0.63%)</td>
<td>3 (3.00%)</td>
<td>0 (0.00%)</td>
<td>1 (2.00%)</td>
<td>5 (1.52%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>50 (100.0%)</td>
<td>330 (100.0%)</td>
</tr>
</tbody>
</table>

A look into the marital status of the respondents indicates that the majority of them (78.48%) are married. This was expected, since the minimum age for membership is 18 years.
according to the constitutions of ASSEFA, CWD and CentreEDA. CentreEDA has the highest number of unmarried beneficiaries (20%) in their early 20s, whereas ASSEFA has the least (1.67%). On an average, 9.39% of the beneficiaries of the selected agencies are unmarried, 7.27% are widows, 0.6% are widowers, 2.73% are divorced and 1.52% are separated. Shah's study (1984) has revealed similar findings, 70% of the members/beneficiaries being married, Bhatia (2000:192) has indicated that the majority of the beneficiaries were married (56%) 41% were unmarried and the remaining were either divorced, separated, widows or widowers.

**TABLE 5.2.6**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSEI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>54 (45.00%)</td>
<td>20 (20.00%)</td>
<td>32 (53.33%)</td>
<td>11 (22.00%)</td>
<td>117 (35.45%)</td>
</tr>
<tr>
<td>2</td>
<td>63 (52.50%)</td>
<td>60 (60.00%)</td>
<td>21 (35.00%)</td>
<td>36 (72.00%)</td>
<td>189 (57.27%)</td>
</tr>
<tr>
<td>3</td>
<td>3 (2.50%)</td>
<td>11 (11.00%)</td>
<td>7 (11.67%)</td>
<td>3 (6.00%)</td>
<td>24 (7.27%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120 (100.00%)</td>
<td>100 (100.00%)</td>
<td>60 (100.00%)</td>
<td>50 (100.00%)</td>
<td>330 (100.00%)</td>
</tr>
</tbody>
</table>

Education is an important determinant of the status of a person and influences one's participation in various development activities. The data shows that the majority of the respondents are literate (57.27% school educated, 7.27% college educated), while about 35.5% are illiterate. CentreEDA beneficiaries make the largest number of illiterates among the four agencies covered under the present study.

**Table 5.2.7**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSEI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>65.00%</td>
<td>3.3%</td>
<td>9.0%</td>
<td>0.0%</td>
<td>51.70%</td>
</tr>
<tr>
<td>2</td>
<td>6.7%</td>
<td>2.5%</td>
<td>76.0%</td>
<td>0.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>3</td>
<td>24.2%</td>
<td>91.7%</td>
<td>3.0%</td>
<td>0.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>4</td>
<td>1.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>5</td>
<td>2.4%</td>
<td>1.7%</td>
<td>6.0%</td>
<td>100.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

The main basis of social stratification in almost all the societies in the contemporary world is occupation. The data in Table 5.2.7 show the distribution of the respondents according to
their occupations in each of the agencies covered under the present study. It can be observed that
the majority (65%) of ASSEFA's beneficiaries mentioned agriculture as their primary
occupation. An overwhelming number 91.7% of the respondents, stated dairy farming as their secondary occupation. For CWD, 76% of the respondents indicated that they were mainly engaged in their own businesses, all of them chose 'others' as their secondary occupation. It is also observed that the majority (61.7%) of the beneficiaries of CentreREDA are occupied in agricultural activities, while none indicated to be having any secondary activity. The data from MSSS reveal that an overwhelming number of the respondents (66%) are businessmen.

Table 5.2, 8

<table>
<thead>
<tr>
<th>Sl No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>36.36%</td>
</tr>
<tr>
<td>2</td>
<td>0.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>18.18%</td>
</tr>
<tr>
<td>3</td>
<td>0.00%</td>
<td>100.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>30.30%</td>
</tr>
<tr>
<td>4</td>
<td>0.00%</td>
<td>0.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>15.15%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

On the question on the place of residence of the respondents, the data reveal that except the beneficiaries of MSSS, the beneficiaries (of ASSEFA, CVDand CentreREDA) are residents of their own respective blocks. It is inferred that the nature of the activity of the agency has a correlation with the place of residence of the beneficiaries. Hence, for MSSS, 40% of its beneficiaries are from outside its area of operation, Oddanchatram Block.

Table 5.2, 9

<table>
<thead>
<tr>
<th>Sl No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 10,000</td>
<td>66 (55.90%)</td>
<td>48 (43.00%)</td>
<td>28 (46.67%)</td>
<td>7 (14.00%)</td>
</tr>
<tr>
<td>2</td>
<td>10,001 - 20,000</td>
<td>45 (37.50%)</td>
<td>42 (42.00%)</td>
<td>19 (31.67%)</td>
<td>9 (18.00%)</td>
</tr>
<tr>
<td>3</td>
<td>20,001 - 30,000</td>
<td>3 (2.50%)</td>
<td>5 (5.00%)</td>
<td>9 (15.00%)</td>
<td>2 (4.00%)</td>
</tr>
<tr>
<td>4</td>
<td>30,001 - 40,000</td>
<td>3 (2.50%)</td>
<td>3 (3.00%)</td>
<td>3 (5.00%)</td>
<td>4 (8.00%)</td>
</tr>
<tr>
<td>5</td>
<td>Above 40,000</td>
<td>3 (2.50%)</td>
<td>2 (2.00%)</td>
<td>1 (1.67%)</td>
<td>9 (18.00%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120 (100.00%)</td>
<td>100 (100.00%)</td>
<td>60 (100.00%)</td>
<td>50 (100.00%)</td>
<td>330 (100.00%)</td>
</tr>
</tbody>
</table>

| AVERAGE INCOME | 14,125.21 | 15,530.245 | 16,250.245 | 28,000.39 | 17,045.71 |

In the modern world, income is regarded as the most popular measuring rod of one's status in society. The higher the income, the higher one's social status. Hence, in the present study, too, it was felt important to collect data regarding the selected beneficiaries' families'
incomes with a view to understanding their economic background/status. However, to obtain the precise figures of monthly/yearly incomes of the families of the respondents covered under the present study, proved to be an uphill task for the present researcher because the majority of the respondents provided only approximate figures.

The data reveal that, on an average, the majority of the beneficiaries are from relatively poorer sections of the society. Nearly half (45.15%) of them earn less than 10,000 rupees per year, while 34.85% of the families have incomes ranging between 10,000 and 20,000 rupees per annum. The data also indicates that nearly 35% of the families have annual income of over rupees 20,000. It is noted that the majority (68%) of the families of beneficiaries of IYISSS have an annual income of above 20,000 rupees. This is certainly clue to the nature of the activity in which they are involved—prostitution and this is very much determined by the occupation of the male respondents, truck drivers, who are highly and regularly paid.

Table 5.2.2

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>ASFEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSSI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joint:</td>
<td>28</td>
<td>(23.33%)</td>
<td>32</td>
<td>(32.00%)</td>
</tr>
<tr>
<td>2</td>
<td>Nuclear</td>
<td>91</td>
<td>(75.83%)</td>
<td>68</td>
<td>(68.00%)</td>
</tr>
<tr>
<td>3</td>
<td>Extended</td>
<td>1</td>
<td>(0.83%)</td>
<td>0</td>
<td>(0.00%)</td>
</tr>
<tr>
<td>4</td>
<td>Others</td>
<td>1</td>
<td>(0.83%)</td>
<td>0</td>
<td>(0.00%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>120</td>
<td>(100.0%)</td>
<td>100</td>
<td>(100.0%)</td>
</tr>
</tbody>
</table>

It is observed that, on an average, the majority of the beneficiaries belong to nuclear families (70.30%) whereas the rest are from joint, extended and other types of families.

Table 5.2.11

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>ASFEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSSI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-4</td>
<td>64</td>
<td>(53.33%)</td>
<td>49</td>
<td>(49.00%)</td>
</tr>
<tr>
<td>2</td>
<td>5-8</td>
<td>96</td>
<td>(45.83%)</td>
<td>47</td>
<td>(47.00%)</td>
</tr>
<tr>
<td>3</td>
<td>9-12</td>
<td>1</td>
<td>(0.83%)</td>
<td>2</td>
<td>(4.00%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120</td>
<td>(100.0%)</td>
<td>100</td>
<td>(100.0%)</td>
<td>60</td>
</tr>
</tbody>
</table>

Average Family size: 4.13

On an average, there are 0-4 members in the family of each of the respondents, who make about 52% of all the respondents.

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In Table 5.2.12, we observe that about half of the respondents (50.30%) spend below Rs. 10,000 per year; 31.82% of them spend between Rs. 10,001 and 20,000; 11.21% spend between 20,001 and 30,000 rupees, and only 6.66% spend above 30,001 rupees per annum. The gap between those who are well-off and those who are living hand to mouth is wide.

The data on this aspect (Table 5.2.14) shows that, on average per family, the number of dependents is higher than the number of earners—an indication that most of the families are struggling to live.

### Table 5.2.13

<table>
<thead>
<tr>
<th>No.</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below 10,000</td>
<td>58</td>
<td>55</td>
<td>53.33%</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>10,001-20,000</td>
<td>51</td>
<td>26</td>
<td>26.00%</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>20,001-30,000</td>
<td>5</td>
<td>11</td>
<td>11.00%</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>30,001-40,000</td>
<td>2</td>
<td>5</td>
<td>5.00%</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Above 40,000</td>
<td>0</td>
<td>3</td>
<td>3.00%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>120</td>
<td>100</td>
<td>100%</td>
<td>60</td>
</tr>
</tbody>
</table>

In Table 5.2.13 we observe that about half of the respondents (50.30%) spend below Rs. 10,000 per year; 31.82% of them spend between Rs. 10,000 and 20,000; 11.21% spend between 20,001 and 30,000 rupees, and, only 6.66% spend above 30,001 rupees per annum. The gap between those who are well-off and those who are living hand to mouth is wide.

The data on this aspect (Table 5.2.14) shows that, on average the majority (42.42%) of respondents became beneficiaries of their respective agencies between 1992 and 97. There could be a number of reasons for this. Influence of various factors, the number of dependents is higher than the number of earners—an indication that most of the families are struggling to live.
Table 5.2. 14

<table>
<thead>
<tr>
<th>YEAR OF BECOMING BENEFICIARY</th>
<th>ASSIFA</th>
<th>CWD CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986 - 1991</td>
<td>62 (51.67%)</td>
<td>26 (20.00%)</td>
<td>30 (23.33%)</td>
<td>6 (24.00%)</td>
</tr>
<tr>
<td>1992 - 1997</td>
<td>50 (41.67%)</td>
<td>53 (41.00%)</td>
<td>14 (11.33%)</td>
<td>23 (96.00%)</td>
</tr>
<tr>
<td>1998 ONSWARDS</td>
<td>8 (6.67%)</td>
<td>21 (16.00%)</td>
<td>7 (5.83%)</td>
<td>21 (82.00%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>50 (100.0%)</td>
</tr>
</tbody>
</table>

international, national, governmental and non-governmental efforts could one of the reasons.

Table 5.2. 15

<table>
<thead>
<tr>
<th>FACTORS FOR SELECTION AS BENEFICIARY</th>
<th>ASSIFA</th>
<th>CWD CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>1. Caste</td>
<td>3</td>
<td>117</td>
<td>6</td>
<td>94</td>
</tr>
<tr>
<td>2. Religion</td>
<td>1</td>
<td>119</td>
<td>7</td>
<td>93</td>
</tr>
<tr>
<td>3. Education</td>
<td>3</td>
<td>117</td>
<td>18</td>
<td>82</td>
</tr>
<tr>
<td>4. Occupation</td>
<td>109</td>
<td>11</td>
<td>74</td>
<td>26</td>
</tr>
<tr>
<td>5. Income</td>
<td>110</td>
<td>10</td>
<td>91</td>
<td>9</td>
</tr>
<tr>
<td>6. Family size</td>
<td>8</td>
<td>112</td>
<td>8</td>
<td>92</td>
</tr>
<tr>
<td>7. Sex</td>
<td>1</td>
<td>119</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>8. Age</td>
<td>10</td>
<td>110</td>
<td>100</td>
<td>1</td>
</tr>
</tbody>
</table>

The data shows that the main criteria used for the selection of beneficiaries were occupation, income and sex.

Table 5.2. 16

| DISTRIBUTION OF BENEFICIARIES ACCORDING TO THE MODE OF SELECTION |
|-------------------|--------|--------|--------|------|-------|
|                   | ASSIFA | CWD CENTEREDA | MSSS | TOTAL |
| Block Officials   | 2 (1.67%) | 0 (0.00%)  | 1 (1.67%) | 1 (2.00%) | 4 (1.21%) |
| Staff of the Agency | 18 (15.00%) | 89 (69.00%) | 8 (13.00%) | 32 (64.00%) | 127 (39.48%) |
| Sangam            | 98 (81.67%) | 19 (19.00%) | 51 (85.00%) | 8 (16.00%) | 176 (53.33%) |
| Others            | 2 (1.67%) | 12 (12.00%) | 0 (0.00%)  | 9 (18.00%)  | 23 (6.97%) |
| TOTAL             | 120 (100.0%) | 100 (100.0%) | 60 (100.0%) | 50 (100.0%) | 330 (100.0%) |
As per Table 5.2.16, the majority of the beneficiaries of ASSIF(S) (67%) and CentreREDA (85%) were selected through the group approach, using Sangarns, whereas the majority of the beneficiaries of CVVD (69%) and MSSS (66%) were selected by the staff of the agency concerned. Hence, it is inferred that the mode of selecting beneficiaries is not uniform but depends upon the nature of the beneficial programme of the VA.

**Table 5.2.17**

<table>
<thead>
<tr>
<th></th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faced</td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>5 (8.33%)</td>
<td>0 (0.00%)</td>
<td>225 (68.18%)</td>
</tr>
<tr>
<td>Not faced</td>
<td>0 (0.00%)</td>
<td>0 (0.00%)</td>
<td>55 (91.67%)</td>
<td>56 (100.0%)</td>
<td>105 (31.82%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>56 (100.0%)</td>
<td>330 (100.0%)</td>
</tr>
</tbody>
</table>

Data in Table 5.2.17 indicate that the majority of the VAs did not face any socio-political constraints while selecting their respective beneficiaries.

**Table 5.2.18**

<table>
<thead>
<tr>
<th></th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>88 (89.00%)</td>
<td>58 (96.67%)</td>
<td>50 (100.00%)</td>
<td>317 (96.06%)</td>
<td>453 (92.06%)</td>
</tr>
<tr>
<td>NO</td>
<td>11 (11.00%)</td>
<td>2 (3.33%)</td>
<td>0 (0.00%)</td>
<td>13 (3.94%)</td>
<td>25 (7.94%)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>120 (100.00%)</td>
<td>60 (100.00%)</td>
<td>50 (100.00%)</td>
<td>330 (100.00%)</td>
<td>500 (100.00%)</td>
</tr>
</tbody>
</table>

It is noted that an overwhelming majority of the respondents (96.06%) gave their consent the VAs concerned before they got selected as beneficiaries of their respective activities/programmes. The remaining (3.94%), indicate that the selection of the activity/programme for their benefit was not done according their own wish. It is slated that sometimes during the selection of beneficiaries and activities/programmes, some disagreement may erupt between the selector and the would-be-selected due to difference in object of the agency concerned and the would-be-beneficiary.
Table 5.2. 19

INTERFERENCE OF THE PRESENT PROGRAMME

<table>
<thead>
<tr>
<th>SI No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>14 (11.67%)</td>
<td>6 (5.00%)</td>
<td>52 (86.67%)</td>
<td>6 (12.00%)</td>
<td>78 (23.64%)</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>105 (88.33%)</td>
<td>94 (75.00%)</td>
<td>8 (13.33%)</td>
<td>44 (88.00%)</td>
<td>252 (76.36%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>50 (100.0%)</td>
<td>330 (100.0%)</td>
</tr>
</tbody>
</table>

Table 5.2. 19, shows that for the majority of the respondents (76.36%), the present programme for their benefit does not cause any interference in their previous/regular programmes/activities.

Table 5.2. 20

EXPERIENCE IN THE PRESENT ACTIVITY

<table>
<thead>
<tr>
<th>SI No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>47 (39.17%)</td>
<td>13 (10.00%)</td>
<td>14 (23.33%)</td>
<td>43 (86.00%)</td>
<td>117 (35.45%)</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>103 (80.83%)</td>
<td>87 (70.00%)</td>
<td>46 (76.67%)</td>
<td>7 (14.00%)</td>
<td>213 (64.55%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>50 (100.0%)</td>
<td>330 (100.0%)</td>
</tr>
</tbody>
</table>

All respondents were asked to state whether they had experience in the activities/programmes for their benefits. The majority of the ASSEFA (60.83%), CentrelLED (76.07%) and MSSS (86.3%), beneficiaries responded with a "yes". The results show that the majority of the beneficiaries (87%) have experience in their present programme.

Table 5.2. 21

OTHER PROGRAMS OF THE AGENCIES IN VILLAGES OF BENEFICIARIES

<table>
<thead>
<tr>
<th>SI No</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>109 (90.03%)</td>
<td>90 (90.00%)</td>
<td>53 (88.33%)</td>
<td>41 (82.00%)</td>
<td>293 (88.79%)</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>11 (9.17%)</td>
<td>10 (10.00%)</td>
<td>7 (11.67%)</td>
<td>9 (18.00%)</td>
<td>37 (11.21%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>120 (100.0%)</td>
<td>100 (100.0%)</td>
<td>60 (100.0%)</td>
<td>50 (100.0%)</td>
<td>330 (100.0%)</td>
</tr>
</tbody>
</table>

An inquiry was made on the implementation of activities/programs other than the present programmes for their benefits. The data reveal that the present programmes for their benefit
at one time or the other they have received financial, technical/professional, information or material/equipment support from their respective agencies in the course of implementing the programme for their benefit.

An inquiry was made into the problems which the respondents faced/are facing while implementing the programmes (Table 5.2.23). Numerous problems that they face came into limelight and they were recorded. Among the notable ones mentioned by the ASSLTA respondents are: poor prices for their produce, annual animal/crop diseases, and bad climatic conditions 25% of (W.D beneficiaries identified insufficient technical professional know-how on how to implement programme effectively. For Centre REDA, delay in receiving revolving Hinds from fellow Sangam members, lack of expected participation from the beneficiaries and the community as a whole, absence of team spirit between the beneficiaries and the agency, lack of effective communication system especially between the agencies and the leaders and the members of the sangams, poor prices for their produce, insufficient supply of equipment/facilities and animal/crop diseases were the major problems they faced /face. The beneficiaries of MSSS, identified lack of proper and expected participation of fellow beneficiaries and bad climatic conditions as the two most experienced problems.

It can be observed (Table 5.2.23) that the problems faced by the respective beneficiaries of each of the agencies covered under the present study are slightly different from each other, due to the nature of the activity undertaken.

### Table 5.2.22
**NATURE OF ASSISTANCE RECEIVED BY THE BENEFICIARIES FROM THE AGENCIES**

<table>
<thead>
<tr>
<th>ST No</th>
<th>Assistance</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Finance</td>
<td>120(20.00%)</td>
<td>100 (20.00%)</td>
<td>60 (20.00%)</td>
<td>50 (20.00%)</td>
<td>330 (20.00%)</td>
</tr>
<tr>
<td>2</td>
<td>Technical Professional</td>
<td>120 (20.00%)</td>
<td>100 (20.00%)</td>
<td>60 (20.00%)</td>
<td>50 (20.00%)</td>
<td>330 (20.00%)</td>
</tr>
<tr>
<td>3</td>
<td>Information</td>
<td>120 (20.00%)</td>
<td>100 (20.00%)</td>
<td>60 (20.00%)</td>
<td>50 (20.00%)</td>
<td>330 (20.00%)</td>
</tr>
<tr>
<td>4</td>
<td>Materials / Equipment Facilities</td>
<td>120 (20.00%)</td>
<td>100 (20.00%)</td>
<td>60 (20.00%)</td>
<td>50 (20.00%)</td>
<td>330 (20.00%)</td>
</tr>
<tr>
<td>5</td>
<td>All of the above</td>
<td>120 (20.00%)</td>
<td>100 (20.00%)</td>
<td>60 (20.00%)</td>
<td>50 (20.00%)</td>
<td>330 (20.00%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>600 (100.0%)</td>
<td>500 (100.0%)</td>
<td>300 (100.0%)</td>
<td>250 (100.0%)</td>
<td>1650 (100.0%)</td>
</tr>
</tbody>
</table>

All the beneficiaries of the VAs covered under the present study unanimously stated that,
Table 5.2: Problems Faced during the Implementation of the Programmes/Activities

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of desirable motivational methods from the staff of the Agency.</td>
<td>43</td>
<td>57</td>
<td>23</td>
<td>77</td>
<td>31.7%</td>
</tr>
<tr>
<td>Delay in receiving revolving fund and assistance from sangam members.</td>
<td>5</td>
<td>95</td>
<td>20</td>
<td>80</td>
<td>63.3%</td>
</tr>
<tr>
<td>Lack of proper and expected participation from fellow beneficiaries and</td>
<td>8</td>
<td>92</td>
<td>9</td>
<td>91</td>
<td>68.3%</td>
</tr>
<tr>
<td>the community as a whole.</td>
<td>82</td>
<td>16</td>
<td>41</td>
<td>83</td>
<td>57.6%</td>
</tr>
<tr>
<td>Absence of good team spirit among beneficiaries and the agency as a</td>
<td>2.5</td>
<td>97.5</td>
<td>18</td>
<td>82</td>
<td>93.3%</td>
</tr>
<tr>
<td>whole.</td>
<td>6</td>
<td>94</td>
<td>90</td>
<td>95</td>
<td>99.5%</td>
</tr>
<tr>
<td>Lack of effective communication system between the Agency and leaders</td>
<td>10</td>
<td>90</td>
<td>19</td>
<td>18</td>
<td>88.3%</td>
</tr>
<tr>
<td>and Members of your sangam.</td>
<td>10</td>
<td>90</td>
<td>31</td>
<td>83</td>
<td>52.4%</td>
</tr>
<tr>
<td>Lack of sound interpersonal relationship.</td>
<td>0</td>
<td>100</td>
<td>18</td>
<td>82</td>
<td>8.3%</td>
</tr>
<tr>
<td>Unable delegation of authority in the Agency and in the Sangam</td>
<td>2</td>
<td>98</td>
<td>24</td>
<td>76</td>
<td>11.7%</td>
</tr>
<tr>
<td>Insufficient technical professional know-how on how to implement</td>
<td>10</td>
<td>90</td>
<td>25</td>
<td>75</td>
<td>95.5%</td>
</tr>
<tr>
<td>programme effectively.</td>
<td>18</td>
<td>82</td>
<td>37</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Lack of proper means of transporting the produce to market.</td>
<td>7</td>
<td>93</td>
<td>21</td>
<td>79</td>
<td>15</td>
</tr>
<tr>
<td>Poor prices for the produce.</td>
<td>85</td>
<td>15</td>
<td>23</td>
<td>77</td>
<td>13.3%</td>
</tr>
<tr>
<td>Lack of sufficient supply of equipment/ facilities</td>
<td>21</td>
<td>78</td>
<td>15</td>
<td>85</td>
<td>91.7%</td>
</tr>
<tr>
<td>Annual /Crop Diseases</td>
<td>97</td>
<td>3</td>
<td>23</td>
<td>77</td>
<td>3.3%</td>
</tr>
<tr>
<td>Bad climatic conditions</td>
<td>79</td>
<td>20</td>
<td>19</td>
<td>89</td>
<td>18.3%</td>
</tr>
<tr>
<td>Corruption practices by staff of the Agency and Sangam leaders</td>
<td>8</td>
<td>92</td>
<td>24</td>
<td>76</td>
<td>10</td>
</tr>
<tr>
<td>Leadership Squabble in the sangam.</td>
<td>25</td>
<td>75</td>
<td>20</td>
<td>80</td>
<td>13.3%</td>
</tr>
<tr>
<td>Family interference with the income got from the implementation of the</td>
<td>25</td>
<td>75</td>
<td>23</td>
<td>77</td>
<td>11.7%</td>
</tr>
<tr>
<td>programme.</td>
<td>16</td>
<td>84</td>
<td>18.9%</td>
<td>81.1%</td>
<td></td>
</tr>
</tbody>
</table>

*Figures represent percentages

262
As regards the general opinion on the VAs functioning in the district, it is evident from
the data that the majority had a favourable opinion about their functioning, while nearly 10% of
the beneficiaries regarded them as weak and 14% did not know and the rest graded them to be
either strong or only partly weak.

As part of the study, the beneficiaries were asked to give their views on the impact of the
programmes of the agencies on their life (Table 5.2.26). The data from ASSEFA shows that
positive/significant changes have been observed in their occupation, income, investments, health status,
social status/prestige, savings, number of dependants and expenditure. The data, too, reveal that the
agency has not effected much change in the level of education and political status of the beneficiaries.

For CVVD, it is notable that the impact of the agency has been felt in the beneficiaries' income,
investments, health and sanitation, political status, social status, savings and in their expenditure. Also
observed is the fact that the agency has had less impact on the beneficiaries’ occupation, level of education and number of dependants.

**TABLE 5.2. 26**

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>ASSEFA IMPACT</th>
<th>CWD IMPACT</th>
<th>CENTEREDA IMPACT</th>
<th>MSSS IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Occupation</td>
<td>P</td>
<td>N</td>
<td>NC</td>
<td>P</td>
</tr>
<tr>
<td>2 Income</td>
<td>81</td>
<td>19</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>3 Investments</td>
<td>90</td>
<td>19</td>
<td>66</td>
<td>37</td>
</tr>
<tr>
<td>4 Level of Education</td>
<td>97</td>
<td>3</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>5 Health and sanitation</td>
<td>76</td>
<td>72</td>
<td>66</td>
<td>34</td>
</tr>
<tr>
<td>6 Political Status</td>
<td>99</td>
<td>1</td>
<td>93</td>
<td>7</td>
</tr>
<tr>
<td>7 Social Status/Prestige</td>
<td>98</td>
<td>2</td>
<td>77</td>
<td>23</td>
</tr>
<tr>
<td>8 Family size</td>
<td>95</td>
<td>30</td>
<td>22</td>
<td>78</td>
</tr>
<tr>
<td>10 Number of Dependents</td>
<td>72</td>
<td>28</td>
<td>84</td>
<td>16</td>
</tr>
</tbody>
</table>

* Figures represent percentages.

The impact of CcntrcREDA programmes has been revealed by the data on all the listed aspects except in areas of family size and number of dependants. Whereas for MSSS, the least impact is shown to be in the beneficiaries’ occupation, level of education, political status, family size and in the number of dependants.

In general, the observable fact is that the agencies have effected substantial change in their beneficiaries in all the aforementioned areas except in their level of education and family size.
The perception of the beneficiaries about the programmes of the agencies assumes a significant role not only for these agencies/programme planners and implementors but also for researchers and academics. Their opinion gives valuable insight into the implementational aspects of the programmes/activities and their utility. This can help to provide possible solutions to the shortcomings observed therein. Hence, the respondents were asked to give their views on what they felt were some of the benefits derived from the agencies under the present study by their own villages/blocks through the programmes of the agencies.

A glance at the table shows that, almost all of the villages/blocks of the selected beneficiaries, in one way or the other, have benefited from the agencies covered under the present study: improvement in status of women, unity/co-operation amongst various villages, better means of transport and communication, increase of income generating activities and availability of social amenities. Further, the respondents revealed that now there is a better
relationship between various government agencies and the people of the villages concerned than ever before.

Table 5.2. 28

SUGGESTIONS TO IMPROVE THE AGENCIES

<table>
<thead>
<tr>
<th>S.No</th>
<th>Suggestion</th>
<th>ASSEFA</th>
<th>YES</th>
<th>NO</th>
<th>CWD</th>
<th>YES</th>
<th>NO</th>
<th>CENTEREDA</th>
<th>YES</th>
<th>NO</th>
<th>MSSS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase the number of activities in areas</td>
<td>85</td>
<td>15</td>
<td>84</td>
<td>12</td>
<td>88</td>
<td>8</td>
<td>12</td>
<td>92</td>
<td>8</td>
<td>12</td>
<td>92</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>of operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Increase the strength of the staff</td>
<td>26</td>
<td>82</td>
<td>21</td>
<td>82</td>
<td>21</td>
<td>79</td>
<td>22</td>
<td>78</td>
<td>8</td>
<td>14</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Empower the women folk</td>
<td>86</td>
<td>4</td>
<td>88</td>
<td>12</td>
<td>100</td>
<td>1</td>
<td>78</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Improve the strategies used to mobilise the</td>
<td>71</td>
<td>29</td>
<td>91</td>
<td>87</td>
<td>9</td>
<td>87</td>
<td>13</td>
<td>90</td>
<td>10</td>
<td></td>
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<tr>
<td></td>
<td>public</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Form more women sangams</td>
<td>17</td>
<td>85</td>
<td>14</td>
<td>86</td>
<td>20</td>
<td>80</td>
<td>4</td>
<td>96</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Improve the administrative skills of the</td>
<td>11</td>
<td>82</td>
<td>21</td>
<td>79</td>
<td>22</td>
<td>78</td>
<td>14</td>
<td>86</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Figures represent percentages

An inquiry was made purposely to get the respondents' suggestions that can be taken by the VAs general and in particular the by VAs covered under the present study, so as to improve their functioning. An analysis of the data reveals that the majority of the respondents/beneficiaries identified the formation of more Sangams as a measure to improve the working of VAs in the district. Other measures pointed out are: empowerment of women, an increment of number of activities in the areas of operation, the agencies should improve the various strategies/modalities used to mobilise the public; increase the strength of the staff, and, the agencies should improve their administrative skills,
A question was posed to the respondents: "What factors/causes do you think have led to the birth/emergence of VAs in the district?". Numerous causes of the emergence of VAs in the district came to light. Women's participation in the development programmes in the district was stated by the majority of the respondents, followed by Government's stand in its development programme to reach all sections of the society, especially, the womenfolk. An increasing number of young, educated and dedicated workers entering Voluntary Service; increase in educational awareness amongst the womenfolk; poor standard of living of the majority in the district; alarming incidents of atrocities committed against the womenfolk by the men folk were some other causes mentioned.

The opinion of the respondents (Table 5.2. 30) on reasons for the proliferation of VAs in the district was sought. As the data indicates, the majority of the respondents pointed out the factors given below: availability of Donor Agencies (88%); poor health status of the people in general and women and children in particular; role played by female activitists in the district; and, increase in number of professional volunteers.
The respondents were asked to give their views on the major goals of VAs working in the district. They all overwhelmingly agreed that the VAs should ensure women's education, women's economic independence, women's participation in community development programmes, women's health awareness, and women's development. Such response could be due to the fact that today women's empowerment has become a global issue, which has attracted the attention of all.

The necessity for leadership stems from the fact that each organisation or group has needs or goals which must be met. In this case a leader is one who is given the role of executing policies and decisions of an organisation towards its specified goals. He

Table 5.2. 30

<table>
<thead>
<tr>
<th>REASONS FOR PROLIFERATION OF VAs IN DINDIGUL DISTRICT</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>REASONS</td>
<td>ORDER ON PRIORITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Availability of donor (sponsoring) agencies</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>2 Increase in professional volunteers</td>
<td>5</td>
<td>3</td>
<td>61</td>
<td>31</td>
</tr>
<tr>
<td>3 Poor health status of the people in general women and children in particular</td>
<td>77</td>
<td>11</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>4 Role played by female activists in the district</td>
<td>7</td>
<td>80</td>
<td>6</td>
<td>27</td>
</tr>
</tbody>
</table>

* Figures represent percentages.

Table 5.2. 31

<table>
<thead>
<tr>
<th>OPINION ON MAJOR GOALS FOR VAs ON WOMEN'S DEVELOPMENT</th>
<th>ASSEFA</th>
<th>CWD</th>
<th>CENTEREDA</th>
<th>MSSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAJOR GOALS</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>1 Women's education</td>
<td>88</td>
<td>12</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>2 Economic independence</td>
<td>95</td>
<td>5</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>3 Women's participation in all community programmes/activities</td>
<td>63</td>
<td>37</td>
<td>81</td>
<td>19</td>
</tr>
<tr>
<td>4 Health awareness programmes for all</td>
<td>65</td>
<td>35</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>5 Women empowerment</td>
<td>87</td>
<td>13</td>
<td>44</td>
<td>56</td>
</tr>
</tbody>
</table>

* Figures represent percentages.

The respondents were asked to give their views on the major goals of VAs working in the district. They all overwhelmingly agreed that the VAs should ensure women's education, women's economic independence, women's participation in community development programmes, women's health awareness, and women's development. Such response could be due to the fact that today women's empowerment has become a global issue, which has attracted the attention of all.

The necessity for leadership stems from the fact that each organisation or group has needs or goals which must be met. In this case a leader is one who is given the role of executing policies and decisions of an organisation towards its specified goals. He
should have the ability to control, initiate or set the pattern of behaviour for others. In fact, no institution or even a family can possibly function without a leader. Where leadership is bad the organisation fails to achieve its aims. Where the leadership is good the organisation succeeds in achieving its aims.

The nature and quality of leadership depends on the style of the leadership and the organisation's expectations of the people's behaviour. If an organisation expects to produce autocratic behaviour among its people, the leader will lead autocratically. If the organisation expects its people to show personal initiative and does not need to control their activities, the leader may apply laissez faire style. If the organisation emphasises team spirit, the leader may apply a democratic style of leadership.

However, most of the organisations do not have a specific style of leadership in mind. They leave it to the individual leaders. The style will depend on the values the leader attaches to the task at hand, the people under him and his own security (MY WO 1983: 3).

The respondents were asked to state on priority the essential qualities that they felt VA leaders should possess in order to provide effective leadership to the voluntary action movement in the district. The data shows that Human Understanding, Sympathetic Approach, Sound Relationship and Encouraging Nature were the qualities identified by the majority of respondents in that order.

### Table 5.2.32

**ESSENTIAL QUALITIES VA LEADERS SHOULD POSSESS**

<table>
<thead>
<tr>
<th>QUALITIES</th>
<th>ORDER ON PRIORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Human understanding</td>
<td>I  92, II 81, III 49, IV 38,</td>
</tr>
<tr>
<td>2 Sound Relationship</td>
<td>6, 12, 69, 13, 4, 10, 27, 59, 2, 3, 88, 7, 2, 4, 72, 22,</td>
</tr>
<tr>
<td>3 Encouraging nature</td>
<td>3, 4, 15, 78, 3, 5, 27, 65, 5, 12, 2, 81, 10, 6, 18, 66,</td>
</tr>
<tr>
<td>4 Sympathetic approach</td>
<td>5, 14, 73, 8, 36, 49, 6, 9, 2, 65, 18, 15, 14, 78, 4, 4,</td>
</tr>
</tbody>
</table>

*Figures represent percentages.*
5.4 CASE STUDIES
ASSEFA-CASE STUDIES

CASE I

Pandiammal, aged 38, comes from a village in Sendurai region. She had no permanent source of income till 1997. Fortunately enough for her during that year she met one of the staff members of ASSEFA, who informed her of the milch animal scheme which the agency was offering exclusively to woman members. She immediately asked him what she was expected to do in order to avail herself of that scheme. He asked her to get registered with her village Sangam. Soon after, she managed to get a milch animal from ASSEFA. "Within a period of 10 months, I was able to repay the loan, total cost of the animal. This made me qualify for another milch animal. Now in total I have four milch animals, the two got directly from ASSEFA and their calves, which soon shall also start to give milk. Economically, I am somewhat independent now. The health status of my family at least has improved. My family uses part of the milk we get from the milch animals. I am grateful to ASSEFA."

CASE 2

"I am K. Alagammal, a resident of Sirugudi. I am a widow with four young children. My husband passed away last year. My family is poor. For a long time, my late husband and myself worked as agriculture coolies in a farm near our village. Whatever we used to earn as our daily wages was too meagre to enable my family to meet our immediate basic needs. In the beginning of 1998, some of the women of my village approached me and discussed ASSEFA and its various programmes, the Dairy Development in particular, meant for women's development in the area. They then informed me that if I was interested I could get registered as a member of our village sangam. In the middle of that year I managed to acquire a milch animal from the Agency. Within the same year the animal gave birth to a female calf. For the last, one and half years I have been selling at least 10 litres of milk daily. The income got from it has enabled me to cater to my children's education: books, fees and clothes. More importantly sufficient food is now available for our entire family. I am grateful to ASSEFA."
CASE 3

"I am a divorced mother of two sons. My husband kicked me out of their family due to the fact that I was not able to clear the dowry that has been promised to them by my family within the stipulated period agreed upon. I was educated up to school level. For quite some time I toed to look for any job to enable me to get some money to use in taking care of my two sons and old parents. However, I was not able to get one. One fine evening a friend of mine dropped in at home. In the course of our discussion on various aspects of our life, she realised that I was economically crippled. She then mentioned the name ASSEFA and its various programmes for enhancing the position of women in the area. She asked me to visit the Agency’s branch office at Sethur. The next morning I visited the office. The officer in charge explained to me what I was expected to do so as to avail myself of the dairy development programme. I immediately got registered with our village Sangam and, within a couple of months, I was able to get a milch animal from ASSEFA. From December 1999, I have been selling at least 15 litters of milk daily. The income from the sale has improved my own health, my sons’ and my parents’ as well. Items such as clothes and food are no longer a problem for our family. I express my gratitude to ASSEFA."

CASE 4

"I am Devi from Sathambadi. I am a mother of five. I became a beneficiary of ASSEFA for the first time in 1990. I got my bore well deepened in 1991. In 1997, I was able to acquire one milch animal from ASSEFA, which has really proved to be a blessing to my family and me. The quality and quantity of its milk are high. Moreover the health of the animal is taken care of by the veterinary doctors of the Agency, who visit the village regularly. I thank ASSEFA."

CASES

'I am Muthulaskmi from Sathambadi village. I am unmarried and educated up to school level. After having observed the activities/programmes of ASSEFA for a long time in our village, I decided to get registered as a member of our village Sangam. I qualified for a milch animal last year, 2000. I am happy that, now, I have two milch animals in my own name. The
income from the milk has enabled me to be economically independent and it has wiped out our family’s dependence on moneylenders for our survival. Long Live ASSEFA."

CentreREOA-CASE STUDIES

CASK 1

"I am G. Sivagami, a member of Alampatti Mahalir Mandram. I am 27 years old, a Hindu, unmarried and school educated. I work as an agricultural coolie in some agriculture farm in this area. My monthly income is 1,300. I am from a family of five, in which three of our members have no source of income and depend on my meagre income and that of one more member of my family, who gets about Rs, 250 from his petty trade in the nearby village. The family has no other assets. Luckily enough for me, in 1997, I became a member of the village Sangam. Soon after, I started receiving the revolving fund of the group, which has improved my family’s economic situation to a large extent. We are now able not only to meet our daily food requirements but also obtain other basic necessities of life.

CASE 2

The 35 year old, Sittamal, is a member of Annai Indira Ninaivu Aadi-Diravidar Mahalir Manndal. She belongs to the Backward Community. She is married and works as an agriculture coolie, with an income of 250 rupees per month. She is school educated and comes from a family of six with four dependants. The family has no other property apart from an old house in which they are living. She became a member of the Sangam in 1998. Since then, she says, "I have gained a lot from the activities of the Sangam. The whole village now respects us women, for we are to take care of our families in terms of food items, clothes, and taking our children to schools." The unity of our group has come as a result of the support and co-ordination received from CentreREDA, particularly through our Revolving Fund Programme.

CASE 3

Nallaponnu, 50 years old, belongs to the MBC. She is married and illiterate. She is a member of Goundanappati Mahalir Mandram and works as an agricultural coolie earning 300 rupees monthly. She has four members to feed and no other source of income. For a long tune
her life and that of her family were in the hands of the notorious moneylenders in her village. In 1987 she became the Sangam which was involved in the Revolving Fund Programme. In the beginning, the members were few in number and the amount to be revolved was also small. However, with the moral and financial support of Centre REDA, the number and the amount looked to start swelling. Today, she claims, “Our Sangam is stronger than ever before. The members are financially more sound and there is every possible co-operation amongst our families, our village, our neighbouring villages and ourselves too. All these have been possible due to the support received by us from Centre REDA”.

CASE 4

A thirty-five-year-old Keralite lady was kidnapped from her native state, Kerala, by some youth of Tamil Nadu and brought to Tamil Nadu. They molested, raped and threatened to kill her. She was later admitted to some hospital. The matter was reported to the Kerala Police who informed the parents of the victim. In the course of the police investigation, it was found that one of the youth who had been involved in this incident was from Nilakkottai Block, working area of Centre REDA. When the issue came to the attention of the villagers, the youth concerned started threatening his fellow villagers. Again, the matter was brought to the attention of Centre REDA, who, without any hesitation came to the help of the villagers, by reporting it to the police, seeking their assistance. The police arrested the youth and charges were framed against him.

CASE 5

An eighteen-year-old girl from Sakaayanaickanur village of Nilakkottai Block was raped by a group of youth from another village, Pallapatty. They then sold her as a prostitute. The matter was reported to the police who seemed to be in no hurry in looking into the matter. Centre REDA took up the issue and asked the people of the area to come to a common place from where they could express their grievance. A one-day fast and road roko were arranged for. The people demanded the District Collector to come to the village concerned. As a result of public demand, the District Collector came and promised to take action against the culprits. The
girl was later found and handed over to the village and the victims arrested. To CentreRF.D/Vs knowledge, the police officers concerned indirectly supported the youth, for, later on, they relumed to the village and started threatening the villagers and other Government officers in the village. The culprits have a strong support from local political leaders, who belong to sonic powerful political party.

CWI)–CASE STUDIES

CASE 1

Mrs. Soundaram, Balwadi Teacher, Pudukalanjipatti said, "we had to walk for at least one mile to bring drinking water. We had to approach private wells. Many times they will not allow us. Now you have helped us by providing a borewell in the village itself. Now there is no more drinking water scarcity. Besides, the sanitary latrines which you assisted us to construct at homes have improved our hygiene and environment in general"

CASE 2

Mrs. Visalakshi, Secretary, Vanmagal Mahalir Mandram, Arasappillaipatti, said, "Because of huge population in our village there was a scarcity of water. Lack of toilet facility, too, worsened the health condition our village. Now through your assistance we have been able to get three bore wells and a number of sanitary latrines in our village"

CASES

Mrs. Sivaganam, Secretary Ponmagal Mahalir Mandra Arangu, said, "We used to go to the opposite village for getting water. The people of two villages i.e. K.G.Pudur and K.Athikombai used one pump. Now in our village itself your have provided us a bore well So we need not wait for a long time. Whenever we want we can get the water from the borewell. In addition, the availability of toilet facility at own homes has saved us from many dangers like snakes, health risks, diseases, public embarrassment".

CASE 4

Mrs. Karpagam, Secretary, Women's Sangam, Kappiliapatti Colony, said, "There was no source of water in our colony of a population of 1000 people. We used to go the nearby
villages for fetching water. Now by your assistance you have saved us as a God by providing us a new bore well. Availability of toilet facilities in our village has improved our hygiene and the environment as well".

CASES

Mr. Arumugam, president, Boothipuram Colony expressed his views. "We had only one pipe That too was under repair. We faced great difficulties in getting water from the main village. We should thank Water-Aid and CWD for restoring our borewell by providing us a new HP set. That aside, the construction of toilet facilities in our homes has been a great blessing to our village".

CASS:- 6

Mrs. Meenakshi of Idayapatti Colony happily said: "The new bore well constructed by CWD is essential to us. It has enabled us to have a kitchen garden which not only helps us to maintain a good environment but also serves as an income generating activity. Since we use the vegetables and fruits from the garden, this also has improved our health. The saniarv latrines constructed through your assistance in our homes has made our homes and surroundings a better environment."

MSSS-CASE STUDIES

CASE 1

MaclhuraiVeeran, aged 34, was a financier at Palani town where he lived with his wife and his three year old son. Five years ago, he visited Bombay for his official work. While there he happened to have sexual intercourse with some commercial sex workers (CSWs). As a result, he was infected by an unknown STD and hence, started faking self medication but the disease did not get cured. He came back to Palani where again he continued visiting CSWs. He got married four years ago. Even then he never stopped having regular sex with the sex workers. Unfortunately his wife was infected by a severe STD. Once he went to the Government Hospital for treatment. The general doctor referred him to the STD clinic. In the counselling centre, the counsellor of MSSS came to know of his case history. She requested him to bring his wife too
for treatment. However, both never got completely cured of the disease. The staff often visited his family and motivated them to take treatment at the Government Hospital.

In the meantime he had weight loss symptom and was affected by severe TB & STD. The doctor advised him to take a HIV test. The test confirmed that he was HIV positive. He was admitted at the hospital and got discharged. Later on, he died at his home. His body was packed by the MSSS stall; who also participated in the funeral. At present Ins wire is taking treatment. The MSSS counsellors and the staff often visit her and give emotional support to her.

CASE 2

Sekar, aged 29, was a worker in a local photo studio and he lived with his wife and two children aged 4 and 2. When his wife was in the late stage of her first pregnancy, she went to her mother's home for delivery. During her absence, he had sexual contact with some commercial sex workers and got infected by an STD. However, he did not consult a qualified doctor for his STD. He took self medication and the STD was not cured. After a long time, he visited a qualified doctor but did not take complete treatment as advised by the doctor. Soon after his wife arrived from her home and after their sexual intercourse, she too was infected with STD. However, both never took proper medical treatment. During his wife's second pregnancy, they were severely infected by an STD and the doctor advised them to give their blood sample for testing for HIV. Both were found to be HIV positive. The results were given to Sekar. However, he hid them, not even telling his wife or other family members, the truth of the matter. She gave birth to her second child. This time Sekar was suffering from severe TB and the doctor referred them to MSSS. The counsellor counselled Sekar and his wife. The staff gave nursing care to Sekar. He was then advised to use condoms while having sexual intercourse with his wife. After four months of intensive care, Sekar expired. MSSS gave their emotional support to his family and all the staff attended his funeral ceremony. At present, the agency is taking care of Sekar's wife. Her second child has also been found infected by HIV. Their family members and the community surrounding them, too, are giving full support to Sekar's wife and her children.
CASE 3

Shenbagam is a mother of two. She and her family live in a crowded tenement in one of Palani’s numerous slums. Her husband, Muthu, works as an autorickshaw driver.

After suffering frequently from genital irritation and discharge, she learnt from one of the MSSS’ animators that she is having STD. She has also learnt much about HIV/AIDS and now knows that she is extremely vulnerable to infection because of her husband’s sexual behaviour.

Shenbagam feels that she must have got the STD from her husband, who spends a lot of money on sex with different women every month. She also knows that he makes extra money through booking clients for commercial sex workers. However, she is unable to argue with him about these matters.

Fearing that Muthu would suspect her of having an affair with someone else, Shenbagam did not dare tell him that she was suffering from an STD. However, she decided to get treatment without his knowledge, at the Society’s clinic, where the nurse also supplied her with condoms.

When Shenbagam first showed Muthu a condom and told him how it could protect them both from HIV/AIDS, he beat her up. Shenbagam informed an animator from the Society about the problem. The animator then arranged for a slide show on HIV/AIDS for the men in the neighborhood and requested Muthu to attend it.

The slide show was followed by a discussion, which made Muthu examine his own sexual behavior. He now discusses HIV/AIDS with his friends and has begun to use condoms whenever he visits commercial sex workers. “It took a while to convince him”, says Shenbagam. "but things have changed for the better”.

CASE 4

Senthil Kumar, aged 29 was working in a wet grinder company at Madurai and he married Suganthi, aged 18 near Palani. Before his marriage, he used to visit commercial sex workers for sexual intercourse together with his friends. He was often infected by STD and got treatment from quack doctors. After his marriage, he discontinued his contacts with commercial sex workers. Suganthi gave birth to a female child who is now three years old.
Sometime ago, Senhil had continuous diarrhoea and therefore visited a doctor at Palani for treatment. He narrated to the doctor part of his history before his marriage. Hence, he was advised to test his blood to know his sero status. He was found to be HIV- and then the doctor asked him to bring Suganthi. Suganthi and her child were also tested. Suganthi was HIV positive while her child was found to be HIV negative. Immediately, Suganthi's parents separated the couple. Senthil Kumar was admitted at Madras Government Hospital. Suganthi was brought to MSSS for counselling. The Staff counselled Suganthi and gave her support. They also met her parents and discussed various issues about their daughter and son-in-law's separation. Then they agreed to allow Suganthi to meet her husband. Suganthi was very much willing to work in the present project and she was appointed as field staff in the project. Her husband returned to Palani and is working in a mechanic shop. Both of them are being provided with counselling and care. Suganthi is in good health and she is working in the present project dedicatedly.

RKFI-REFERENCES