IRHDP TODAY

INTEGRATED RURAL HEALTH AND DEVELOPMENT PROJECT
(A Community-based Field-Action Project of the Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences, Mumbai)

Current Projects

- Anganwadis/Balwadis (pre-primary education for children)
- Income generation for women (self help groups)
- Health monitoring system
- Health camps and construction of wells
- Health communication programmes
- Sewing classes
- Mother and child nutrition programme
- Implementation of government development schemes
- Training of social work students
- Training Centre and Resource Unit (documentation, research and staff development)
- Annual Inter-Village Sports and Cultural Meet

Partners in Development

- University Grants Commission (UGC), New Delhi
- Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences
- Integrated Tribal Development Project (ITDP), Shapaur, Thane
- Tata Social Welfare Trust, Mumbai
- Godrej Trust, Mumbai
- Dinshaw Trust, Mumbai

Area of Operation

36 villages and pads (hamlets) within the jurisdiction
of the Primary Health Centre (PHC) at Aghai, Shahapur Taluka, Thane District (Maharashtra).

Target Groups

Women and Children, Marginal and Landless Farmers, Scheduled Castes and Scheduled Tribes, and Other Weaker Sections of Society.

Personnel

1 Senior Social Worker, 1 Paraprofessional, 5 Community Supervisory Workers (also working as balwadi teachers), and Village Level Core Group Members.

A Pledge to Ourselves

(A documentary of the current activities, programmes, history and current ethos of the Integrated Rural Health and Development Project, Aghai.)

The Integrated Rural Health and Development Project (IRHDP) located at Aghai is a Field Action Project of the Department of Medical and Psychiatric Social Work of the Tata Institute of Social Sciences, Mumbai, working in one of the most under-developed regions of Maharashtra. Its aim is two-fold: to undertake field-based developmental initiatives, and provide a forum for learning social work based on innovative practices generated by these initiatives. Inspired by the UGC and Professor Vimla Nadkarni, it started working in 1986 in collaboration with the Aghai PHC mainly through mobilisation in the areas of community health and school health education until 1998, when the first Community Centre was established. Using these Community Centres as nodal points of dispersion, the organisation has since strategised and ventured into development programmes which are intersectoral in approach and human-centred. Socio-economic programmes are increasingly used for improving programme acceptability. The learning generated by these experiences are factored into the training of social work students and into professional curricula. This particular document is an attempt to present the profile of the on-going projects and their contributions to social work education. It is also an opportunity for critical inputs and comments from well-wishers and partners of the organisation. A further step in this process would be to plan the strategies in a more effective manner.

Mission Statement

(The IRHDP believes that the well-being of a person is both the means and the end of all human progress. Development then must be essentially human-centred. The most humanistic of all interventions is provided by the social work profession. Therefore, the dignity and good life of every person can be assured by social workers by working towards relieving of ill-health/disease, poverty and illiteracy and by ensuring equitable access to resources.)

The organisation strives to build dynamic, self-reliant and vigilant community-level people’s structures, where people in the long run would manage the processes of development themselves. It believes that sustainable human development is development which not only generates economic growth but also which distributes its benefits equitably; which regenerates the environment rather than destroying it; and, which empowers people rather than marginalizing them. It is development which gives priority to the poor, enlarging their choices and opportunities and providing for their participation in decisions which affect their lives. It is development which is pro-people, pro-nature and pro-marginalised. It explains the new frontiers of human security and dignity in the daily lives of the people. People can be helped by development interventions where the programmes are planned on a sustainable basis and the emphasis is on capacity building of people and not service delivery. Thus, the organisation is committed to creating a society where the people live
in dignity and self-respect; where the livelihood systems are sustainable; and, where there are inner strengths within local communities to steer the wheels of development themselves.

Based on this enabling and liberal philosophy, the IRHDP seeks to redefine models of social work intervention. With an eye on generalist social work methods, it believes in endeavouring to innovate practice models which are culturally-rooted and yet have the potential for universalisation. Feeding on its field-based experience and research data, the IRHDP aims to take its innovations to the heart of professional literature and curriculum development in social work.

Children Focused Activities

Anganwadis / Balwadis
(Pre-primary education and nutritional care for children)

The concept of anganwadis/balwadis inside the remote tribal hamlets is the equivalent of kindergartens in urban areas. It is a pre-school centre which caters to the development needs of children in the age group of 0-6 years. In a way, a balwadi is about 'school readiness' – preparing a child to be able to participate and learn in school. At present there are 178 children attending the balwadis in 5 Community Centres. These children are from the below poverty tribal families and are mostly malnourished. Regular monthly weight and height measurements are taken, and special nutritional care is given to malnourished children and mothers of breast-feeding children. The emphasis in these services is on developing the overall personality of the child through village participation and on developing a rootedness in the community.

- Providing every 0-6 year-old child access to a balwadi in order to create a base for adequate school-learning.
- Make classroom learning joyful and attractive.
- Emphasis on qualitative internalisation by doing joyful activities and by relevancing learning.
- Emphasis on learning through group and community activities.
- Special focus on personality development games and innovative activities for a healthy growth.
- Focus on each child's personalised needs.
- Make special efforts for children lagging behind.
- Facilitate parent and community involvement.
- Finance/Nutritional Support: ICDS Scheme, Government of Maharashtra.
- Resource: 5 Community Centres established in Thakurpada, Valambepada, Jambulpada, Saharepada and Palichapada with community support and resource mobilisation.

Women Focused Activities

Self Help Groups
(Formation of micro-credit groups amongst women collectives to assure empowerment and sustainable livelihood.)

The basic objective of this programme is to encourage the habit of saving capital among tribal women for future income-generation activities. The central theme is to empower tribal women and to build their capacities as rural entrepreneurs. The organisation believes that economic self-reliance among women in the long run will not only restore their dignity in the patriarchal family-fold, but also make them become participants in the household and community-level decision-making process and in other socio-political processes. The programme has two major dimensions expressed in two different but intrinsically linked missions. One aims at empowerment and the other focuses on economic self-reliance through income generation.
• Educating women as social change agents and as foundations of rural economic self-reliance.
• Started saving groups as Self Help Groups (SHGs) in 5 villages. Both men and women groups are promoted in these activities.
• Several new groups are in the process of initiation and consolidation.
• Special feature: Income generation activities to emerge from these groups with the help of governmental and developmental schemes.
• Feasible and sustainable areas of income generation activities is currently being explored in the area by the organisation.

**Vocational Training in Tailoring**

(The organisation conducts a yearly 6 month-course on sewing/tailoring for rural and tribal women in batches of 10. The training is imparted by the IRHDP staff, and regular tests are conducted to monitor the progress of the trainees.)

• The sewing skills acquired from the training are channelised into small-scale profitable income-generation activity.
• The vocational training assures an alternative source of livelihood for unemployed and landless rural women.
• About 4 trainees are currently engaged in commercial home-based tailoring in Dimba, Wedawal, Aghai and Malipada.

**Health Focused Activities**

**Health Monitoring System (HMS)**

(The HMS is one of the innovative methods used by the organisation to develop a system of comprehensive primary health care with full community participation. It believes that health and development are interlinked, and that health is both a means and a measure of development. The concept of HMS is aimed at increasing the number of people with access to health services. Herein, the Community Supervisor Worker (who is also the balwadi teacher) maintains a health register of each household in their respective communities, and undertakes periodic home-visits so as to ascertain the health status of every individual in the family. She also undertakes the monitoring and follow-up for the cases of illness. This is done in conjunction with the PHC services. Hence, the operationalisation of the HMS creates on interface between the community and the PHC. Special care for mental distress through the HMS and other health activities are currently at the strategising phase.)

• Aims at increasing the number of people with access to health services.
• The health profile of a community is created and the prevalence of specific diseases can be treated better.
• Improved antenatal coverage and immunization of children.
• Communicable diseases are closely monitored and helps in prevention and early treatment.
• Educates, trains and equips women to take better care of their own health needs as well as those of their families.
• Data collection and maintenance of health records in order to monitor persons at risk and the types of treatment.
• Currently the HMS is regularly monitoring the health needs of about 150 households in 5 villages.
• Two new tools of quality health monitoring - personalised health cards for each individual of each village and community health calendars - are in preparation.

**Health Camp**

(The organisation, in collaboration with the Aghai PHC, organises yearly health camps inside remote villages and thereby takes health to the doorstep of the tribal residents. It aims at increasing the number of people with access to health services, and thereby builds an interface between the community and the PHC which is otherwise crippled by constraints of poor communicable systems and
preoccupations of an agricultural livelihood.)

- Health Camps have been conducted in 4 villages: Thakurpada, Palichapada, Bhuise and Valambapada.
- Reached out to about 1000 people.
- Emphasis on individual examination and treatment of diseases.
- Focus on counselling and regular follow-up.
- The main medical problems diagnosed are skin diseases, malaria, reproductive health problems, jaundice, ENT and tuberculosis.

**Health Communication Programme**

(The organisation believes that one of the first steps towards good health and well-being is having a positive attitude and holistic awareness about diseases and their prevention and treatment. Most of the factors responsible for poor health amongst the rural and tribal populations is a result of the superstitious beliefs and social stigma attached to diseases. In order to educate and create awareness amongst the people about diseases and sound health, it conducts periodic health communication and awareness campaigns in the remote villages.)

- Awareness campaigns are organised in communities and schools on both physical and mental illnesses.
- Attempts are made to demystify health and at the same time promote time-tested and reliable traditional systems.
- Education on health, hygiene and rural sanitation.
- Spreads awareness about home remedies and simple methods of disease prevention and treatment.

**Construction of Wells**

(The acute shortage of potable drinking water in the communities especially during the summer season is one of the primary factors for the spread and prevalence of water-borne diseases in the area, viz. typhoid, cholera, diarrhoea and skin diseases. The provision of sufficient water for domestic consumption and physical hygiene is one of the most sustainable development approach through which the organisation seeks to assure good health for the tribals in the area.)

- Construction of two 18-feet deep wells for the purpose of drinking water has been completed in Jambulpada and Valambapada.
- A 30-feet deep well has been constructed in Thakurpada.
- The used of water has reduced the prevalence of water-borne diseases in the area to a significant level.
- With the help of the Underground Water Survey Department, Thane, the survey for another deep well has been completed and the final site located. Construction shall commence shortly.

**Development Focused Activities**

(Since health and development are interlinked, they should be pursued simultaneously. The programme for socio-economic development should include an intersectoral approach to the problems of the rural people, including health, education, agriculture, vocational training, and income-generation. The programme should be community-based and the people should be involved in all aspects of programme development. Accordingly, the organisation carries out developmental programmes in close consultation and collaboration with the panchayat, government and other agencies operating in the area. The organisation believes in building self-reliance rather than on delivering service. To this end, it creates awareness amongst the people about the existing government schemes and facilitates their maximum utilisation through expansion of the list of beneficiaries instead of duplicating sources.)
Implementation of Government Schemes

- The mass mobilisation efforts of the last fiscal year have benefited about 80 people in 5 villages.
- Some of the prominent schemes accessed by the people are Indira Gandhi Old Age Pension for Landless Labourer Scheme; Sewing Machine Scheme (ITDP); Sanjay Gandhi Destitute Scheme; Motherhood Attainment Grant; Indira Awas Yojana; and, Diesel Water Pumping Sets Scheme.
- The beneficiary communities include the Warlis, Thakurs and Konkan, residing in Aghai, Thakurpada, Jambulpada, Palichapada, Saharepada, Valambapada and Bhuiset.
- One of the major achievements in the current fiscal year has been the implementation of Integrated Child Development Scheme (ICDS) in the 5 Anganwadis of Thakurpada, Jambulpada, Saharepada, Palichapada and Valambapada which was until recently charity-based.
- The new Primary School at Thakurpada was established with the initiative of the IRHDP and the community.
- Efforts are being made to mobilize the government machinery to initiate a Primary School at the Jambulpada-Saharepada complex.

Training Focused Activities

(The organisational manpower capacity building is based on the premise that the effective/efficient community participation in the development process to a great extent depends on the qualitative reinforcement of their skills and knowledge. To this end, the IRHDP sponsors and organises training and exposure programmes for its staff, SHGs, Core Group Members, and the community in general. Most importantly, it offers opportunities for learning and creating innovative models to social work students.)

Training Centre and Resource Unit

(The objective of this Unit at Aghai is collecting developmental and training resource materials, documenting field-level models and information about developmental initiatives.)

- The Resource Unit houses books and publications relating to health and development in English, Hindi and Marathi.
- The other print materials includes magazines, training manuals, pamphlets and posters.
- A section on audio-visual resource materials is in the process of consolidation.
- The Reports arising out of funded research initiatives, students’ micro-projects and block placements are housed in the Resource Unit.
- Several in-house training programmes are organised by the IRHDP staff through the Training Centre.
- The training programmes of social work students for their concurrent fieldwork and block placements are organised through the Training Centre.
- Several workshops, from the district to panchayat level, are to be organised in the area of social work in health and development at the Training Centre soon.

Fieldwork Training in Social Work

This is one of the central objectives of the IRHDP. Every year a batch of postgraduate Social Work students of the Tata Institute of Social Sciences are placed at the IRHDP for Concurrent Fieldwork training in community health, education and income-generation activities through people’s participation. The students are imparted supervision by the IRHDP Project Director/Institute Faculty and the IRHDP staff to facilitate community health, education and development through the methods of casework, groupwork, community organisation, and advocacy. The students are
oriented on the micro-level life and problems of the rural and tribal populations in a backward area. Further, they are taught to devise strategies for improving community health and education through people's participation in co-ordination with government machinery and other agencies operating in the area. It is mandatory for them to participate in and enrich IRHDP training programmes. Furthermore, they are trained in writing fieldwork Reports and in gaining practical experience in project financing. It also creates an environment to understand and analyse problems and issues in the field through micro-macro linkages. In addition, reflection is facilitated through individual and group conferences held in the field and at the Institute. Moreover, some students opt for a block placement, in which they work on a particular issue/problem for a month through the IRHDP. The IRHDP thus offers vast opportunities to students to test their theoretical learning in a practical setting. What is of most significance is that the students are encouraged to perceive the innovations arising out of the IRHDP's interventions and develop alternative models of social work practice. They are also enabled in taking this learning back to their classrooms, thus influencing curricula in the long run.

**Staff Development**

- Community Supervisory Workers, SHG Office-Bearers, and Core Group Members are trained by the IRHDP in a regular six-day upgradation programme.
- The Paraprofessional and Senior Social Worker underwent extensive training at FRCH, Pune, BAIF-MITTRA, Jawahar and CDF, Hyderabad.
- The Community Supervisory Workers underwent a three-day exposure-cum-training programme on innovative methods of teaching and running balwadis at Gram Bal Shiksha Kendra, Kosbad.

**Solidarity Initiatives**

In order to ensure that there is greater communication and interaction between the peoples of the far-flung villages and padas, an Annual Inter-village Sports and Cultural Meet is organised. These activities are locally-based and culturally-rooted. Several preliminary rounds of these activities, taking the shape of competitions, take place in the spring of every year. The final extravaganza is organised annually with large community participation. This Meet facilitates intra-community and inter-village solidarity which contributes to the confidence and trust of the people on the organisation's development initiatives.

**Research Initiatives**

(The IR-DP seeks to actualise the development of innovative social work curricula and intervention strategies through the process of research. This is done in collaboration with the activities of the Training Centre and Resource Unit. It is strongly committed to externally funded research and at the same time encourages micro-level research projects of social work students. The data generated by these researches constitute a significant input in the revision of intervention strategies and quality of social work learning.)

- Study funded by the Ford Foundation on household expenditure of health amongst the tribal population in Aghai near completion.
- Study funded by the BRS, TISS on perceptions of mental illness amongst the rural and tribal populations within the Aghai PHC completed.
- Micro-research projects of social work students on socio-economic surveys, mentally handicapped children, resource-mapping, and sustainable development completed.
IRHDP Staff

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