Development is the movement of the whole system upwards (Myrdal, 1971). But till now development planning both in theory and practice is so closely tied to economics that its social and spatial dimensions continue to remain neglected while these dimensions influence very much the transformational trajectory in developing countries (Mishra, 1983). This exclusive emphasis on economic growth has created a situation where whatever growth does occur is cornered by those who need it least. Moreover, it has diverted the resources to sectors which are least accessible to the poor and needy due to which our nation having moderate G.D.P. and per capita income has not been able to meet the basic needs of the common regions and the common people.

Thus it is clear that economic growth without social development is possible only at the cost of common man’s values. Therefore, the development planning process of developing countries should be so articulated that it does not only promote economic growth, but also social development and can help to distribute the benefits of the development as equitably as possible.

Social development can be defined as the optimum utilization of qualities and resources of the people and of the country for the balanced development of the people and of the
country. It can be achieved by providing the appropriate social infrastructures that will progressively be instrumental in creating opportunities for all inhabitants on an equitable basis for their self realization at appropriate locations. The important social infrastructures are the facilities of education, medical, communication, drinking water and housing etc.. Since these infrastructural facilities are provided through different institutions, therefore, social development is also being called as synonymous to institutional development which refers to the process of institutional change to bring about a better fit between human needs, social policies and programmes.

Therefore, a frontal attack on poverty and provision for the improvement in the quality of life by ensuring the accessibility of basic services and other inputs to the common man on a continuous and sustained basis must be the major concerns of the development planning in developing countries. For the purpose, the economic and social planning must go side by side and which should get what degree of importance must be dictated by the specificities of the situations but the two must remain integrated.

A model of social inputs has been provided by the UNICEF and the components included in it are called ‘WHENEERS’ denoting -

W- Water for drinking and house hold use,
H- Health care, preventive, promotive as well as curative,
E- Education, pre-primary and primary as well as out of school education for children and women,
N- Nutrition, adequate for growth play and work,
E- Economic activities especially for women,
E- Environmental sanitation including low cost drainage, latrines,
R- Recreation especially for children,
S- Shelter for healthy living.

These components are related to basic needs and considered as social inputs. However, their focus is on children and women who constitute the target group of UNICEF. The provision for social infrastructures have also been made in fulfilling the basic minimum needs of the people in different countries.

International Labour Organization (ILO, 1976) is of the view that meeting the basic needs means to cover a family’s minimum requirements in terms of nutrition, housing, clothing etc. and its access to vital services such as provision of water, sanitary installations, transport, health and educational facilities. Besides, an adequately remunerated job for every person capable and willing to work and the people’s participation in decision-making processes are also under the purview of the basic needs.

Thus, it is obvious that social facilities are the controlling factor for rural development. All the socio-economic, cultural and political activities are almost entirely depend on these aspects and the strategies of integrated rural development rest upon the provision of social facilities. These facilities further stimulate the development process and make rural life more easy and comfortable and improves the quality of human life. But these facilities and services become effective and fruitful to the common man of rural areas only when they are distributed equitably over the space in a rational manner and working satisfactorily. Therefore, an attempt has been made, here to evaluate the
adequacy/inadequacy of these vital elements and on the basis of which a comprehensive plan for their future development in study area has been prepared. Keeping in view -(a) the distance minimization and equitable and justified distribution of social facilities (b) reduction of population pressure per social facility (c) qualitative improvement in the working of the facilities (d) active people’s participation for the development of the area.

4.1 EDUCATION

Education is both a contributor to the development and a product of development. There is a causal relationship between education and rural development. In this respect fig. 4.1 seems to be a causal model on education and integrated rural development setting out the input and the output and the independent and dependent variables (of quality of life) mediated by intervening variables. In reality all the variables are interdependent. For example, income may lead to education, while education in turn may lead to further income and further education. Thus the paradigm is essentially circular and confounding and it will suffice to clarify concepts and understand the interrelationship among concepts translated into variables (Qadir, 1985). The educational field has widened in recent years to include a variety of learning opportunities outside the school system. The best known attempt to structure this diversified field is that of Ahamad (1973).

The categories proposed by them are—

(i) Formal education;
(ii) Non-formal education;
A PARADIGM FOR THE RESEARCH ON EDUCATION & INTEGRATED RURAL DEVELOPMENT

CONTEXT

NEEDS AS PERCEIVED BY THE COMMUNITY AS WELL AS PLANNERS AND ADMINISTRATORS

INDEPENDENT VARIABLES (INPUTS)

- PRODUCTION
- INFRASTRUCTURE
- EDUCATION
- FORMAL
- NON-FORMAL
- HEALTH
- etc.

INTERVENING VARIABLES

- FREE FLOW OF
- INFORMATION
- PARTICIPATION
- INFORMAL EDUCATION
- INTEGRATION
- etc.

DEPENDENT VARIABLES (OUTPUTS)

- INCOME
- MEANING OF BASIC NEEDS
- EQUALIZATION
- ASSETS & SECURITY
- LITERACY LEVELS
- QUALITY OF LIFE
- etc.

SOURCE: S. A. QUADIR & M. BALAGHATULLAH

FIG. 4.1
(iii) Informal education.

Formal education refers the highly institutionalized, chronologically graded and hierarchically structured system of education leading from the primary to the tertiary level. Non formal education refers to any other organized, systematic educational activity which provides learning to particular sub groups of the population. For instance Adult Literary Programmes, Occupational Skill Training, Farmer’s Extension Programmes, Instruction in Family Planning Methods and many others. The informal education refers to the life long process by which every person acquires and accumulates knowledge, skills, attitudes and insights from daily living experiences at home, at the work place or in social interaction (Berstecher, 1985).

4.1.1 FORMAL EDUCATION :

The formal education is one of the most significant of basic ingredients which are required for cultural, political, scientific and technological advancement and it should be taken into consideration as a basic factor in any socio-economic planning. It is significant escalator of socio-economic status of any region or country.

Table 4.1 Literacy (in per cent), 1981

<table>
<thead>
<tr>
<th>DEVELOPMENT BLOCKS</th>
<th>Katra Bazar</th>
<th>Haldhar Mau</th>
<th>Colonel Ganj</th>
<th>Paraspur</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person</td>
<td>12.55</td>
<td>17.24</td>
<td>12.70</td>
<td>18.37</td>
<td>15.31</td>
</tr>
<tr>
<td>Male</td>
<td>21.15</td>
<td>29.14</td>
<td>21.04</td>
<td>31.04</td>
<td>25.65</td>
</tr>
<tr>
<td>Female</td>
<td>2.23</td>
<td>4.30</td>
<td>3.02</td>
<td>4.74</td>
<td>3.64</td>
</tr>
</tbody>
</table>

Table 4.1 shows that only 15.31 per cent population is literate in the study area. The literacy percentage among men and women are 25.65 and 3.64 respectively which are eye witnesses of the backwardness of the Tahsil. The network of the education facility in the study area is very poor. Table 4.2 shows that there are 328 Primary Schools, 51 Junior High Schools, 7 High Schools and 4 Intermediate Colleges in the study area.

Table 4.2 Existing educational facilities, 1987-88

<table>
<thead>
<tr>
<th>Institutions</th>
<th>Classes</th>
<th>Students enrolled</th>
<th>Settlem. No. of Units</th>
<th>Density Per100, Per lakh sq.kms. persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pri. school</td>
<td>i-v</td>
<td>31756</td>
<td>293</td>
<td>328</td>
</tr>
<tr>
<td>J.H.S.</td>
<td>vi-viii</td>
<td>12576</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>ix-x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3785</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Intermediate</td>
<td>xi-xii</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source :- Offices of Basic Shiksha Adhikari and District Inspector of Schools, Gonda and field survey.

Table 4.2 further illustrates that the density of educational institutions is very low in the Tahsil. The distance in the case of Primary Schools should not be more than 1 Km. because the tiny-tots (innocent babies) can not cover a distance more than 1 Km.. Again from the point of view of Junior High School education, the institution should be within a range of 3 Kms.. Table 4.3 indicates that sufficient number of the villages of the study area are beyond the optimum range of the location of these facilities.

Table 4.3 further indicates that 293 revenue villages have the facility of Primary Schools. Its spatial analysis shows that 81.13 per cent revenue villages of the study area
fall within the range of 1 Kms. of this facility, 7.75 per cent
villages between 1 to 3 Kms. 7.25 per cent villages between 3
to 5 Kms. and 3.88 per cent villages fall beyond the range of 5
Kms. of this facility (table 4.3).

Table 4.3 Availability of Primary and Junior High Schools
on the basis of distance

<table>
<thead>
<tr>
<th>Development Blocks</th>
<th>Settlements with Functions</th>
<th>Within 1 to 3 Kms.</th>
<th>3 to 5 Kms.</th>
<th>Above 5 Kms.</th>
<th>Total No.of Vill.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A- Primary Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Katra Bazar</td>
<td>67</td>
<td>5</td>
<td>22</td>
<td>4</td>
<td>98</td>
</tr>
<tr>
<td>Haldhar Mau</td>
<td>62</td>
<td>5</td>
<td>4</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Colonel Ganj</td>
<td>75</td>
<td>10</td>
<td>3</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Paras Pur</td>
<td>89</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Tahsil</td>
<td>293</td>
<td>21</td>
<td>30</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td>Per Cent</td>
<td>75.70</td>
<td>5.43</td>
<td>7.75</td>
<td>7.24</td>
<td>3.88</td>
</tr>
<tr>
<td>B- Junior High Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Katra Bazar</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>18</td>
<td>65</td>
</tr>
<tr>
<td>Haldhar Mau</td>
<td>11</td>
<td>6</td>
<td>19</td>
<td>33</td>
<td>21</td>
</tr>
<tr>
<td>Colonel Ganj</td>
<td>13</td>
<td>5</td>
<td>33</td>
<td>29</td>
<td>28</td>
</tr>
<tr>
<td>Paras Pur</td>
<td>15</td>
<td>3</td>
<td>18</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>Total Tahsil</td>
<td>47</td>
<td>16</td>
<td>75</td>
<td>109</td>
<td>140</td>
</tr>
<tr>
<td>Per Cent</td>
<td>12.14</td>
<td>4.13</td>
<td>19.38</td>
<td>28.16</td>
<td>36.19</td>
</tr>
</tbody>
</table>

Source:-
Sankhayakiya Patrika, District Gonda, 1988, and field survey.

47 villages have the facility of Junior High Schools in
the region of which spatial distribution is also not even. That
is why only 35 per cent villages settlements fall within the
optimum range of 3 Kms. of the location of Junior High Schools
(table 4.3 & fig. 4.2 A).

There are only 7 High Schools and 4 Intermediate Colleges
in the study region. The distribution of these educational
institutions is also not even.

DEVELOPMENT PROPOSALS:

Keeping in view the proposed distances for different educational facilities (for primary school-1 Km., J.H.S.- 3 Kms., H.S. & Intermediate - 8 Kms. and Others 15 Kms.) and accessibility of the study region, the following recommendations are being made for the provision of adequate educational facilities in the study area (fig. 4.2 A).

1. The facility of Primary Schools should be provided to all the villages having the population of 200 and above upto 1994-95 and to all the villages upto 1999-2000. Further the facilities of additional Primary Schools should be provided to the villages having more than 15 hamlets upto 1994-95 and to the village having more than 10 hamlets upto 1999-2000. The number of such villages are respectively 142 and 66 in study region.

2. All the central villages should be provided with the facility of Junior High Schools upto 1994-95 and of High Schools upto 1999-2000. Further the facility of Junior High Schools should also be provided to the villages having the population more than 1000 upto 1999-2000. More than 100 villages fall under this category in the Tahsil.

3. All the proposed service points and two central villages, viz, Deharas and Pure Tiwari should be provided with the facility of High School upto 1994-95. These High Schools should be upgraded into Intermediate Colleges upto 1999-2000. Further all the villages having the population more than 2000 should also be provided with the facility of High Schools upto 1999-2000. The number of such villages are 37 in the Tahsil.

4. The facility of Intermediate College should be provided at Balpur, Dubaha Bazar, Bhauri Ganj and Mangura Bazar and of Girl’s Intermediate College at Colonel Ganj, Katra Bazar, Paras Pur and Bhanbhauwa upto 1994-95. Further Girl’s Intermediate Colleges should be established at all the service points upto 1999-2000.


6. Women Craft Schools should be established at Colonel Ganj, Katra Bazar and Paras Pur upto 1994-95 and at all service

7- To train the younger generation in the different trades and crafts, Industrial Training Institutions should be established at Colonel Ganj upto 1994-95 and at Katra Bazar and Paras Pur upto 1999-2000. A Polytechnic should be established at Colonel Ganj upto 1999-2000.


For qualitative improvement in educational pattern, the practice of punctuality (in teacher, taught and guardians), posting of capable teachers, student discipline, careful management and close supervision are necessary. Further appropriate teacher-taught ratio is also necessary in order to uplift the educational standard of the area.

4.1.2 NON FORMAL EDUCATION:

The adult literacy programme is under practice in study area but during the field survey it was observed that this programme is running on papers only. In practical this scheme is nothing to do with rural people. Although it is a good scheme and may be of very much use for illiterate villagers but at present it requires reformulation, careful management and close supervision. As the success of the development programmes depends upon the capacity of the residents of the area to receive, analyse and accept the innovations. Therefore, this will be possible only when the residents of the area will be aware of the fact and will be open to outward environment and the formulators and implementors of the programme will devote themselves whole heartedly.

Hence, first of all, the rural community must be trained for the purpose and their active participation in different
programmes must be sought and then non formal and informal education for different vocations for which the local resources are available, should be started.

Therefore, it is being proposed to start training camps at all the central villages upto 1991-92 and then start non formal and informal education centres at all the villages upto 1994-95.

4.2 MEDICAL AND HEALTH:

Maintenance of the community in good health is an essential responsibility of the Government and the Society. Since human resources can not be assessed in terms of money, their proper upkeep is a must so that they can contribute their maximum to the national development (D.R.I., 1980). Inspite of its acute necessity, the uneven distribution of health facilities in the country is really playing havoc with health and life of the people. It has been proved now that the provision of sufficient medical and health services is an item of best investment. There is now a growing realization of the fact that there exist a cause and effect relationship between health and development (Sharma, 1983). Health is a human condition which can not be delivered only by health care systems. No lasting improvements can be achieved through development of medical services alone unless its justified location and distribution is not ensured. It is therefore, a political question and sufficient provision and satisfactory working of health services in rural areas will be possible only through fundamental changes in the viewponit of the political leaders and the administrators as well (Gupta, 1981). The World
Health Organization has introduced a concept of the health as complete physical, mental and social well-being and not merely the absence of disease or infirmity. It states that in this process many have come to realize that the indicators of good health are also the indicators of balanced development. Health development as such is now being seen as a viable strategy for development planning to pursue as part of the efforts to improve the quality of life of all people (Study Group Report, 1981).

The efforts made by UNICEF and ILO in propagating basic services and basic needs approaches have reinforced the concept of health as an entry point for all development activities to be planned and organized by the community (Sharma, 1983). In fact, good health and good societies go together.

The above discussion shows that there is a very high correlation between health and development (social and economic both). It is seen in Kerala where the health status of the people is far better than that of Rajasthan and Uttar Pradesh because of a wider spread of education, greater social equality and deeper political awakening. The converse is also true that improvement in health status does lead to economic development. For instance where a disease was endemic in a given area (for example, Malaria in Tarai Region) its eradication leads to a rapid development of the entire tract. Similarly, general health improvement has tended to increase worker’s productivity and thus contributed to economic growth (Sharma, 1983). Similarly, improved health status is also found to contribute to upward mobility and ultimately to reduction of social
inequalities (Health For All, 1981).

The foregoing discussion reveals that health is one of the foremost basic needs in the components of basic human necessities. Accordingly, it is also obvious that health can not be provided but has to be attained by individuals and communities. However, such a conceptual framework raises the question of responsibilities of health and other sectors vis-a-vis society as a whole. The role of various sectors in the health or health related activities poses problems dependent with intersectoral articulation which in simple term mean the definition of role and activities of various sectors as well as development of mechanism for co-ordination of such activities to take care of multi-factorial aetiology of health problems and (fig 4.3 A & 4.3 B) multi-sectorial attack links. This pinpoints the need for evolving a comprehensive national health policy which should clearly spell out the roles and responsibilities of various agencies in government and also the individuals and communities.

Thus, it is clear that health and hygiene are very broader terms and they include the disease-free and well-balanced mental and bodily setting.

The study region is marked for its dampness leading to Malaria, Goitre and other such diseases. During the field survey, it has been observed that due to the lack of the availability of modern medical and health facilities the people of the study region still practice in old and crude methods of surgery and medicines and also follow the effectiveness of Tantras and Mantras (spells and incantations). Table 4.4 shows
A

ILL HEALTH — VICIOUS CIRCLE

LOW LEVEL OF HEALTH → LOW PRODUCTIVITY → LOW INCOME

→ LOW NUTRITION

→ LACK OF INVOLVEMENT OF COMMUNITY IN MANAGING HEALTH SERVICES

→ INEFFICIENT HEALTH SERVICES & THEIR POOR UTILISATION

→ UNSAFE DRINKING WATER & ENVIRONMENTAL HAZARDS

→ LACK OF HEALTH CONSCIOUSNESS

→ HIGH PRICE MEDICINES

B

OBJECTIVE STRUCTURE FOR HEALTH PLANNING

IMPROVED HEALTH STATUS → INCREASED PRODUCTION → INCREASED INCOME

→ CONTROL OF COMMUNICABLE DISEASES

→ SELF RELIANT COMMUNITY IN BASIC HEALTH SERVICES

→ BETTER NUTRITIONAL STATUS

→ EFFECTIVE HEALTH DELIVERY SYSTEM

→ INCREASED HEALTH CONSCIOUSNESS

→ SAFE DRINKING WATER AND HEALTHY ENVIRONMENT

→ IMPROVED SUPPLY & QUALITY OF DRUGS

FIG. 4.3

SOURCE:— AFTER SHARMA & SHAH (88)
that medical and health services are provided through Dispensaries, Primary Health Centres and Hospitals in the study region.

Table 4.4: Existing medical and health facilities, 1987-88

<table>
<thead>
<tr>
<th>Facilities</th>
<th>No. of units</th>
<th>Density Per 100 sq. Kms.</th>
<th>Density Per lac persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.C.H./F.W.</td>
<td>32</td>
<td>3.13</td>
<td>7.33</td>
</tr>
<tr>
<td>Dispensary</td>
<td>10</td>
<td>0.98</td>
<td>2.29</td>
</tr>
<tr>
<td>P.H.C.</td>
<td>4</td>
<td>0.39</td>
<td>0.92</td>
</tr>
<tr>
<td>Hospital</td>
<td>2</td>
<td>0.20</td>
<td>0.46</td>
</tr>
<tr>
<td>Doctors</td>
<td>20</td>
<td>1.96</td>
<td>4.58</td>
</tr>
<tr>
<td>Beds</td>
<td>127</td>
<td>12.44</td>
<td>29.10</td>
</tr>
</tbody>
</table>

Source: Office of the chief medical officer, Gonda and field survey.

Although there are 32 M.C.H./F.W. centres in the study region but during the field survey it has been observed that these centres are running only on papers and they are no-where in actual existence. There are 10 dispensaries and 4 Primary Health Centres working in the study area (fig.4.2 B). The Primary Health Centers are located at Colonel Ganj, Katra Bazar, Haldhar Mau and Paras Pur. There are 2 Hospitals of which one is upgraded P.H.C. of 30 beds located at Colonel Ganj and the other is Missionary Hospital located at Shanti Nagar (Katra Bazar). The number of medical officers operating in the study region is 20 (including Ayurvedic) and other trained doctors is approximately 15 in the Tahsil.

The existing health and medical facilities are very limited and are inadequate in the region. During the field survey it has been observed that the working conditions of the medical institutions are very dissatisfactory. The attitudes of the medical personnel in general and of doctors in particular
do not suit with the very spirit of the patients. The corrupt practices and negligence of the medical practitioners, some time create very dangerous situations. Therefore, an qualitative improvement is also essential in medical services.

DEVELOPMENT PROPOSALS

The recommendations regarding expansion and qualitative improvements in health and medical facilities in study area have been made keeping in view the standard norms, requirements of the people of the study region and the following facts

1- Regional epidemiological profiles should form the basis for formulating and planning micro level (block/village cluster) strategies and programmes and for its effective implementation (Seminar, 1989).

2- Critical and reliable impact indicators relating particularly to infant mortality rate (I.M.R.) and maternal mortality rate (M.M.R.) should be developed.

3- The health care delivery system should primarily recognise and cater to the felt needs of the community rather than be guided by the perceived needs.

Therefore, in the light of abovementioned observations the following proposals are being made

1- The facility of dispensaries should be provided to all the central villages up to 1994-95 and the dispensaries located at some central villages (fig. 4.2 B) must be equipped within the same limit of time with necessary additional facilities.

2- The Facilities of P.H.C.s. should be provided to all the service points up to 1994-95 and facility of additional P.H.C.s. should be provided to all the villages having population more than 2000 (1981) upto 1999-2000. There are 21 such villages in the study area. These villages are Changeri (2033), Basant Pur Ata (2036), Raja Pur (2050), Raksaria (2173), Kondru (2191), Bhadaiya (2259), Birwa (2300), Madhai Pur Kurmi (2354), Belmatthar (2394), Nandpur (2548), Madhai Pur Khanderai (2575), Chand Pur (2576), Selhari (2578), Narayan Pur Manjha (2588), Ashok Pur (2643), Kauraha Jagdish Pur (2808), Rama Pur (2890), Charsari (2911), Parsa Sonari (2953), Bhonka (3269) and Bangaon (3222) etc.

4- The number of doctors and beds should be increased upto the requirements of the study area.

5- Daies (Trained women personnel at lowest level) should be appointed at every village upto 1994-95.

6- The Primary Health Centres should be vested with more fiscal and decision making powers and sufficient resources as they have to make a perceptible impact on the rural health scenario.

7- The vacant staff positions need to be filled up immediately and more staff assigned to field and clinical jobs. Undue emphasis on target orientation and achievement should be avoided.

8- The medical officers and supervisors should transcend beyond the syndrome of instruction and effectively guide, motivate and monitor the progress of the work.

9- The programmes of induction and in service training of all categories of personnel should be strengthened, periodically reviewed and conducted regularly.

10- Rural health budgets are very low, hence financial allocations should be increased substantially.

11- All the medical personnel must be instructed to practise punctuality and avoid corrupt practices. They must be encouraged with the motto that "service to ailing humanity is the service to God".

12- The personnel adopting corrupt practices must be penalised without any delay.

4.3 COMMUNICATION AND MASS MEDIA

It is well known fact that postal and communicational facilities are important components of social and economic development. The adequate communication support is essential for the success of social development programme and it must start with the people who are to carry the programme out and it must be included in total planning process from the outset. There should, therefore, be sufficient financial allocations
for communication support in any plan or project it-self right from the conceptual stage. The neglect of the above factor may sometimes lead to the failure of programme going into the wrong direction by not reaching to the right type of beneficiaries or the beneficiaries not utilising the various inputs for the purpose they are meant (Sharma, 1983). Further participatory social planning needs powerful communication support to ensure that the target groups participate fully in social development and for this a clear demarcation of audiences and specific messages needed for them is necessary (p.352). Schvann Wilbur (1967) says that really in basic strategies of development, communication is not merely communication strategy at all but it is economic and political strategy also and it is grounded deep in the nature of a society. How fast we do want to go is an economic and political decision that determines the purposes for which communication will be used at a given time and how fast communication it self must be developed to help do the job. What ideology do we want to develop into is a politico-economic question, that must be answered by the leaders, a question that will determine much of the content of communication, the proportion of persuasion as opposed to control to be expected, and the extent to which the people will be helping to make rather than merely putting into effect a plan of change (p.27).

As already mentioned the existing postal and communicational services are not satisfactory in the region.

Table 4.5 shows that there are 63 branch post offices, 7 sub post offices, 2 post and telegraph office and 2 telephone
exchanges in the study area. The density of postal service units per 100 sq. Kms. and per lac persons are 6.1, 0.69, 0.20, 0.20 and 14.44, 1.60, 0.92 and 0.92 respectively (table 4.5).

Table 4.5 Existing Postal Services in the Study Area, 1987-88.

<table>
<thead>
<tr>
<th>Facilities</th>
<th>No. of Units</th>
<th>Density Per 100 sq.Kms.</th>
<th>Density Per lac persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch Post Office</td>
<td>63</td>
<td>6.17</td>
<td>14.44</td>
</tr>
<tr>
<td>Sub Post Office</td>
<td>7</td>
<td>0.69</td>
<td>1.60</td>
</tr>
<tr>
<td>Post &amp; Telegraph Office</td>
<td>2</td>
<td>0.20</td>
<td>0.92</td>
</tr>
<tr>
<td>Telephone Exchange</td>
<td>2</td>
<td>0.20</td>
<td>0.92</td>
</tr>
</tbody>
</table>

Source: Office of the Superintendent of Post Offices, Gonda.

The foregoing discussion reveals that the communication and mass media facilities are inadequate in the study area. Therefore, there is an urgent need of expansion in these facilities. The following recommendations will be helpful to the people of the area for the sufficient provision of communication and mass media facilities:

1- A head post and telegraph office should be established at Colonel Ganj.

2- Post and telegraph offices should be established at every service centres of the study region (fig. 4.6).

3- Sub post offices should be opened at all service points up to 1999-2000.

4- All the central villages should be provided with the facility of branch post offices upto 1994-95.

5- A television relay tower should be constructed at Colonel Ganj.

6- Newspaper, Radio and television clubs should be opened at all central villages in study area.

7- Vigyan-kendras should be established at all service points.

8- The village fairs and festivals should be managed in rural areas as a forum for dissemination of information and knowledge about the development of the rural areas.
9- Folk and local entertainment methods, drama and other methods like puppet shows and documentary pictures should also be disseminated in the region for healthy entertainment and scientific upliftment of the people. Cinema hall facility should be provided at Colonel Ganj upto 1994-95 and at Paras Pur and Katra Bazar upto 1999-2000.

10-The involvement of functional elites along with use of other media is also an important communication approach (Sharma, 1983).

Such efforts, of course, depend heavily on careful attention for ensuring cultural compatibility and acceptability. The material must be addressed to the felt needs of the audience, must be presented in a way that engenders credibility on their part, must reflect care in use of language, idiom, style of communication and attention to structural features of the audience, to the history of similar innovative attempts and to the ability of the population to absorb innovation. But whatever media are used, full provision must be made for producing the material by the appropriate specialists and it should not be left to be produced out of the over all budget (Crawford, 1974).

4.4 PROVISION OF SAFE DRINKING WATER

Provision of safe drinking water should obviously form an integral part of the social input programme. All efforts to improve health and nutritional status of the people particularly of the children would not produce any result if safe drinking water is not made available. It has roughly been estimated that one out of every four patients suffer because of polluted water (Sharma, 1983).

Due to such importance of safe drinking water it has been given high priority at the national level. In Fifth Five Year
Plan (1974-79) it was included as one of the important component of Minimum Need Programme (M.N.P.). The villages which did not have the facility of safe drinking water within a depth of 50 feet or within a distance of 1.5 Kms, and were either endemic to Cholera or infested with Guinea Worm and where water was unsafe due to excessive Chloride, Fluoride or Iron, have been categorised as the problem villages and being provided with safe drinking water.

Recently, the provision of safe drinking water has been given priority at international level also by observing "International Sanitation and Safe Drinking Water Decade" during 1981-90. In this regard national drinking water mission, a Government of India Programme has been launched under the Ministry of Rural Development for efficient co-ordination at national and international level. The aim of this mission is to improve the status of drinking water supply particularly in rural areas in adequate quantity and in improved quality.

During the field survey, it has been found that the provision of safe drinking water in the study area is not adequate and due to which the people of the area are suffering from various water borne diseases. Approximately 50 per cent of the diseases in rural areas are in some way or the other related with quality or quantity of water. These diseases are sometimes generated due to biological contamination and sometimes due to presence of important elements in excess quantity like toxic metal, non-metal, chloride and fluoride nitrate etc. Common water borne diseases of the region are Goitre, Diarrhoea, Dysentery, Gastro-enteritis, Cholera, Jaundice
and Worm infection etc..

4.4.1 DRINKING WATER SOURCES

The main sources of drinking water in the study area are wells, handpumps and rivers. During the field survey it has been observed that the condition of drinking water is poor in study region. Dug-wells are the oldest man-made drinking water source and are still very common in the study area. But many of them are not well constructed and maintained in ideal conditions. They provide unsafe or infested quality of water. The water of such open wells are contaminated very easily with run off of water and rain water from their surroundings.

The installation of handpumps since last two decades is becoming popular in the area. As the handpumps draw water from the first layer or aquifer which is to some extent polluted but in many ways that water is comparatively pure and safe than open well water.

Recently, government has started the installing of India Mark 2nd handpumps in rural areas with improved technology for providing sufficient water for masses. The facility of tap water is available only at tahsil head quarter i.e. at Colonel Ganj in the study area.

DEVELOPMENT PROPOSALS

The awareness for sanitation, safety and hygiene in relation to cleanliness of drinking water should be disseminated in people because sometimes we contaminate and/or recontaminate
the water during transport, storage or handling which was previously not contaminated or less contaminated.

There should be regular disinfection practice of well water after examining it in P.H.Cs.

Deen Dayal Research Institute (1980) has suggested following steps to maintain the sanitary quality of the wells which suit with the very spirit of the study area.

1- Parapet :-

There should be a parapet above the well upto a height of atleast 70 to 75 cms. above the ground.

2- Platform :-

There should be a cement/concrete platform around the well extending atleast 1 metre in all directions. The platform should have a gentle slope outwards.

3- Covering :-

The top of the well should be covered with a cement/concrete cover.

4- Handpups :-

The well should be equipped with one or more handpumps for lifting the water.

Besides, the villagers shall be encouraged to practise strict cleanliness in the vicinity of the well, washing of cloths and animals etc. should be prohibited. The Institute has introduced the following formula for chlorination of well water:-
a- Find the volume of water in a well by the following formula:

\[ \text{Volume in liters} = \left(3.1 \times D^2 \times H\right) \times 1000 / 4 \]

Where, \( D \) = Diameter of the well;
\( H \) = Depth of the water column.

b- Find the amount of bleaching powder required for disinfection, roughly, 2.5 gms. of good quality of bleaching powder would be required to 1000 litres of water.

Besides, the following steps are also necessary for the purpose:

1- Health education campaigns should be organised at all the central villages at regular intervals.

2- India Mark 2nd handpumps should be installed after every 50 persons at focal points in all the villages.

3- The "Village Pradhans" should be made responsible directly for the maintenance of all public wells and handpumps. For convenience, a maintenance committee comprising of ambitious and energetic persons can also be formed for the purpose.

4- The water supply through over head tanks must be ensured to all service points upto 1994-95 and to all central villages upto 1999-2000.

The adoption of these suggestions will certainly improve the quality and quantity of drinking water and will create a healthy rural atmosphere in the study area.
4.5 PROVISION OF RURAL HOUSING

Even though the majority of our population lives in rural areas, village housing has been one of the most neglected aspect of national planning. The construction of house is not keeping pace with the growth of population in villages (Sharma, 1983). The total number of inhabited villages and rural houses in the district and the tahsil are 2814, 387, 492460 and 69729 respectively in which 535183 and 83921 families are dwelling respectively (Census-1981).

The foregoing discussion reveals that the number of houses in relation to the number of families is very low. During the field survey it has been observed that about 85 per cent houses of the study region are built up of mud. Most of them have thatched roofs with a combination of wood, bamboo and grassess and rest of them have tiles. The condition of these houses are poor and miserable. The unplanned location of houses in the villages, narrow muddy lanes and paths, improper arrangements of ventilation, improper methods of drainage disposal and disposal of human excreta and absence of electricity are the main shortcomings of rural housing system in the study region. Further, occurrence of floods, generally every year in the southern part (Tarhar Tract) of the region damage the houses at large and increase the housing problem of the villagers. Due to this miserable condition of rural housing, it has been now accepted as one of the important component of the Minimum Needs Programme.

Therefore, for general repairs and improvement in lanes, paths, lighting and ventilation of existing houses and
improvement in general layout pattern of housing and settlement patterns, the following measures should be adopted —

1- The timely repairing of the houses should be encouraged and water and heat resistant mortar for plastering should be introduced.

2- The villagers should be advised for making sufficient provision of windows for light and cross ventilation and wide lanes and paths for general purposes.

3- The height of the walls must be kept high and roofing should be done with rain and heat resistant roofing materials.

4- There must be general provision for smokeless kitchens.

5- The scientific drainage pattern should be adopted in all the villages.

6- Rural poor must be provided with specific financial and technical assistances for building their own houses. For the purpose technical support can be sought from Rural Research Wing of National Building Organisation, Roorkee.

7- Improvement in layout of the existing villages by marginal adjustment in existing houses for widening and straightening the existing roads and paths and for suitable drainage system and sanitary fittings is necessary.

8- Soling of village lanes, paths and construction of all weather access roads should be done in all the villages as soon as possible.

9- Unfertile land should be allotted for future expansion of housing system in the villages.

4.6 UPLIFTMENT OF THE WEAKER SECTIONS

The study area is one of the most backward regions of Uttar Pradesh wherein a large number of population (approximately 70 per cent) lives below poverty line. During the field survey it was observed that most of the agricultural labourers belong to a particular section of the society i.e. Scheduled Castes. The total number of Scheduled Caste population in the region is 62649 which is 14.35 per cent of the total population of the study area. Rural artisans also
work as agricultural labourers in the study region for their livelihood when they are out of job.

This is an eloquent testimony of the awareness of the depressed characteristics of rural life in Colonel Ganj Tahsil, which is the late starter on the path of economic and social development.

Therefore, the following recommendations are being made to raise the standard of living of the weaker sections at par with the middle class sections of the society, if not at pace with the well to do sections of the society.

4.6.1 DEVELOPMENT SCHEMES FOR THE SCHEDULED CASTE

Although, our Government is doing much for the welfare and upliftment of Scheduled castes and Scheduled Tribes but it could not create any satisfactory result due to fallacy of planning. At present so many schemes like self employment scheme, shop construction scheme and free boring schemes are running for the upliftment of Scheduled castes and Scheduled Tribes in the area. But during the field survey it has been observed that these schemes are failed to achieve the desired results because there are so many hinderances in the execution of these schemes. Therefore, special attention should be given in order to improve the socio-economic conditions of Scheduled caste in the study area. The rich persons of the society are availing most of the facilities on the names of Scheduled Castes with help of shallow leadership and corrupt administration.

Therefore, it is necessary to execute such plans in their true sense which can raise the standard of living of
these people.

4.6.2 DEVELOPMENT SCHEMES FOR THE UPLIFTMENT OF THE POOR FAMILIES OF OTHER CASTES

Various measures should be adopted for the upliftment of the poor families of the other castes also because Integrated Development Programme aims for balanced economic development with social justic and environmental quality.

4.6.3 SPECIAL ATTENTION FOR UPLIFTMENT OF RURAL ARTISANS

Most of the rural artisans belong to Scheduled and Backward castes and are leading very miserable life and have become statue of ignorance and pity. These rural artisans, to a great extent, are landless, homeless and money-less and it is because of modern scientific technological and industrial advancement. The main observatioins during the field survey regarding rural artisans of the tahsil are as below –

a- Most of the rural artisans are illiterate.

b- Modern scientific industrialization and technological advancements have destroyed their traditional vocations.

c- The traditional occupations are tiny in nature and require relatively low money investment for their maintenance.

Thus, the rural artisans are engaged in their outdated traditional vocations and are totally deprived of their proper employment and lagged behind in reaping the benefits of development; because of so many factors like lack of, money, proper training, raw materials, market facilities, obsolete technology or non availability of improved tools in the region. Keeping in view the miserable conditions of the rural artisans i.e. Carpenters, Black smiths, Potters, Cobblers, Shoe makers, Basket makers and stone, sculptors etc., the following
suggestions are being made to raise their standard of living in
the study area.

1- The arrangements of proper training on stipend basis should
be made for these persons.

2- Improved tools and equipments should be provided to these
rural artisans at reasonable prices.

3- Financial assistances should be given to these persons so
that they can run their vocations in regular way without any
hinderance.

4- Technical/industrial extension workers should be appointed
at central village level so that these rural artisans could
get proper guidance and suggestions for running their
trades.

5- The marketing facilities should be provided within easy
reach for the collection of raw materials and also for
supplying their finished goods.

6- Demonstration camps should be organised at central village
level.

7- Expert artisans must be encouraged by awarding the prizes.

The establishment of rural marketing and exchange centres
at every central village will be helpful in uplifting the
socio-economic conditions of the rural artisans in study area.
In the last, it is necessary to pen out that proper educatinal
facilities should be provided to their children so that their
coming generation could do something for their own sake and for
the country.
REFERENCES


Deen Dayal Research Institute, New Delhi, 1980 : Indicative Development Plan; Gainsari Block, District Gonda Uttar Pradesh.

De, N.K. and A.K. Bera, 1984 : Approaches to IRD, Abstract of Papers, National Seminar on IRD, held at the University of Allahabad on March 3 & 4, p.31.


Schramm, Wilbur 1967 : Communication and Change in Deniel Lerner and Wilbur Schramm (ed.) Communication and Change in the Developing Countries, Honolulu: East-West Centre Press, p.27.
