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Combating Kala-azar

It is imperative to find innovative methods to strongly combat the scourge of Kala-azar afflicting thousands of poor households in the Santhal Parganas region in Jharkhand

Soumik Banerjee

Mistry Marandi will not be able to transplant paddy this year as his son Sib Marandi has to be treated for Kala-azar at the district hospital for a month. He looks at his paddy nursery with despair as he ties a small bundle of essentials to take with him to the district hospital.

Time is ticking away for Sib Marandi, who is suffering with a fatal resistant form of Kala-azar. In the past one year he has received four times the dose of SSG (sodium stibogluconate) injections, the standard first line treatment for Kala-azar, without a respite. The most prominent thing in his body is his huge belly that seems to make everything else irrelevant. When you touch his protruding belly you find a huge organ covering most part of his left abdomen. It is nothing but the abnormally enlarged spleen.

It is a miracle that he is still alive. As I write, he is lying on bed number 17 at the district hospital in Godda district of Jharkhand, about to be administered the second-line drug that might be his last hope.

Black Fever

Kala-azar is the mogul period vernacular name of *Visceral Leishmaniasis*, a disease that is fatal if not treated in time. It afflicts more than 5,00,000 people annually across 69 countries. The population at risk comprises more than 350 million souls, 90% of which are in the four countries of Bangladesh, India, Nepal and Sudan.

Kala-azar is mainly a rural disease in tropical and subtropical areas. In South Asia, it is endemic in India, Bangladesh and Nepal. According to World Health Organization (WHO), about 147 million people in these three countries are at risk of Kala-azar. Estimates indicate that about 1,00,000 cases are reported every year from the region.

Nearly 4,00,000 Disability Adjusted Life Years (DALYs) are lost annually due to Kala-azar. DALY is a composite indicator of the burden of disease that reflects the total amount of healthy life lost to all causes, whether from premature mortality or from some degree of disability during a period of illness. The economic burden of the disease in the affected areas of the region is much larger though precise estimates are not available.

According to National Vector Borne Disease Control Programme (NVDCP) of the Union Ministry of Health and Family Welfare, there were 22,699 cases of Kala-azar in 2004, out of which 2,298 (about 10%) cases were found in Godda district of Jharkhand, which tops the list in India. In India, Kala-azar is prevalent in four states: Bihar, Jharkhand (only Santhal Parganas), Uttar Pradesh and West Bengal.

The National Health Policy 2002 envisages eliminating Kala-azar by 2010, zero deaths by 2004, zero incidences by 2007, and no PKDL (post-kala-azar *dermal leishmaniasis*) by 2010. It also provides for post elimination surveillance, decentralised surveillance and diagnostic and treatment policies, and

networking and community education. The plan takes into consideration the inadequacies in the states and provides 100% central support and has been looking at viable public-private partnerships to further its objectives. A total allocation of US$ 133 million (approximately Rs 620 crore) has been made for 2004-2012.

History

Kala-azar has been occurring in India in epidemic and sporadic form over the past centuries. The first recorded epidemic was in 1824-25 in Jessore (now in Bangladesh), where it led to the death of 7,50,000 people in three years. Kala-azar is a communicable disease and apparently spreads through traffic routes.

A few years after it was initially detected, the disease had expanded it reach rapidly by roads and waterways through the entire Ganga plain, leaving death and destruction in its wake. A British civil surgeon working in India in the 1870s wrote of villages "in which not a healthy person was to be met with, while repeated relapses of fever, daily deaths, loss of their children, increasing depopulation of their villages and the absence of hope for better times, has so demoralised the population that they neglected to avail themselves of medical and other aid, unless brought actually to their homes".

The disease also appeared in Assam, carried by British steamers plying the Ganga and Brahmaputra rivers. Kala-azar ravaged the region, and for the next 25 years it killed almost a fourth of the population in some parts. With what author Robert S Desowitz calls a 'remarkable epidemiological insight', the people of Assam called the new infection *sarkari bemari* (government illness), since they associated it with British presence and the changes they brought to the country. With the extension of the disease from Assam to Tamil Nadu, Kala-azar established permanent residency in the subcontinent.

In 1904, the organisms responsible for the disease were recognised as being protozoan in nature and were given the name 'Leishman-Donovan bodies' and received the taxonomic designation of *Leishmania donovani*, after he British pathologist William Boog Leishman, who in 1903 wrote about the protozoa that causes kala-azar and the researcher C Donovan, who made the same discovery independently the same year.

Major John Sinton, a renowned specialist on malaria, became intrigued by Kala-azar. Working at the Central Research Institute's Medical Entomology Section at Kasauli, Himachal Pradesh, Sinton published a series of papers in 1924 and 1925 proposing the theory that the sand fly was the vector (the carrier) of the Kala-azar parasite, *Leishmania donovani*. Sinton thought that once infected in a person, the sand fly passes the infectious agent to other persons in whom the protozoa will set up residence and cause the disease.

Final Proof

An Indian physician, C S Swaminath, provided that final proof. Working with Henry Edward Shortt, a professor at the University of London's School of Hygiene and Tropical Medicine, he obtained the collaboration of six volunteers from the hill district of Assam and placed infected flies on them. Three of the volunteers contracted the disease. The finding confirmed that the disease is transmitted from person to person using the sand fly *Phlebotomus argentipes* as the vector of

Leishmania donovani and that this infectious agent was responsible for Kala-azar. This was a significant moment in the history of the disease.

It was discovered in the 1940s that using DDT (dichlorodiphenyl trichloroethylene) to combat malaria had an unsuspected effect. DDT was not only able to kill the anopheline mosquito that was a vector for the most common types of malaria but was also able to act against the sand fly vector of Kala-azar.

DDT was more effective against the sand fly than against the anopheline vectors of malaria. The explanation for this difference is that sand flies (which actually do not fly but just hop from place to place) sit on the walls longer and at lower heights than the anopheline mosquito, and can thus be more easily reached by the sprayed DDT.

The DDT used in India by the National Malaria Eradication Programme in the 1940s ravaged the sand fly population and interrupted the transmission of Kala-azar. By the mid-1950s, no new cases of Kala-azar were being recorded and in the mid-1960s, Kala-azar became an almost forgotten disease in the country. However, when the national anti-malaria campaign was interrupted in India, Kala-azar reappeared in 1970 in a village of Vaishali district in Bihar and since then has continued its resurgence.

Epidemiology

The disease is concentrated in the alluvial plains of Ganga and Brahmaputra rivers, particularly in lower Bengal. In India the human–human transmission is through the bite of an infected female sand fly (*Phlebotomus spp*). These are 1.5–4 mm (usually 1/3 to ¼ the size of a mosquito) long light yellow-grey flies. The flies are not capable of long distance flight. It is usually in the form of short erratic hops in which the fly covers a distance of about half a metre. The most favoured resting sites include soil cracks and crevices, burrows, tree holes, caves, bird tunnels, earthen mounds, under stones and foliage, etc. It is especially found in cattle sheds. It favours dark and damp places where the microclimate humidity is high. They leave these shelters at dusk and are active during the night.

The disease is associated with warm and wet climate (temperature 7.2 to 37 degree Celsius, rainfall 1,250 mm and relative humidity of 70%) having alluvial soil, high sub-soil water, and abundant vegetation and at altitudes less than 600 m. These factors favour the *Phlebotomus argentipes* vector.

Symptoms

The incubation period of Kala-azar ranges from 10 days to 2 years. The disease characterised by slow onset, low-grade irregular fever of long duration, enlargement of the spleen and liver, anaemia, progressive emaciation and development of a strange earthy-greasy, dusky pigmentation of skin, giving the disease its name. The skin often becomes dark and the hair dry and brittle. If not treated, the disease is fatal. Recovery after treatment may be complete with rapid regression of fever and swelling of liver and spleen.

However, in many cases the parasites are not completely eliminated and may cause recrudescence in skin in the form of white patches and nodules, giving rise to what is called Post Kala-azar *Dermal Leishmaniasis* (PKDL). This commences 1-2 years after the apparent cure of Kala-azar. At this stage

the parasite are numerous in the lesion as well as in skin.

This stage is particularly important in the spread of the disease as skin lesions are teeming with parasites and thus, in literally every successful landing of the vector, it carries the parasite while having its blood meal. Thus PKDL acts as the human reservoir for the spread of the disease. Unless such cases are identified and treated, Kala-azar can never be eliminated. The symptoms are further complicated by co-existence of Malaria, PKDL and TB in the same patient.

Diagnosis

In endemic areas, Kala-azar is defined as a patient with fever of more than 2 weeks and not responding to anti-malarial and antibiotics and with enlargement of spleen. However, a number of common diseases have similar clinical features such as chronic malaria, typhoid, TB, cirrhosis of liver, etc. In view of a number of diseases presenting similar clinical symptoms, confirmatory diagnosis is extremely important. The important diagnostic tools widely used are provided in box 1.

The diagnosis is pretty tricky as presently in most places (including primary health centres), only the Aldehyde test is carried out. Although it is the cheapest and easiest test to administer, it gives only a very rough idea of the disease due to its very low sensitivity. The bone marrow test requires qualified medical personnel in an institutional set-up and is thus ruled out as a grassroots diagnostic technique.

In the Direct Agglutination Test, blood from a finger prick is required to be absorbed on a filter paper, dried, labelled and sent to Kolkata for diagnosis. The rapid tests can be conducted in villages with immediate results. However, due to presence of recombinant antigens, which are temperature sensitive, there are many false results, due to which the cost of the tests are high at Rs 125 per test. The costs of these rapid tests range from Rs 250 to Rs 300 in private pathological labs in Godda.

The other problem is in diagnosis recrudescence (a new outbreak after a period of abatement or inactivity) and confirming completion of treatment. Since the serological tests depend on the presence of anti-Kala-azar antibodies produced by blood in response to Kala-azar infection, they continue to remain positive from 6 months to 2 years due to circulating antibodies. Thus parasitolgical tests of bone marrow remains the only tool to understand recrudescence, re-infection and to confirm completion of treatment.

Box 1: Diagnostic Tools to Detect Kala-azar

Tool	Type	Sensitivity	Specificity
Bone Marrow Aspiration	Parasitological	75%	100%
Direct Agglutination Test	Serological	100%	100%
rK 39/rKE16 Rapid Tests	Serological	86%	82%
Napier's Aldehyde Test	Serological	40%	NA

Source: World Health Organization

Though NVDCP mission talks of early diagnosis and prompt treatment (EDPT), it simply fails in case of Kala-azar because the most common test employed (Aldehyde Test) does not become positive before 2-3 months of disease incidence. Thus, in case of Kala-azar, we are running 2-3 months behind increasing suffering, spread of disease as well as huge economic losses. There are also errors made in interpretation of test results, resulting in loss of precious time.

PKDL cases create further complications, since there are no apparent symptoms except the skin lesions. The affected people do not come for treatment and most health workers are not trained to detect PKDL lesions. These are mistakenly treated for leprosy and other skin infections. There is also no training given on parasitological examination of skin smears for PKDL.

Treatment

Once confirmed through blood tests, the patient is administered sodium stibogluconate (SSG), the first line drug, for 30 days. An adult requires about 6 vials of SSG, which can be administered in homes through trained health workers. The second line drug, however, requires institutional treatment. SSG is supposed to given to any suspected Kala-azar case with a positive Aldehyde Test result free of cost from primary health centres. The market price for an adult dosage is Rs 1,200.

However, there is a major controversy regarding dosage. WHO as well as NVDCP recommends 20 mg/kg body weight of SSG injections for 30 days, which means about 7 vials for average adult in Sundarpahari block of Godda district. But in the primary health centres, patients are given only a maximum of 4 vials (approximately 12 mg/kg body weight). Health workers argue that due to the high toxicity of SSG, it is dangerous to give more than 4 vials for village-level treatment. Apart from this, the dosage is gradually increased from one to 5 ml over 5 days. WHO and NVDCP do not make any such recommendation. All this leaves enough ground for cases of relapse, resistance and PKDL.

We have been arguing against this in various forums but there seems to be a lot of confusion in implementing the guidelines. According to expert opinion, no proper clinical studies have been made on the SSG dosage as applicable to the Indian population. The Sudanese standards adopted by WHO are being used in our country.

SSG injections, as available under different brand names in the market, especially manufactured in Bihar, are much cheaper (half the cost of well-known brands), but may not contain the required active ingredient. These further result in resistance and PKDL.

In most cases patients are cured after the injections. However, there are a few cases of relapse and of SSG resistance. In such incidents the second line drug (Amphotericin-B) is administered (available free of cost at government facilities). This requires institutionalised treatment for about a month.

An oral drug Miltefosine has also been developed. It is however not available in the market. For PKDL, the same SSG injections need to be administered for 120 days. The Bill and Melinda Gates Foundation are funding a number of projects on improved Kala-azar drugs.

Prevention and Control

Usage of insecticide treated bed nets (ITBN) having a mesh size of 40 holes/sq inch is recommended along with application of mos-

quito repellents in exposed body parts.

Since sand flies thrive in cattle sheds, dark and damp places, and crevices, people are advised not to sleep near cattle. Crevices need to be plastered and cattle sheds need to be clean and well-ventilated.

Indoor residual spray of DDT up to 6 feet from the floor twice a year also helps in reducing the population of sand flies. However, so far no systematic vector studies have been conducted on the prevalence of the phlebotomus species, its habitat and its resistance to DDT.

Pradan's Initiatives

Pradan has been working in providing drug support to Kala-azar patients as well as on prevention activities since 2002. Initially, it was very difficult to get medicines from the primary health centres. There was no trust in diagnosis and there would be frequent arguments on getting medicines from the centre. On many instances we had to subsidise Rs 100 per vial to counter under-dosage. There were also many hassles as the patients had to go many times to the centre for medicines. PKDL cases were treated for leprosy or just treated with vitamins.

However, things have begun to change since we were invited to attend a national workshop on Kala-azar in Dumka last year. Government institutions have stared looking at us as viable partners under the CBPPI (Community-Based Pro-Poor Initiative) programme promoted by UNDP (United Nations Development Programme) and Union Ministry of Rural Development.

We have also initiated collaboration with Professor Amitabha Nandy of the School of Tropical Medicine in Kolkata for technical backup. Today, we can provide one of the best Kala-azar diagnosis and treatment at the villages at a cost of no more than just Rs 50 per case.

Pradan's approach has the following salient points:

- Sensitising the community on Kala-azar and PKDL.
- Developing a pool of Community Health Workers (CHWs) in every self-help group (SHG) cluster to combat Kala-azar and PKDL.
- CHWs selected through interview and approval of SHG cluster.
- CHWs paid by the community for the services provided. However, instruments and the first lot of accessories are provided by a one-time grant.
- CHWs trained at Centromap Kolkata provide rational diagnostic services right at the village (Aldehyde Test and rapid dip sticks) and referral tests for DAT at Kolkata. Two CHWs trained to carry out PKDL skin smears.
- CHWs also provide or arrange assistants for high quality SSG injection administration at the village free of cost through linkage with District Malaria Office at Godda.
- CHWs carry out surveillance operations for Kala-azar and PKDL incidence, SSG compliance, drug resistance and referral of complex cases.
- CHWs also ensure usage of ITBNs, re-treatment of insecticides on bed nets as well as other repellents.
- DDT-IRS monitoring and sensitisation is carried out by DDT Monitor.
- Weekly outdoor clinics at village markets.
- Networking with NGOs, government institutions in cross-learning, discussion, training and policy advocacy.

So far we have treated 162 Kala-azar cases since last year, out of which 11 are PKDL and one with SSG resistance. Pradan is working in

more than 100 villages (approximate population 2,016) in Sundarpahari as well fringe areas of Poraiyahat, Godda, Litipara and Amrapara blocks with 10 CHWs, 28 assistants and one DDT monitor. Pradan has been instrumental in distribution of 5,750 ITBNs across 47 villages provided through the District Malaria Office at Godda. Apart from this, 1,000 bed nets have been provided at subsidised rates.

Our future initiatives would be directed on the following:

- Establishing DAT facility in Sundarpahari to ensure EDPT.
- Vector population mapping to rationalise prevention and control.
- Increased surveillance of PKDL and SSG-resistant cases.
- Ensuring bone marrow tests to confirm treatment compliance.
- Comparative study on DAT and Rapid Tests.
- Study of ethno-medicine and its efficacy on Kala-azar.
- Study the epidemiology of Malaria, Kala-azar and their co-existence in the area.
- Expanding coverage area to Poraiyahat, Boarijore and Litipara.

Working on Kala-azar is a constant battle and a race against time. Although the national policy talks of eliminating Kala-azar by 2010 with just about 4 years to go, I feel it is rather far-fetched. As I reach bed number 17 at the district hospital in Godda, Sib Marandi reminds me of the long road ahead.

To be concluded

Ways To Empower Women

Empowerment of poor rural women is a result of consciously adopting sensitive processes, and not an automatic fallout of working with women

M Amjad Khan

Pradan was founded on the belief that poverty alleviation and rural community development required capable people who are strongly motivated to help others. The focus of Pradan's activities is to promote livelihoods for the rural poor. Over the years Pradan's mission has concretised as 'impacting livelihoods to enable rural communities.'

In Pradan's view livelihoods is not just the matter of increasing family incomes but a matter of building capabilities of the poor in accessing and creatively using livelihood resources and entitlements. Therefore, for Pradan, building capabilities or enabling is an important principle that guides action on the field.

Although Pradan promotes livelihoods, which is essentially an economic activity, the ultimate goal is to enable poor communities lead a life of dignity as free citizens. The interventions of Pradan has been designed and organised in a manner that would contribute to the broader well being of the families and is not restricted to providing access to services.

Pradan's role therefore is an enabler and facilitator and not just a service provider. We seek to create organisations of poor people and help them to establish sustainable linkages with external resource institutions such as banks and government departments. Consonant with our objective of enabling poor people, we link them to on-going government programmes or banks for livelihood investments in a manner that they gain experience and confidence to sustain such linkages independent of Pradan.

Pradan field projects thus focus on organising poor people; introducing and developing livelihood activities, and purposively collaborating with a diverse set of public institutions and market actors. Accordingly, Pradan's work results not just in increased access to financial services but improves quality of livelihoods, enhances the life and livelihood capabilities of the clients and develops sustainable relationships with external resource institutions.

It is a core belief in Pradan that highly educated and sensitive individuals have to work directly at the grassroots to enable the poor and bring about this kind of wide ranging social and economic impact. Presently, approximately 300 professional executives are engaged in a wide variety of livelihood projects with about 90,000 poor families who are organised into about 6,500 self-help groups (SHGs) involved in microfinance through small savings and credit.

Working with Women

Promotion of women's SHGs is an important part of Pradan's approach to enable poor rural communities. The Pradan professional who facilitates group formation also provides training and other inputs as required to strengthen the institutional values, norms and systems. Once the group matures and becomes self-reliant, Pradan helps the SHG to link up with commercial banks to access mainstream finance.

The rationale for focusing on women is based on grounds of equity and efficiency. It has been Pradan's experience that women are much better money managers, much more conscientious on repayments, and more disci-

plined as a group. They are more regularly available in the village so that it is possible to initiate institution-building processes around them that require steady and long-term commitment.

Men are unable to provide such uninterrupted commitment primarily being more mobile. The groups formed around women tend to be more disciplined and less prone to conflicts. It has also been observed that when money comes into the hands of women, they tend to spend it more equitably across family members than men. These are phenomena observed in many places and corroborated by field experience.

Targeting women is an affirmative action favouring women as the more disadvantaged among the disadvantaged. They usually own no assets, are not part of any important decision-making process neither in the family nor outside and hold quite a poor view of themselves as people capable of achieving. They are isolated into their homes and hearths, restricting their exposure, access to information, resources, physical mobility and public voice. Since it is difficult to reach them, welfare and development programmes by government and even NGOs often exclude them.

The belief in Pradan is that women are as equally capable as development actors but given the situation, we need to make special efforts to reach out to them. The SHGs provide a platform to systematically reach out to the women and organise them. It helps involve them and incorporate their views in planning and implementation of microfinance and livelihood programmes. This gives them increased access to economic resources of their families.

As the SHGs mature, the women also start establishing linkages with a number of external institutions helping widen their horizons. Using the strength of the collective, they are able to influence the outside world. The most important changes happen at the level of the women themselves when they start viewing themselves as respectable individuals and feel that they can be instrumental in bringing changes in their own as well as others' lives.

Is it Possible to Empower Women?

For Pradan, empowerment of women is an end rather than a programme by itself. There are no specific inputs designed that are exclusively aimed at empowerment. It is expected that every interaction that the Pradan professional has with the women contribute to the process of empowerment. The objective of interaction is to help the women discover her capabilities and strengths and empower herself, as it were.

Power is not something that an external intervener can 'pass on' to a poor woman. She has to discover her power. The external intervener is but a facilitator, who through thoughtful inputs takes her through a process of strengthening herself. In that sense the external intervener cannot empower, but she needs to be conscious of the impact of what she does on the SHG member, and be aware that what she does contributes to this process of empowerment. Many a time, even thoughtful, well-intentioned inputs can be 'dis-empowering', such as providing unsolicited help. The facilitator needs to be doubly conscious of such eventualities.

To understand this approach further, it might be useful to closely look at the various steps in livelihood promotion carried out by Pradan and analyse how an empowering approach has been systematically adopted at each stage. The main contention here is that empowerment is a result of consciously adopting sensitive processes and not an automatic fallout of working with women.

There can be no contest to the fact that even working directly with women without being process sensitive can even be harmful. An important yet not-so-easily achievable 'empowerment' impact of working with women is her ability to deal with the dominant patriarchal structure. There are a number of instances from Pradan-promoted SHGs where we have found the adverse impact of purely working on microfinance and livelihoods on women.

In one case, a woman in Chhattisgarh was forced to take a loan from the SHG for paying the bride price in her husband's second marriage! He was marrying again because the first wife would not deliver him sons! Similarly, a few cases have been noticed when the husbands of the members who have been provided with stable livelihood options, have taken themselves off from the responsibility of earning for the family! This only goes to show that unless the intervener is sensitive, empowerment may not happen. It is not an automatic impact of a livelihood promotion programme.

Steps in Livelihood Promotion

The process described below is a step-by-step methodology developed by Pradan professionals over time to work with groups in order to help group members build a livelihood perspective, and install systems and processes for livelihood planning and monitoring.

- Promoting SHGs of rural poor women as mutual aid associations by building robust, autonomous groups of rural poor women from the families targeted, and setting systems and norms for a carrying out day-to-day business effectively

- Developing SHGs as financial intermediaries by building capabilities of the SHGs to autonomously generate their own finances by leveraging loans from banks, and strengthening internal processes that can develop confidence in the lender of the security of funds.

- Livelihood planning by taking SHG women through a guided process of visualising a better life and developing achievement motivation; helping them analyse their various livelihoods resources and opportunities; assisting them in planning to optimise their resources (land, water, labour, livestock, forests); preparing credit plans to support the livelihood plans; approaching banks for finance, and developing systems and processes in the group for ensuring proper utilisation and repayment of the loans.

- Sector specific interventions that identify and develop potential sectors to generate large scale livelihoods for the poor (such as tasar, poultry, dairy, vegetable cultivation, intensive agriculture); facilitating credit and other business development support, and training and marketing.

It will be useful to go through the major steps and see how a conscious and sensitive facilitator can create space for addressing and incorporating women's concerns and issues.

Promoting SHGs with Women

As stated earlier, working with women has both efficiency and equity considerations. The efficiency consideration takes precedence many a time due to donor or peer pressure on meeting livelihood targets, imperatives of the livelihood approach where assets are traditionally owned by men, and men are more exposed to markets, and even an incomplete understanding of the term livelihoods as just additional income that leads to giving primacy to efficiency over equity.

But over a period of time Pradan professionals have started giving more conscious thought to

the need for equity. They are now aware of the fact that forming SHGs with women is only the first step in including women.

The socialisation process that the women undergo day in and day out have made them a different being in her own family. Despite handling various productive and reproductive functions in the household, she ends up doing more total work than her male counterpart, and yet she suffers a subservient status in the household. For the women it feels only natural. They even take beatings by husbands in their stride.

Deeply rooted faith on the patriarchal social system, further reinforced through religious scriptures and political discourse, and severe doubts on one's own abilities and strength make women more vulnerable and poor in the society. In such a scenario, reducing or eradicating these disabling processes and in turn creating an environment of confidence and joy is the challenge before us.

Forming SHGs is not only for providing an informal financial forum to meet basic financial needs but also to create opportunities to realise potential and capacities. We believe that delivering services or solutions does not empower women. Rather it increases dependency on the facilitating agency. Helping women to build upon their skills, initiative, resources and entitlements through well defined processes only will lead to empowerment. Gender sensitive facilitation and well-defined training will help them realise their strength.

Encouraging women to join a SHG is only breaking the initial barriers. Microfinance through the SHG is a big benefit but may result in disabling rather than enabling if one is not conscious and critical about the processes. Pradan places emphasis on processes rather than services.

The SHG plays many roles simultaneously. It provides mutual help, does financial mediation, helps in livelihoods and strengthens the women empower themselves to make demands on the external world. But it can not take place in absence of an enabling environment that not only helps to realise but achieve and exercise the individual's and group's potentials.

Mutual Help in SHGs

Norms, values, systems, discipline, negotiations, conflicts and resolution, helping out each other during crisis, understanding each other's concerns, and so on, are manifestations of the mutual help role of a SHG. A group that is strong in the mutual help dimension is the one in which the members are very close to each other, care for each other, close ranks immediately if any one member is in a bad way, and fellow-feeling and affinity occupy primary space. All these characteristics of the group need to be strengthened through various processes. Providing space to women to exercise the same can only be done through gender sensitive and well-defined processes.

In normal practice what gets undermined is this process of building the group as a solidarity unit. The SHG is the space where the individual woman has to learn to make herself free, express herself without fear and be a 'woman', keeping aside her productive and reproductive roles for a moment.

Is it possible to do this when the dominant discourse in the group is about loans, about repayments and defaults? It is possible but takes sensitive facilitation. Participatory tools and techniques such as the Internal

Learning System (ILS), which is a set of pictorial diaries for women, have been found very useful in generating discussion around a wide range of issues that are of interest to the women (see box 1).

The ILS pictures lead to spontaneous discussions about many areas of their lives, even though the discussions may have emerged as part of a session on livelihoods. In one of the Chhattisgarh SHGs, the Pradan facilitator once used the ILS picture on household income–expenditure as part of a livelihood planning exercise. It was when the women mapped the household income-expenditure (by drawing thick and thin pencil lines on pictures of income and expense heads) that many of them realised that the major household cash outflow was on alcohol. This immediately led to some very agitated deliberations on the menace of alcoholism by male members of the family. This discussion led to further deliberations on the other issues they face in the family such as workload and lack of space in decision-making.

Discussions such as these may not lead to immediate action, but do surely raise awareness levels on issues and bring them to the top-of-the-mind from the sub-conscious. It is a different matter that in this particular case the women actually mobilised other SHG women from neighbouring villages and led a demonstration against the local liquor shop, forcing the administration to close it down. Similarly, there have been many instances when SHGs have come to the rescue of members in trouble and provided timely help and succour (see box 2).

Time taken to facilitate such deliberations and eventual action does not in anyway lead to the dilution of the financial discipline or rigour in the group. It rather strengthens the opera-

Box 1: Internal Learning System

The Internal Learning System (ILS) is a simple, on-going impact assessment system used by all participants in a group-based microfinance programme — members, village groups and field staff — in contrast to methods that are steered by managers at the top or by outside investigators. The medium is multi-year pictorial diaries in which poor illiterate participants can keep a record of change over time by noting their responses to scenes representing development indicators. Women draw lines and use simple tick marks to denote quantities, yes-no responses, multiple-choice answers and satisfaction scale ratings. The diaries can be used on a total programme population for participant learning purposes and analysed statistically on a sample basis for impact assessment purposes. Fellow members in a mutual learning process at the village group level crosscheck the accuracy of the data entries.

The key features of ILS are simplicity of use, continuous, participatory and less extractive, decentralised and streamlined. In ILS impact results are directly linked to training and planning processes. It is flexible to local needs and constraints.

Other elements in the system are SHG group level diaries designed to improve group functioning or track wider impact issues such as collective actions to improve area conditions or change negative social practices. Staff diaries are designed to help field officers identify lagging and excelling performance among SHGs, reflect on possible underlying reasons for the performance and plan appropriate remedies.

Box 2: Phoolwati Bai's Struggle for Justice

About 30 km from Sukhtawa in Madhya Pradesh is the forest fringe village of Kohda. Phoolwati Bai is a member of one of the SHGs in Kohda. She belongs to the dalit community and is also a small farmer. Some months ago another middle caste farmer from her village with malafide intentions of land grabbing, alleged that the land she was tilling belonged to him and threatened her with dire consequences if she did not vacate the land soon.

When she did not heed to his threats, he filed a case with the local police station. The station house officer and his assistants visited the village and abused Phoolwati in front of the whole village. This was enough to enrage the other members of the SHG, who then confronted the policemen and chased them away. The matter went to the local civil court and it was decreed that the Revenue Department staff would settle the dispute in the village. The revenue official came to Phoolwati's house with a police constable and asked for liquor and sexual favours. Phoolwati was mad and chased them off.

This matter was taken up in the monthly meeting of the SHG federation where the constable was called. He admitted guilt in front of the enraged federation leaders and said that he had been forced by the revenue official to accompany him without letting him know his intentions. The federation then approached the dalit police station and also the State Women's Commission.

The matter is in the courts right now. But it is a testimonial of how the women rally together in moments of personal crisis and impart confidence to an individual to face crisis situations fearlessly. As Phoolwati says, the scenario would have been very different for a dalit woman before the advent of the SHG movement in the area.

tions. Wherever Pradan professionals have facilitated the graduation of the group from minimalist savings and credit to larger issues, the financial performance has improved. The members in such cases feel more integrated with the groups and takes ownership for the smooth functioning of the group.

While facilitating the group, the constant endeavour of the Pradan professional executive is to help the group become self-sufficient as soon as possible and then move on to other aspects of livelihood promotion. The effort right since beginning is to set up systems and processes in the group that the groups can operate and run themselves.

There is no direct subsidy other than the time of the Pradan executive that is provided to the group. The value of autonomy is inculcated since inception. For the routine functioning of the group, Pradan trains and equips various service providers such as group accountants and computer *munshis* (accountants) who provide accounts and management information services to the group for a fee (see box 3 on page 14).

The routine functioning has to be smooth in the SHGs so that they are free to broad base their engagement. As the members are extremely poor women, they are concerned and careful, for the right reasons, about the safety and security of their hard earned money. In a group where the accounts are not in order, the women would be primarily concerned about getting the numbers right and most of the discussion time in the group will be lost in

straightening the accounts. After having brought together the women so painstakingly, it would be a pity if their valuable time were not used in more substantive engagements.

Financial Mediation by SHGs

This dimension deals with the role of the group as a financial institution. The primary role of the SHG is to provide financial services to the members. To provide financial services on a long-term basis, the group needs to have the appropriate systems and norms. In the realm of financial intermediation, the women have to wear three hats simultaneously – as owner, depositor and borrower.

As the owner, she has to ensure the smooth functioning of the group, oversee proper resolution of conflicts, see that the group makes prudent loans, and see that the members remain motivated and committed to the success of the group. She also has to see that the

Box 3: The Uniqueness of Computer *Munshis*

Computer munshis (accountants) maintain SHG accounts and MIS (management information systems) through a community based and financed network. Thus SHG accounts are autonomous of the NGO, yet accurate and timely.

Although the SHG model is the largest microfinance programme in the country today, the quality of the groups, especially of systems, has not been a prime concern of the various stakeholders. The attention has been mainly on the number of groups, quantum of bank finance secured, etc. The crucial questions on quality of the group and its operations have never been asked. The computer munshi programme attempts to put the attention back on the quality of groups, especially of systems. In many SHG programmes, either the NGO staff themselves provide accounting services to the SHGs or the NGO staff are not bothered about the quality of SHG accounts because the staff are pressed with other activities that are more developmental in nature.

The challenge here is to ensure that quality accounts maintenance is ensured based on a community based system, rather than it remaining the duty of the promoting NGO. We need a system owned and supported by the SHGs, where their routine tasks are carried out efficiently and the quality is maintained. In this system, all the stakeholders have access to timely and accurate information on all aspects of SHG functioning, in addition to financials, to help in strategising inputs. Access to information helps the stakeholders make prior assessment about the health of the groups.

The system creates a computerised base for any future IT interventions and improvements (Simputers, PDAs). Currently the basic data entry in the SHG meetings is done manually. As technology evolves, there are possibilities that the data entry in the SHGs could also get automated. The present system would be able to take in such changes in technology without making redundant any of the existing components.

The computer munshi system can be dovetailed with any other services (health for example) for information transfer. The system is also geared for online data transfer from the SHGs to the centralised computer and back. Various other data transfer requirements could be dovetailed in this system with only incremental additions. These could be related to information on services, production information, market information, etc.

members in the group who are less advantaged than the others get preference in the benefits given out by the group.

As a borrower she has to present her case to the group members and convince them of the necessity of considering her case most urgently and enthusiastically. She has to be responsible for the proper use of the funds drawn from the group and ensure timely repayments.

As a depositor, she deposits her hard earned money with the group. She is concerned about the security of her money and therefore expects that the money of the group be invested only very safe loans. Yet she has to be regular with savings because that forms the base of financial intermediation.

These are seemingly contradictory roles and unless the women and the facilitator are conscious of the different roles, they can create conflicts. Articulating these roles and helping the women play these roles effectively is an important job of the facilitator. Here again participatory discussions, pictorial led training, role-plays and so on are used to define roles and create clarity.

SHGs that have a proven track record of handling their internal financial intermediation role effectively and efficiently are linked with the banks for larger loans. When the group starts dealing with external financial institutions, it has to present itself to the outsider as a viable business opportunity. The bank takes no physical or financial collateral to make the loan but it looks for a social collateral in terms of effective group processes and financial discipline.

To ensure that it is perceived as the 'perfect client', the group will have to show that it has systems that are transparent to the outsider, its accounts are well maintained and audited, and it has systems for enforcing the group plans on the individual regarding repayments. In addition to displaying appropriate behaviour, they are also expected to understand the concerns of the banker as a lender and deal with the bank empathetically.

Energising Effect

The process of negotiating with mainstream institutions that hitherto was unfriendly and unapproachable has an energising effect on the women. The bank linkage process, if sensitively facilitated, has a truly empowering effect on the women. The same bank officer that once rejected her for being a woman, for being illiterate, and for having no assets in her name, today invites her, listens to her demands, takes pains to convince her to take a loan, and praises her in meetings and conferences for being a great client despite being illiterate and having no assets. This transformation in relationship with the mainstream is something that has a lot of positive impact on her self-image and confidence.

Again as a facilitator it is the job of the Pradan professional to see that a formal and sustainable relationship evolves between the bank and the SHG. There is a tendency on both the actors to over-depend on Pradan to do the mediation between them for issues of lack of trust and information asymmetry. But the Pradan professional would facilitate meetings between the two, encourage the women to visit the banks may be a number of times, till a relationship based on trust is developed.

It is important that both the parties are able to understand and appreciate both the problems and strengths of each other to develop a long-term relationship. The stance of the Pradan professional is that the NGO (Pradan) has a transitory role and the SHG and the bank

are the main players here. They need to develop a long term and mutually beneficial relationship.

Livelihood Planning and SHGs

While SHGs are not the forum to run a livelihood programme, they are an important platform for the women to think about her livelihoods and to develop a livelihood vision. It is a space for her to reflect upon her livelihood resources and prepare a livelihood plan for the medium term to optimise resources.

The SHG also helps create an environment of motivation and excitement where the members build the confidence of each other and commit themselves to the success of each other's plan. For poor women who have never systematically addressed their livelihood issues, the creation of this forum is a major morale booster.

A number of facilitation tools such as pictorials, special classroom training events on achievement motivation, exposure visits to other successful livelihood programmes and market visits are used by the Pradan professional to ensure that the women prepare a livelihood action plan that is challenging yet achievable and that she is committed to the plan. It is important that she perceives Pradan only as one of the possible support institutions that she can rely upon, the major ones being the other SHG members and the bank.

Once the members have a broad perspective on livelihoods after the initial orientation, more focused attention is given to assist them to plan their livelihoods. These are again a series of steps or sessions, which will begin after the initial three to five months and continue until the time each member has prepared a credible, medium term production and credit plan.

Each SHG member has a personal pictorial diary (part of the ILS) that has a detailed livelihoods analysis and planning section. The livelihoods section in the ILS has a series of sections dealing with quantifying the forest, land, livestock and labour resources the family has access to; the current level of utilisation of these resources, and the extent to which they have adopted good practices in the use of each resource category.

These mini modules in analysis of forest, land, livestock and labour 'availabilities' are followed by a production plan to optimise these resources. This may include using an existing asset more intensively or with better practices or adding assets and activities. The participants are guided to see the gaps, trade-offs and competing demands on scarce resources of capital, labour, time, skill, input requirements, or infrastructure or market support.

A credit investment plan links the request for credit to the production plan that is in turn based on a systematic review of existing livelihood base. The member, along with her household partners, completes each module and plan section with help from the professional.

It has been observed that in case of the very poor, having resources and having opportunities to optimally utilise the resources do not get them to take up sustainable livelihood activities. They have very low risk-taking capabilities and also suffer from very low self-esteem. They require motivational inputs to come out of fatalistic modes of thinking in which they find themselves and plan for a better future.

There are a number of structured exercises that are used at this stage, aimed at activating the 'achievement syndrome' in individuals. These exercises help the members to analyse for

themselves their own risk-taking patterns and understand how they can move from being totally risk averse to taking risks.

The exercises also help the members to understand their own goal setting behaviours and also understand their ability to plan for achieving set goals. After the participants are guided trough these exercises they are in a much better mental frame to set substantial goals for themselves to optimise their livelihood resources. These exercises are normally done after they have undertaken their resource mapping and before they take up the sections on livelihood planning.

Achievement motivation training is surely not just about a series of exercises but also about building an achievement climate in the groups. Each and every member has to think and act as achievers, and believe that they can do it. The facilitator has a key role in bringing about this kind of transformation in the women. The SHG provides the achievement climate that constantly challenges and encourages the members to take calculated risks and initiate concrete action to better their livelihoods.

Vision of a Better Life

Visioning for a better life is yet another exercise that has been found useful while working with the very poor, who tend to have a very pessimistic or fatalistic approach to life, which is a tendency to survive from day-to-day rather than setting a large goal and working towards it. These exercises are two-day retreat type events where the SHG members are facilitated to share intensely about the good and bad sides of their lives and think about a better life. They develop indicators of good life for themselves and develop deep desire to work towards that good life. These tend to be emotionally stressful exercises and thus are closely facilitated.

Once a vision of good life is generated and the members develop a motivation to achieve that vision, a more concrete planning is taken up based on the current realities. Senior members of a particular household sitting together (mainly the husband and the wife) create this plan. Updating the ILS Member Workbook livelihood inventory, utilisation and practices, they systematically examine their current resources, analyse whether these resources have been utilised to their best and develop a medium term plan (say two to three years) to set up a sustainable livelihood base.

Once the planning is done, each member presents the plan in the SHG and the members provide feedback and further fine-tune the plan. Throughout all these processes the Pradan professional is present and provides inputs as and when required. The promoter uses all the information that was collected earlier about the local economy in general and the families in particular to fine tune the plan.

The plan will include all the details such as the plan for backward and forward linkages, human resources and finance. The finance again will be separated into credit and subsidy (if needed). The credit portion is separated as the plan to be submitted to the bank. The subsidy and other assistance will be arranged from other sources: local government, existing Pradan programmes and others depending on opportunities.

To be concluded

ILS for Reflection and Social Change

The Internal Learning System is proving to be a powerful tool for women self-help group members in West Bengal

Sanjib Kumar Dey

The Internal Learning System (ILS) is a tool for learning by continuous self-evaluation. The contents are described pictorially so that illiterate self-help group (SHG) members can understand the issues clearly. The pictures make a deep impact on them. They can visualise the various issues with clarity. It helps them to express their grievances and to initiate a process of change deep within their minds. It helps the women to dream and take steps to attain them.

ILS has two parts: group diary and member diary. The group diary is helpful for self-assessment of the groups. It is useful for learning and empowerment, group facilitation and impact assessment. The individual member diary has a well being module (living conditions, household assets, poverty condition, healthcare and practices, etc.), an empowerment module (gender relations, public participation, household decision-making, mobility in public sphere, etc.) and finance and livelihood modules.

Continuous use of the books by the women and the groups helps them to understand where they are today and why. The diaries also start them thinking about where they want to go and how. The books also continuously keep a track on where they are going.

Two years ago our colleagues Narendranath and Neelam demonstrated the ILS diaries at Kashipur in Purulia district of West Bengal. The group diaries were initially introduced at the cluster level. Then Purulia team colleagues Dibyendu and Jogen piloted the member diaries in a few groups. By January 2005 the group diaries were introduced in all the groups (143) in Kashipur block. Initially Pradan professionals facilitated the use of the group diaries at the cluster level. This task has now been taken over by cluster trainers.

The group diaries have been found useful at the cluster level. Group representatives use it in cluster meetings to evaluate their groups' performance. It is a useful tool to set various norms. For instance, some groups, where attendance was poor, introduced a fine for absenteeism. Attendance improved immediately. There were other benefits, too. Explanations on idle money helped the groups to plan better. Groups with good credit planning explained their planning and helped other groups to better utilise their credit.

Helping Each Other

After each cluster meeting the cluster representatives discuss the score in the ILS group diary with their respective groups and prepare action plans for improvement. These action plans are shared in the next cluster meeting. The representatives ask for help from better performing groups whenever required. Better performing groups also visit the weak groups at the latter's request.

Initially Pradan professionals installed member diaries in 12 groups. It was thought that group leaders from these groups would introduce them in other groups. We however found that acceptance of a member for facilitation in another group was low. Also, as the groups usually met at night, it was difficult for members from other groups to attend the meetings.

Presently, cluster trainers are facilitating the group diary at cluster level. They are facili-

tating the member diaries at their own groups and also in nearby groups. We selected 21 cluster trainers from 15 clusters and trained them to facilitate the ILS at both the group and cluster levels. They meet once in a month to discuss progress.

Initially professionals demonstrated the use of the ILS diaries and the cluster trainers were expected to observe closely. In next meeting they did the facilitation and professionals attended as observers. After a couple of meetings they started doing it on their own, without any help from Pradan.

ILS Enthuses Mukti Cluster

The Mukti cluster comprises seven SHGs, four from Chelia village and three from Bhatuikend village, both situated in Kashipur block of Purulia district. In the beginning we found that the group representatives were reluctant to attend cluster meetings.

In order to infuse vibrancy in the cluster, we organised a cluster conclave (*sammelan*). All members from the seven groups enthusiastically involved themselves in organising the *sammelan*. They took the initiative to collect rice, vegetables and money from each group. They invited cluster facilitators, local leaders and the panchayat *pradhan* (chief) to the *sammelan*. We announced that there would a prize for the best group. Fifty marks were set for good performance in ILS diaries and 10 marks each were set for three group games.

The cluster facilitators judged the performance of the groups using the ILS diaries. Each group sat separately with two cluster facilitators. It took about two hours to complete the evaluation. Groups marked themselves in their group diaries and the final score was collected from each group. The highest scoring group got 50 marks while the lowest scoring group got 35 marks. All the members were highly involved in the process. There was wild cheering when the final score was announced. The exercise had its desired impact. Now the groups are meeting regularly and are following the group norms.

The ILS group diaries have also been helpful in promoting quality groups. The group diary has modules that gauge the group's health at different stages of its growth and evolution. It helps the promoters (Pradan) to set norms and systems and help the group to monitor its progress over a period of time. It thus provides indicators on ways to improve the quality of the groups. Wherever Pradan has promoted SHGs, there is a growing demand from other villagers to form new groups. Some SHG leaders are promoting these groups with the help of the ILS group diaries.

Various Impacts of ILS

We found that in nearly all the groups there were animated discussions on witches. In a meeting Dipali Devi, a SHG member, said that there are witches. She said that she was suffering from a debilitating weakness and consulted the local witch doctor (*ojha*). This person told here that a witch has sucked her blood. He gave her some water after chanting over it and advised her to go to a doctor. She recovered after following this person's advice.

Other members viewed Dipali's tale with incredulity. They argued why the *ojha* would recommend her to a doctor if he were capable of curing her. In fact, the SHG federation body in Kashipur, called Pansi (small dinghy), even announced a cash prize to anybody who would prove the existence of a witch. This was a major progressive attitude as belief in witches and witch doctors are prevalent in the area. This inci-

dent shows that SHG women are now able to gradually break away from the shackles of superstition.

The seven-rivers module in the ILS diaries helps group members to dream of a prosperous future. The pages in the diaries that track the assets of the family also help the women to visualise a better future. We have found that members are placing different assets in different rivers. They are relating them by planning to acquire them through engaging in different Pradan-promoted livelihoods.

We have also noticed visible impacts in hygiene. Members of some groups are adopting hygienic practices (such as regularly washing of hands with soap and water, maintaining personal hygiene during menstruation, etc.). They are drinking water drawn only from the local tube well and taking their own drinking water in bottles with them when working in the fields. Some have started using mosquito nets.

Times are Changing

The ILS diaries are also changing the way women view empowerment. For example, when a facilitator was explaining the empowerment module in a meeting, the women started laughing when they saw pictures of men in *purdah* (veil) and other such depictions that were diametrically opposite to the reality on the ground.

After much laughter they got down to some serious discussions. Some members said that the times are changing and that they are attending a meeting on their own was evidence of that. In such case their husbands would have to take care of the children, which was unthinkable even a few years back.

Many such issues were raised and discussed, which included: Why women are not allowed to plough the land? Why only women do household work? Why only women observe *purdah*? It was most interesting to note that most of the women felt that some day all this might change as time changes.

In another instance, the women members were discussing marriageable age of girls in Bharat Lakshmi group. It then came to light that one of the members were fixing up the marriage of her minor girl. The other members banded together and convinced the member not to do so.

ILS and Alcoholism

The ILS diaries have played a significant role regarding alcoholism. After the diaries were introduced, many groups decided that they would stop it in their villages. In Bipad Tarini cluster, the issue was taken up in a cluster meeting.

In next meeting, groups from Mohulkoka, Indrabil and Bhalagora villages reported that they had stopped the sale of liquor in their villages. They also reported that their husbands were buying liquor from a neighbouring village called Pathuriagora.

The women decided to go to Pathuriagora with all SHG members from the cluster. When almost 200 women reached the village, they found it deserted. Later, residents of Pathuriagora started abusing Thakurmani Devi, Jamini Devi and Parbati Devi, three women who had taken a lead in the issue. The SHG members discussed it at the federation (Pansi) level. They decided that all SHG members from four village panchayats would go to Pathuriagora to protest the illegal sale of alcohol.

On the scheduled date around 1,600 SHG members rallied under Pansi's banner at Pathuriagora village. They also registered complaints with the police and the excise departments. The police arrested two persons from Pathuriagora for illegally selling alcohol. Today, alcohol is yet to be wiped out from Pathuriagora. But they are no longer selling it openly. The villagers have stopped abusing the women.

The rally at Pathuriagora had a ripple effect in various other villages. At Fusura village the women went to the local alcohol shop and closed it. At Baidih village, SHG members stopped the sale of alcohol. At Indrabil village, members from the Santhal community discussed the matter and decided to reduce quantity of *handia* (home-brewed rice alcohol) even at the time of marriage and other rituals.

Protesting Wife Beatings

After the ILS was introduced, SHG members are also taking an active role to prevent wife beating. The group members are already aware of the families where this is a regular occurrence. They wait till the victim herself points it out in the ILS diary. Once that is done, the group swings into action and provide all manner of help to the hapless women.

An incident at Ketankeary village is a case in point. A group member was forcibly locked up by her mother-in-law when her mother came to visit her. The woman was screaming inside as her in-laws beat her. Her mother was crying for help. It was 11 in the night. Nobody seemed to care at what was happening.

However, Ratna Devi and Santi Devi, two SHG members, raised their voices and gathered all the members of the four SHGs in the village. The women broke open the door and rescued their fellow member. A panchayat member and other influential persons in the village tried to mollify the enraged women. They were, however, not satisfied. They hired a truck and took the abused woman's in-laws to the police station to register a complaint.

Taken with Seriousness

As stated earlier, the ILS is helpful in the evaluation of the groups. It can be utilised to chart the general health of the groups. As the norms are written down, the women take them very seriously. Sometimes they use the reference section of the diary to settle disputes. The diaries are also being used to set up issue-based discussions on credit planning, regular attendance, etc.

The women are especially sensitive about the individual diaries. The member diaries therefore require good facilitation. We have observed that the diaries are able to impart vibrancy to various groups. It is certain that the ILS makes the women reflect and think about themselves and the positions at home and the outside world.

In conclusion, a word of caution is in order. We have to be very careful while dealing with various issues taken up in the diaries. We need to be sensitive to the desires of the women members. It would be better for us to wait till the women themselves come up with solutions to various issues before we start addressing them. Providing sufficient time and space to the women would play a crucial role in the overall development of the women.

Rural Creche Boon for Working Women

Day care centres for children of working mothers in Jharkhand and Bihar villages is a significant step towards addressing well-being issues of the poor

Dhrubaa Mukhapadyay

Both Pradan and women self-help group (SHG) members felt a need to establish a creche when we found out about the difficulties poor women face in rearing children in a sensitisation workshop held in Raksha village in Dumka district of Jharkhand in August 2004.

Women of poor families have to work hard both at home and outside. Since they lack basic amenities, household work consumes a lot of their energy and effort. Outside the home their work includes agriculture, rearing tasar cocoons, reeling tasar yarn, collecting dry leaves, etc. As a result, the women do not have much time and energy left to take proper care of the children. At the workshop they expressed unhappiness in the way they were compelled to bring up their children. Moreover, they had no time to relax because they were always overloaded with work.

Therefore the objective establishing a day care centre was to relieve working mothers from overload and ensure proper bringing up of the children. Providing a safe and caring environment to children was the foremost component of the day care centre because only that could make the mothers feel relieved. Providing a clean, airy and spacious place was also very important. We also felt that emotional care and support was as important as healthy food for proper growth of the children.

Providing healthy and fresh food was the next important component of the day care centre. The concept of good or nutritious food is very different in villages. They do not place much emphasis on pulses and green vegetables, although seasonal green vegetables are available in the village itself.

Things are different in the day care centre. We have held one-to-one interactions with parents to take special care of their children in cases of severe malnutrition. All children are fed with staple food at the centre when they are older than six months. Since they start eating solid food earlier than usual, they are healthier and fall ill less frequently.

Inculcating Healthy Habits

Inculcating healthy habits in children was important as well. In the centre children are instructed about hygienic practices such as washing hands before eating, going to the toilet, drinking enough water, and maintaining cleanliness.

For children over two years, mental and physical exercises are necessary for proper development. These exercise are an important component of the centres. They learn to speak and ways of hand-eye coordination in a ways that are fun. They have to take lessons as well.

The day care centre also caters to the needs of 3-5 year old children. These are called as *balwadi* activities. We have employed the services of specialised organisations to design separate skill building training modules for the older children.

A regular visit of a medical practitioner is another important component of the day care centre. The doctor's advice to the mothers contributes significantly to improve childcare practices. It also helps the creche worker to be cautious about infectious diseases.

The day care centre also holds an annual function, which is a good opportunity for the children to gain confidence and also show the villagers the good performance of the children who come to the centre regularly.

This initiative by Pradan also entails changing mindsets of the villagers on several fronts. We first try to convince the families that their household budget needs to account for the expenditure on the children. We negotiate with the mothers to bear the cost of the children's food at the centre. Once the parents observe the development in their children, they are prepared to spend more for their welfare.

It is also Pradan's intention that the community handles the day-today management of the centre independent of Pradan. Towards this we have formed a committee with members from more than one SHG in the village. Not all members have to be mothers. Its role is to collect contributions from parents, help creche workers to resolve conflict with mothers, convince mothers to send the children regularly, and help creche workers to arrange for the logistics. The committee also supervises the quality of creche activities. We have arranged for separate trainings at regular intervals to help enable the committee to work efficiently.

We have seen that it takes about three months to regularise the attendance of the children. It then takes another three months for all the mothers to start contributing in kind or cash. The next three months are devoted to form and train the committee. We can therefore expect that the day care centre would be managed entirely by the community in a year from its inception. Initially the centre is dependent on Pradan for financial support. But we expect that it could be made financially self-sufficient in two years.

This programme is relevant to all Pradan promoted SHGs. It therefore has immense potential for expansion. Also, if we could convince the government to run the Integrated Child Development Services (ICDS) programme in this mode (by maintaining the high quality), the overall quality of ICDS would improve significantly. There is also scope for this programme to be integrated with the State-sponsored the Rajiv Gandhi National Creche Scheme for the Children of Working Mother.

We have also observed that to establish a day care centre in a village, our primary engagement consists of interaction, training, exposure visits, and negotiations for parents' contribution, which is not different from our engagement with SHGs for implementation of other activities.

Progress So Far

We founded the first day care centre in Raksha on May 25, 2005. It is now more than a year old and running smoothly. We have also started a second centre at Rajdah village in Banka district of Bihar in April 2006.

A building for the centre is under construction in Raksha, which is due to be completed by end July. In Rajdah we have formed a committee and they have started playing a role by visiting the centre daily.

We went about establishing the centres in a systematic manner. We first conducted a household survey in three villages to derive baseline data. These included the number of children below 5 years, the various engagements of the women, the people who take care of the children, the problems families face while rearing children, etc.

We found that in most cases the children were looked after either grandparents or

older siblings. We found that there were a few accidental deaths of children such by drowning in a well or pond. Significantly, we found that a woman is called lazy if she wants to spend some additional time with her children. She also comes under fire if she is late in her other household work while looking after the children.

Building Vision

We therefore concluded that the community needed a sensitisation workshop, which would help the women to build a vision around their children. It would also help them to realise the need for better ways of rearing children. Once they felt the need, they started looking at options and tried to calculate the cost of running a day care centre.

To fix a place to establish a day care centre, we talked to the community. It was not too difficult in Raksha and Rajdah, as both villages already had some space at the reeling and spinning centres, respectively.

Women SHG members selected suitable women to work at the day care centres. They are mostly young, more aware, and eager to learn. It was not easy for the selected women to accept the work because their family members did not see it as 'good' work. A lot of interaction was needed with the families before they were sent for training. The women were trained by Mobile Creches, a well-known organisation that specialises in running creches for poor working women.

Our main challenge was to show significant change in the children who attend the day care centre. A demonstration of good practices in rearing children actually helped the parents to see the worth of sending their children to the day care centre. In fact we are happy to report that in Raksha, parents are bearing the full cost of the food for the children. We are still paying the service charge of the workers.

We have formed a day care committee in Raksha. We organised an exposure visit for the committee members to Mobile Creches. The committee now manages day-to-day activities of the centre, including collecting contributions from mothers, convincing people to send their children to the centre, making payments for groceries, etc.

Our plans for the day care centres till March 2007 include:

- Enabling the Rajdah committee to manage all day-to-day activities.
- Ensuring *balwadi* activities with 3- year old children at Raksha and Rajdah.
- Sending some workers for a refresher course.
- Conducting a survey in two more villages and holding a sensitisation workshop in them.
- Initiating two new day care centres.
- Making Raksha a resource and training centre for new centres.
- Preparing a proposal for support to the government.
- Providing buildings for the two new centres.

We are thankful to ICCO of the Netherlands for the financial support to establish the day care centres. Pradan has spent a substantial amount to train the creche workers because we consider right training to be the most critical aspect.

Thanks are also due to Mobile Creches for their support. They conducted different types of training that included sensitisation workshops for mothers, skill building training to creche workers, on-the-job training at the centres, and sensitisation workshops for the day care centre committees. Staff of Mobile Creches also visit our creches time to time to suggest ways to improve the management.

PRADAN (Professional Assistance for Development Action) is a voluntary organisation registered under the Societies' Registration Act in Delhi. We work in selected villages in 7 states through small teams based in the field. The focus of our work is to promote and strengthen livelihoods for the rural poor. It involves organising them, enhancing their capabilities, introducing ways to improve their incomes and linking them to banks, markets and other economic services. PRADAN comprises professionally trained people motivated to use their knowledge and skills to remove poverty by working directly with the poor. Engrossed in action, we often feel the need to reach out to each other in PRADAN as well as those in the wider development fraternity. NewsReach is one of the ways we seek to address this need. It is our forum for sharing thoughts and a platform to build solidarity and unity of purpose.

Professional Assistance for Development Action (PRADAN)
3 CSC, Niti Bagh, New Delhi 110 049, India
Tel/fax: 011 2651 8619/2651 4682. Website: **www.pradan.net**
E-mail: newsreach@pradan.net