

livelihoods

today and tomorrow

July 2015



Community Health



L-campaign for Poverty Reduction! -7

According to a new joint United Nations agency report, an additional \$160 per year for each person living in extreme poverty would end chronic hunger - and additional investments of an estimated \$267 billion annually in social protection and in rural and urban areas would sustainably eradicate world hunger by 2030.



- Happy Godavari Mahapushkaraalu!
- Happy Cooperation!
- Happy Nature Conservation!
- Happy World Population!

Health is a function of our air, water, food, shelter and work. It begins with genes. It depends on what our mothers had when we were in their wombs. It depends on their health when they were adolescent girls. Cleanliness, sanitation, potable drinking water, and minimal nutrition constitute preventive health. This is manageable by the person, by the family and the community in which we live. State can pitch in a bit. Curative health has some elements in the house. Some quick tips of the grandmother would work. Traditional health practices and medicine would work. Village health worker could help. Family-managed Kitchen Gardens! Primary health centres and sub-centres! Insurance for Health and accidents! Referrals! ArogyaSri! Community-managed health appears necessary and possible as an important element in keeping our communities healthy in a cost effective manner. In this context, 'livelihoods' has explored 'Community Health'.

Do not forget to read the classic 'The Making of the English Working Class' Supplements included in this month include: Legendary Effort - 'Sulabh International' and Flagship Programme – Public Distribution System.

Usual e-links introduce a video (Pradhan Mantri Gram Sadak Yojana), book (India Development Report 2012-13), and value-chain/subsector (Goat Rearing / Mahua).

As ever, pooled up Daily notes for the month as part of the e-livelihoods learning course are also presented this month.

With the faith and hope that you find the issue a useful read, we remain.

the 'livelihoods' team

Taking effective action can turn risk into competitive advantage.

Latest Livelihoods

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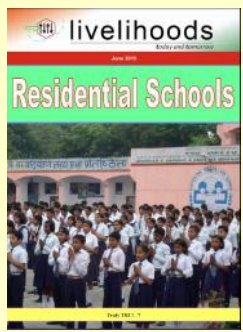
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e- course	e-livelihoods learning course	Capsule No: 75 - 92
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I received livihoods June 2015, two supplements: Mid Day Meal Scheme (MDMS), Mobile Revolution and e-course. Articles are informative and useful for us.

Thank you for sending livihoods magazine.

Ullas

Karnataka



Can Pradhan Mantri Awas Yojana (PMAY) provides houses to all poor families?

News

Telangana to launch Rs 25,000-crore village development plan:

Telangana Government will be spending a massive Rs 25,000 crore over the next five years for implementation of a new programme that aims at strengthening Panchayat Raj system and boosting village-level development in the State. The project, "Gram Jyothi", will be launched on Independence Day. Depending upon their population, Rs two crore to Rs six crore will be allotted to each village for funding development works, the release said.

Telangana to fill up 15K vacancies in government departments:

The Telangana_government decided to fill up 15,000 vacancies in about 15 of its departments. Chief Minister K Chandrasekhar Rao signed on a file to this effect, a release from his office said. He also decided to raise the upper age limit from the present 34 years to 44 years. ❖

New Andhra capital: Singapore presents master plan:

The government of Singapore on Monday presented the Seed Capital Area (SCA) Master Plan for Andhra Pradesh capital Amaravathi to Chief Minister N Chandrababu Naidu in Rajahmundry. The Seed Capital Area Master Plan is the final of the three-stage Master Plan submitted by the government of Singapore. The SCA Master Plan is for an area of 16.9 sq-kms and would be developed in 5 phases. The Seed Development Master Plan sets out in detail the land use and infrastructure plans for the start-up area of Amaravati. The Seed Development will rise on the south bank of the Krishna River as the heart of Andhra Pradesh's new capital city.

Andhra to conduct drive to rectify errors in land records :

Hyderabad, Jul 25 (PTI) Andhra Pradesh government would conduct a programme next month to rectify errors in land records, Deputy Chief Minister said. Under the programme, 'Mee Intiki-Mee Bhoomi' (your house-your land). ❖



Cuba successfully eliminated mother-to-child transmission of HIV and syphilis :

Cuba has become the first country in the world, which has successfully eliminated mother-to-child transmission of HIV and syphilis, according to World Health Organisation. This has been one of the greatest public-health achievements.

BRICS Bank: BRICS, a new USD 100 billion bank, as an alternative to the World Bank and IMF was launched to boost infrastructure funding in the emerging economies and offer them tailor-made services. The opening ceremony of the New Development Bank (NDB) was held in China's financial capital Shanghai. Mr. K.V. Kamath, will be the bank's president for the first five years. ❖

News From The States

Government has increased minimum wage: After two years, the government has increased minimum wage across the country from Rs. 137 to Rs. 160 with effect from July 2015. This move has been taken by the government on the basis of average increase in the consumer price index for industrial workers during this period. The concerned states are already in motion to take appropriate steps to fix minimum rates of wages in respect of all scheduled employments in states and Union Territories (UT) not below the revised level.

Socio-Economic and Caste Census released: Government released the first in Independent India "Socio-Economic and Caste Census" released in eight decades. The first census released after 1932 and it contained various details with regard to specific regions, communities, caste and economic groups and measures the progress of the household in India. The document revealed and reflected the reality of India and stands as an very important input for all policymakers both for the central and state governments. 73% of the population is still living in rural areas and 4.6 percent of all rural households in the country pay income tax and they are salaried income close to 10 percent. 30% of the India's rural homes are landless live off manual labour and 49% of rural households show signs of poverty. In most of the rural areas, Rs. 5000/- is the highest wage. The government is looking at the enormity of schemes and how it call help in forming a basis of helping target groups to support the poor in terms of policy planning.

Pradhan Mantri Kaushal Vikas Yojana (PMKVY): PMKVY was rolled out by PM Narendra Modi on 14 July 2015. Skill India aims to focus on fulfilling the dreams of the poor, to bring in entrepreneurship. The program has enormous potential to change the lives of many poor, which no subsidy can do! Qualified numbers will be rolled out, not just the certified ones, as we have very few qualified skilled professionals. Tata motors and Nettur Technical Training Foundation (NTTF) launch skill development under National Employability Enhancement Mission (NEEM).

Agriculture Ministry has launched three agri-portals: Soil Health Card portal, Fertilizer Quality Control System portal and Participatory Guarantee System. The key aim is to make the process of organic farming certification, fertilizers quality checking and issuance of soil health cards, more transparent and accountable. All the three portals will enable farmers to have easy access and

configurable workflow application towards generation of analysis reports. The Participatory Guarantee System-India portal will enable the small and marginal farmer to have easy access to organic certification, being cost-effective, and farmer friendly and hassale-free to enter into export market of organic produce.

Adivasi populations are affected with sickle cell anaemia: In both the states of Telangana and Andhra Pradesh, the adivasi populations are affected with sickle cell anaemia. As 11 to 34 percent of Adivasis in both the states are afflicted by the disease, the autosomal recessive disorder is found to be highly prevalent in Districts of Adilabad, Khammam, Warangal, Mahbubnagar, East Godavari, Srikakulam and Visakhapatnam.

Sluggish progress of the southwest monsoon: Amidst growing concern over the sluggish progress of the southwest monsoon in parts of Maharashtra, Gujarat, Telangana, Andhra Pradesh and north interior Karnataka, the government on Friday said sowing of kharif crops has improved over last year particularly in the cultivation of pulses and oilseeds. The sowing of pulses is higher at 55.99 lakh hectares against 23.92 lakh hectares in the corresponding period last year due to improved sowing in Rajasthan, Madhya Pradesh, Tamil Nadu and Maharashtra. The India Meteorological Department has said the monsoon has so far been six per cent lower than Long Period Average. Rainfall has been lower by 12 per cent in south peninsula, by 13 per cent in central India and by six per cent in east and northeast India. Although the monsoon has covered the entire country, 11 sub-divisions remain deficient. About 39 per cent districts (238) are deficient.

Government's 'Housing for All' Can give Rs. 15 Trillion: The Centre's housing for all project is expected to give the economy a Rs 15-trillion boost over the next 7 years, but its success will depend on ramping up existing urban infrastructure, fast tracking approval process and targeting the actual beneficiary, a study said. "The direct benefit of the housing for all scheme to the economy is estimated to be Rs 15 trillion in a seven-year timeframe (FY16-FY22)," according to a report prepared by India Ratings. Funding the sizeable investment through public-private partnerships and ramping up the supply of raw materials for construction, namely steel and cement, were cited as 'big challenges' for execution of the scheme. ❖

Harit Pradesh

Harit Pradesh holds the significance of being the main contributor for the agricultural prosperity in Uttar Pradesh. Harit means green and Pradesh means region.



Harit Pradesh is bounded by Bihar to the East, Uttarakand to the North, Madhya Pradesh to the South, Rajasthan and Haryana to the West. This region also has a brief international border with the Philbhit District of Nepal. This region has more than 10 National Highways. The total population of the area is 6.3 crores as per the 2011 census. It mainly constitutes of Gujjars, Yadavs, Ahirs, Brahmins, Dalits, Jats, Chamars, and Balmikis etc.

There are three distinct geographic regions, divided by two rivers of Ganga and Yamuna. The regions are – Yamuna Doab, Middle Ganga Doab and Rohilakand. There are 26 districts, which are well-developed and there are medium cities such as Shahranpur, Meerut, Braj, Aligarh, Agra, Moradabad, Bareilly.

The various crops grown here are wheat, rice, sugar etc. The area is very fertile and yields good production. The local farmers have a higher income, when compared to their counterparts from the same state. The agriculture & allied sectors, contribute majorly to the economy.

The major tourist places include Taj Mahal, Mathura, Fathepursikri Fort, Vrindavan and many others, which attract a lot of tourists. The Taj Mahal is a UNESCO world heritage site. This alone attracts 7.9 lakh foreign tourists per year as per government data. It provides livelihoods to crores of people and pumps money into the state.

Harit Pradesh is the IT hub of the northern part of India with companies like Wipro, TCS, and IBM etc, having a presence here. The industrial areas in this region include Noida, Greater Noida, Ghaziabad, Moradabad and Bulandshahar. These areas provide employment to more than 3, 49,203 Lakh people.

Muzzaffarnagar district has the highest GDP in Uttar Pradesh and is called the “Sugar bowl of India”. Saharanpur area is well known for wooden handicraft industries, tobacco companies and many other industries. Aligarh is the hub for production of safety locks in India, and is a export centre. Mathura has the biggest oil refinery in India. Agra has around seven thousand small scale industries. Meerut is the production hub for sports and music items, and is a freight corridor.

It can also be taken up for rapid urbanization and industrialization. The region has a huge scope for development. Its income constitutes of 72% of Uttar Pradesh income; therefore, the region is demanding the government to make it into a separate state. ❖

Sentinelese Tribe

The Sentinelese tribe is an indigenous tribe from the Andaman Islands, Bay of Bengal; The tribe inhabits the North Sentinel Island, which lies westward off the southern tip of the Great Andaman archipelago.



The Sentinelese have so far been hostile to outsiders and are known to be the only Paleolithic tribe living till date. The exact population of the Sentinelese tribe is not known due to their isolation, but in the year 2001 officials could record at least 39 individuals from observation from a distance. The tribe is described as being Negritos and their dwellings are either shelter-type huts with no side walls and floor, sometimes laid out with palms and leaves.

The Sentinelese tribe has a hunter-gatherer society. They catch fish in the sea with a javelin. They catch tortoises with a flat bow. They hunt animals and gather wild plants. Till date, there are no evidences of any agricultural practices or methods of producing fire by the tribe. There is no known knowledge of advanced metal work, as it has appeared that no raw materials were found on the island. As a hunting-gathering tribe, their weaponry consists of javelins and flat bows with high accuracy against human sized targets of up to nearly 10 metres. The arrows of three types, for fishing, hunting, and (un-tipped) ones for shooting warning shots, have been documented. The various types of food consist, primarily of wild plants, which are gathered in the forest and frequently found on the beaches; pigs and other wildlife. The Sentinelese are also known to be good collectors of honey and use a kind of rake to pull down branches.

The socio-political genre of the tribe is not known, as the tribe is hostile to outsiders. Many attempts were made by the Indian government to reach out to the hostile tribe, but the attempts failed. The island is an integral part of and is administered by the Indian Union Territory of Andaman and Nicobar Islands. The island stands as de factor autonomous, as Sentinelese exercise complete autonomy over their affairs and the Indian authority's involvement is restricted to only occasional monitoring.

Due to the Indian government's experiment of making contact with the Jarwa tribe, which led to that tribe contracting diseases from outsiders and many of the tribal population falling sick and a large number of their population perishing. This experience of the Indian government authorities made them rethink their approach and in order to save the only Paleolithic tribe in the world, the Indian government withdrew its efforts to make contact with the Sentinelese tribe. The preservation of the only Paleolithic tribe in the world holds a significance, not only for the Indian government authorities, but also for the world at large. ❖

L-campaign for Poverty Reduction!

Happy Conservation! Equity! Social Justice!

Happy Cooperation! Happy Collectivization!

Let us remember we are growing in numbers! Do we have enough to take care of us?

Who do we collectivize? Producers, Service Producers, Consumers or small traders? What do we collectivize? Aggregated buying/selling, Value-addition, or advocacy? Which is the Act? Cooperatives, Associations/Societies, Producer Companies, Companies, Trusts or Informal bodies? What are the tiers? Primary, Secondary, Tertiary or more? Single activity, single commodity collectives, collectives with limited but related set of activities, or omnibus collectives? Can the women organizations of the poor be mother organizations of special purpose collectives? Are member-controlled, member-managed, self-reliant self-sustaining collectives possible on scale? Do the collectives really hire, manage and seek accountability from Cadres and professionals? Not withstanding these areas of concern, there appear to be six ways forward:

- ♦ Universal institutions of the Poor (read SHGs and Federations) pool, aggregate and sell and buy;
- ♦ Universal institutions of the Poor take up value-addition and/or enterprises and hire some members to work in this;
- ♦ Producers or Service providers come together as a collective, to sell, buy and/or add value;
- ♦ Producers' Groups come together as a Producers' Organization at a cluster level;
- ♦ Producers' Organizations in turn come together as a company for marketing, branding etc.;
- ♦ Individual or corporate entrepreneurs partner with these collectives

This would require support to take root, and reach the

critical mass. Capturing the market initially and getting rid of the existing debts and tie-ups with various strappings requires support. While initial investment is a must but it is small. The bigger investment is the working capital requirements. BIGGER requirement is the suitable HR with stamina and caliber to stay on. Right Acts, Right Policy Environment and Support, Long and Deliberate Campaign and Persistence would help.

Can we see social justice in "A mother of two children decides to give all that she has to the child who is not doing well (materially) vis-à-vis the other child rather than sharing equally between the two children"? In my recent interactions with community, community has been saying for mother two children are like two eyes and therefore she should not differentiate. Our young professionals have endorsed. All this says social justice and equity are not easy concepts and require persistent campaigns.

Let us build a national/global campaign for poverty reduction and livelihoods off/for the poor. Let us build an L-campaign. L for life; L for living; L for livelihoods; L for leveraging; L for leading; L for learning and L for love. Let us build an L-campaign for Poverty Reduction and

Livelihoods. This campaign should include/involve ideas, insights, instruments, initiatives, interventions, institutions and individuals ('I's). Let us trigger with a L-campaign network. Let us seek volunteers. Let us seek associates. Let us seek leaders. Let us seek professionals. Let us seek practitioners. Let us seek life workers. Let us seek partners. Let us seek friends. Let us go and spend time with the community and the 'I's. Let us work on 'I's and spread the effort of 'I's. Let us take it into our day discourses, our working and our existence. Into our literature. Our stories. Our books. Our songs. Our press. Our channels. Our culture. Our schools. Our ways of life. Let us work to bring margins into mainstream.

Let us begin this L-campaign. Let us begin with us. Let us get going. Let us invest a billion hours, to begin with. ❖

Perspectives

G Muralidhar



4 July
International Day of Cooperatives



11 July
World Population Day

Education as a Security...

Can you introduce yourself?

My name is Sriramula Kanakayya. I studied up to 10th class. I am 38 years old.



Where are you living?

I am living at a Basti near Indira Park, in Domalaguda, Hyderabad.

Tell us about your family?

I am married and have three children (two daughters and a son). My elder daughter got married recently. My son is studying 10th class, while my younger daughter is studying in 9th class in a Government school. My wife is working as a domestic worker and also as a cook for two houses nearby.

What are you doing?

Currently, I am working as a security guard with Sharp Security Services Ltd (SSSL), Hyderabad. Prior to this, I had trained and worked as a Cinema Operator (CO) for more than 10 years with Sudarshan 70MM theater, Hyderabad. After the closing of the theater, I had lost my job; hence, I had opted for being a security guard for survival. Because my income has been insufficient to provide proper education to my children, I had recently started a small shop at our home, where we sell chocolates, biscuits, etc. for additional income.

How many hours are you working per day and how much are you earning?

I am working 12 hours per day and earning Rs. 9,000/- per month. At times, when the replacement guard does not come, I do overtime for additional income. I am working for 30 days a month.

Do you face any problems in daily life?

As a security guard, I have to work on a shift duty. Every week, I have to do night shifts. Sometimes, it continues for 15 days per month at daily 12 hours shift. I am facing health related issues due to sleepless nights and I am unable to sleep even in the day, due to frequent change in sleep patterns.

Did you get any benefits from the government?

Yes, I have got a white ration card and monthly ration from the government. I have an aadhar card and a voter card. Other than these, we did not receive any other benefits from the government.

What are your future plans?

For my daughter's marriage, I took a loan of two lakhs, which I need to clear. Apart from that, I want to provide proper education to my children. I also need to save money for my younger daughter's marriage. I don't want see my son to struggle like me in an unsteady job. ❖

Local Conservation Efforts...

Tell us about yourself?

My name is Baka Indramma. I am 56 years old. I am an illiterate.



Where are you living?

I am living in the Valasi Village, Valasi Gram Panchayat (GP), Ananthagiri Mandal, Visakhapatnam District, Andhra Pradesh.

Tell us about your family?

I am married and have two sons and two daughters. My husband expired due to a health problem. My elder son and two daughters are married. My daughters are staying with their in-laws. I am living with my two sons.

How are you surviving as a single woman?

My husband expired, when my children were very young. As I was single, I faced many problems to raise my children. But the villagers helped me a lot. I always managed to maintain a friendly relationship with the villagers.

Did you educate your children?

Yes, my younger son studied B.A., B.Ed, and the remaining children studied up to primary education.

What is your Livelihood?

I got a half acre of irrigated land and a half acre of rain-fed land from my ancestors. I undertake cultivation of paddy, millets and vegetables with the support of my children. The produce is used only for domestic consumption. I also took up the task of cooking Mid-day meals in the school located in the village, through our Self Help Group (SHG). My elder son goes for the collection of seasonal Non Timber Forest Produce (NTFP) such as Amla, Adda leaf, Tamarind, etc.

Tell us about your SHG?

I am also the leader of our SHG. I was also elected as a ward member in the GP besides being selected as the Secretary in the Biodiversity Management Committee (BMC).

Did you get any benefits from the government?

Yes, I have got a Ration card, a MGNREGS Job card and have also received a house under the Indiramma Housing Scheme (IHS).

What are your future plans?

To contribute towards the promotion of conservation of forest resources, among my fellow members of the village, through my group. ❖

Promote SRI Method...

Strengthening Groups...

Tell us about yourself?

My name is Chintha Jammulamma. I am 37 years old. I studied up to 3rd standard. I am a native of Chinthapaka Village, Pinakota Gram Panchayat(GP), Ananthagiri Mandal, Visakhapatnam District, Andhra Pradesh. I am married and have a son and a daughter. My son is studying Intermediate and daughter is studying 8th standard. We belong to a marginal agricultural labour family. I and my husband are engaged in agriculture works, collect Non Timber Forest Produces (NTFP) from nearby forest and also work under MGNREGS, during lean months.

**What are you doing?**

I am currently working as the President for the "Adavithalli Girijana Mahila Mutually Aided Cooperative Society (MACS)", Chinthapaka village, Ananthagiri Mandal. I am also the leader for my "Chinthamma Self Help Group (SHG)".

Explain about your MACS?

All our MACS members belong to Nooka Dora/Mooka Dora community, one of the predominant tribal sub-clans in the Mandal. The MACS was established in 2005. Our MACS has 500 members covering 19 habitations. The MACS has 15 Board of directors. It takes up collective marketing to increase the incomes of the NTFP dependent families by value addition for the produce collected by the members. The MACS has been able to reach a business turnover of about Rs. 25 lakh, so far.

What is your role as a leader?

As a leader, I organize regular meetings of MACS, supervise all the daily activities of the MACS such as collective procurement, value addition, quality control, marketing, etc., manage all the bank transactions along with the joint account holders with the support of staff members. Our SHG also runs a Domestic Requirements Depot (DR Depot). I am one of the responsible persons for the running of the DR Depot.

Did you get any benefits from the government?

Yes, I have got Ration Card, MGNREGS Job Card and a house under Indiramma Housing Scheme (ISH).

What are your future plans?

In my tenure as a leader, I want to take up more value addition initiatives through MACS, promote Medicinal & Aromatic Plants (MAPs) cultivation in our own lands, promote System of Rice Intensification (SRI); SRI methods are being used by all the MACS members for their healthy life. ❖

Can you introduce yourself?

My name is C. Madhu. I am 30 years old. I studied graduation at Ambedkar College in Baghlingampally, Hyderabad.

**Tell us about your family?**

I have two daughters and a son, and they are going to school for primary education. My parents have expired. I have three brothers and a sister; I am the eldest of all my brothers. One of my brothers and my sister are married and another brother passed away recently. My younger brother is currently living with me. He collects garbage from households and dumps it into the municipality dumping yard.

What are you doing and how did you get this job?

I have been working as a Community Organizer (CO) in Greater Hyderabad Municipal Corporation (GHMC) from the past four years at Chandrayanagutta in Hyderabad. When I completed my Graduation, my father was working in GHMC and passed away with a chronic disease. As I was the eldest son, I was given the opportunity to take his place in GHMC, as a CO.

Can you give us a description of your job?

As a CO, I am working in the slum areas of Musarambagh, Salimnagar & Chandrayanagutta. My role involves formation of Self Help Groups (SHGs), revival of existing defunct and default groups, strengthening of the groups, conducting and attending weekly meetings, mobilizing people and explaining to them about importance of savings, unity, health and education; supporting the groups for linking with government projects and banks for economical support; identifying school dropouts and admitting them back to school.

What are the problems you face in your daily work?

I face many problems while interacting with the slum-dwellers. As most of the community people are uneducated, sometimes they won't respond as expected and take time in understanding and accepting us. Therefore, we need to visit them again and again to persuade them. At times, we are not in a position to enter the field without intimating local community / political leaders.

Did you get any benefits from the Government?

Yes, I have got a ration card, an aadhar card and a voter card.

What are your future plans?

Because I got the job from my father, I also have the responsibility of taking care of my siblings along with my family. The marriage of my younger brother is the immediate responsibility I have. I want to provide good education to my children. ❖

Devote for Tribal Development...

Can you tell us about yourself?

My name is T. Laxmana Rao. I am 46 years old. I am a Graduate. I am working as a Coordinator for Non Timber Forest Produces (NTFP), in Kovel Foundation (KF) at Visakhapatnam, Andhra Pradesh. I am from Kintali Village, Ponduru Mandal, Srikakulam District, Andhra Pradesh.

Tell us about your family?

I am married. My son is studying Intermediate. My wife is a housewife. We reside in Visakhapatnam, as our office headquarters is located there. I come from an agricultural background. I have five siblings; three of my sisters are married and of the two brothers, one works in Indian Army and other works as a welder.

How did you come into development sector?

In the year 1993, I met Late Dr. G.V. Subbarao, Scientist of the Botanical Survey of India (BSI). At the time, he was working as the Consulting Scientist in Kovel Foundation. I heard about the Kovel Foundation's activities through him and found their work interesting. Later, he gave me an opportunity to join the Kovel Foundation as the Technical Assistant (TA) in the Quantitative Resource Survey (QRS) Project. The Kovel Foundation was doing this project in collaboration with the Girijan Cooperative Corporation (GCC). As I hail from an agricultural family and was well-versed with the names and uses of different herbs, I used to enjoy, whenever I would come across medicinal values of the plants, which I regularly saw in my surroundings. I felt very excited about the work and enjoyed it.

Can you tell us about your work?

Currently, I am working as a NTFP Coordinator in Kovel Foundation in Visakhapatnam under the Sustainable Tribal Economic Empowerment (STEE), through NTFP Value Chain Management project. My work involves collection of plant specimens, processing, preparation of herbarium etc. Prior to being a NTFP Coordinator, I worked as a Training Coordinator (State Level). During my tenure as a Training Coordinator, I had handled more than seven projects such as (i) Scientific management of Gum Karaya under Tribal Cooperative Marketing Development Federation of India (TRIFED) project (ii) Botanists and Barefoot Botanists of Velugu (iii) Scientific collection and Quality extraction of Rock Bee honey in the State of AP (iv) Scientific management of Gum Kondagogu (v) Scientific management of important Medicinal plants (vi) Scientific management & value addition of Hill grass.

Overall, my work covers the Plant Germ-plasm collection, Ethnobotanical study, Herbarium preparation of NTFP & Agriculture, Collection of Indigenous Technical Knowledge

(ITK), Regeneration (Nurseries & Plantation) interventions, Resource material development.

Did you get any trainings as part of your job?

Yes, I have undergone trainings to improve my skills and deliverables in my day to day job. I have undergone the following trainings:

- ♦ NTFP Livelihood enhancement by the Livelihood School, Bangalore
- ♦ Scientific collection & quality extraction of Rock bee honey
- ♦ Rural Livelihood enhancement through Medicinal plants cultivation by CIMAP
- ♦ Rural Livelihood enhancement through Medicinal & Aromatic plants cultivation by NMPB
- ♦ Documentation of Indigenous Technical Knowledge on natural resources by NBPGR
- ♦ Best collection practices of Medicinal plants by Forest Department
- ♦ Forest based livelihood promotion by DHAN Foundation
- ♦ Rural Food Processing Technologies by SEED, NABARD & Kovel Foundation

Did you face any problems in this field?

Yes, during trainings, I have to stay for long periods in the field and as a result, I face health problems. The villages are remote and have hardly any medical facilities. Many times, I face difficulties in handling my personal and professional life, as it is a delicate balance. At times, I do not get quality time to spend with my family members, especially when they need me. On the field front, it is very difficult to mobilize tribal communities, as they are very closed communities. Also, the pressure from donor agencies to achieve the target, leaves me with no adequate time or resources to execute any other work. On the whole, I enjoy working with the communities.

Did you get any recognition for your work?

Yes, as I am one of the oldest employees who is associated with Kovel Foundation from the beginning of the project, the Kovel Foundation felicitated me for the remarkable service I extended to tribal communities for more than two decades.

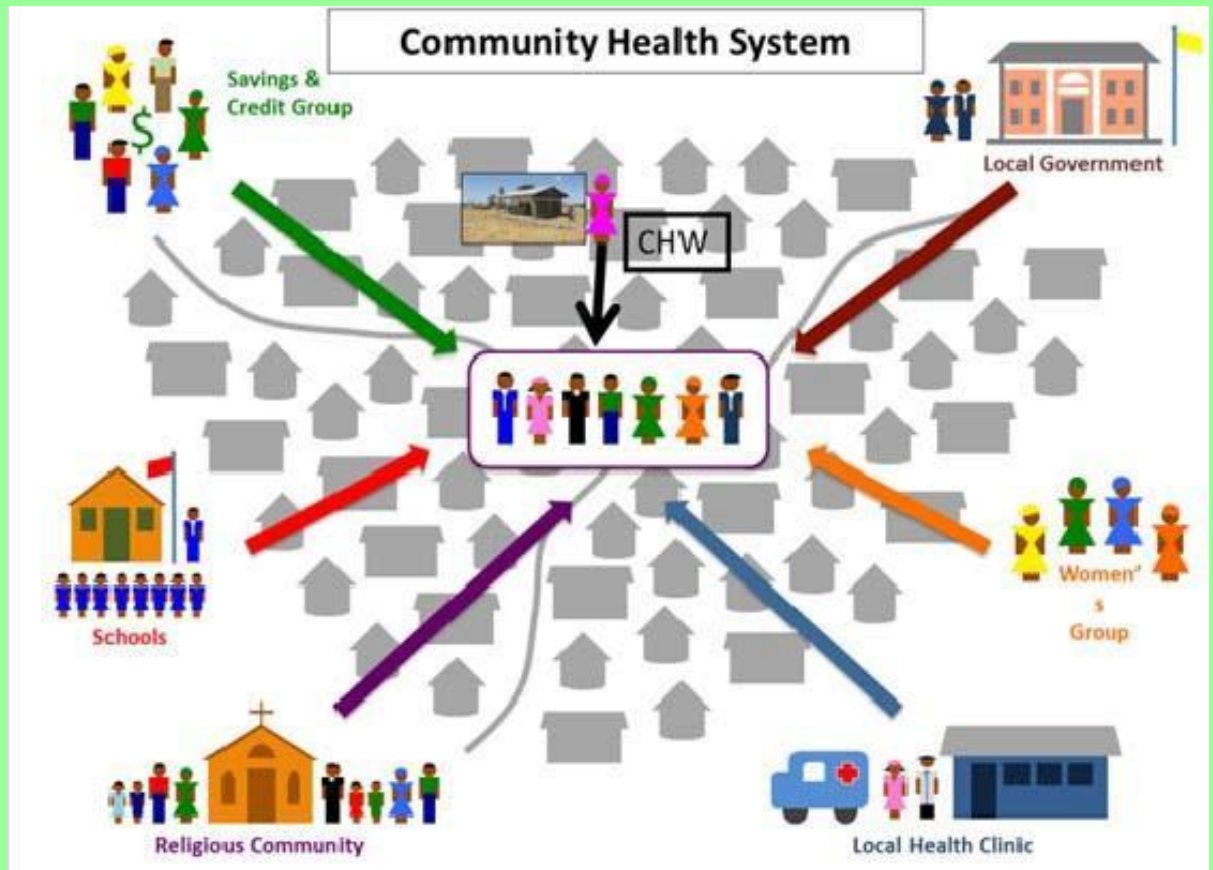
What are your future goals?

I want to devote my time towards biodiversity conservation and tribal development. I want to continue my work with the Kovel Foundation and provide my unconditional support for the Foundation's goal, until I retire. ❖



Community Health

Community health is an important aspect for all of us. Irrespective of any geographical area, tribal, rural and urban people focus on their health care, as it increases their workdays and life span. India is the second most populous country in the world after China. We have our established ancient traditional healing methods through generations of symbiotic relationship with nature. This harmony with nature brings in the significance of community health in a populous country of ours.



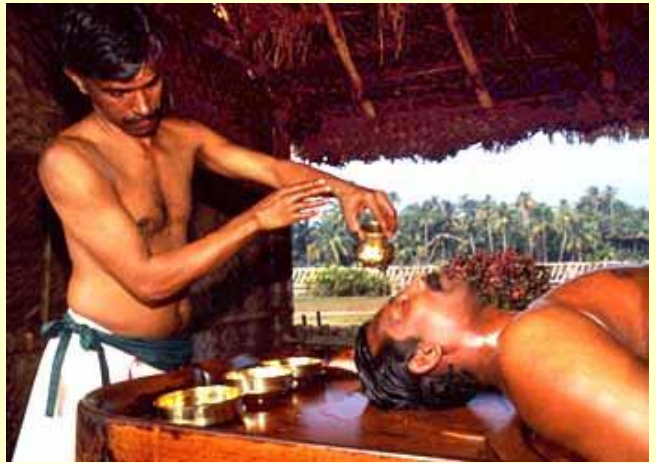
Community health is an important aspect for all of us. Irrespective of any geographical area, tribal, rural and urban people focus on their health care, as it increases their workdays and life span. India is the second most populous country in the world after China. We have our established ancient traditional healing methods through generations of symbiotic relationship with nature. This harmony with nature brings in the significance of community health in a populous country of ours.

Being one of the populous country in the world, many people do not have affordability for highly specialized western health care and also that the socio-cultural fabric of our country, makes its population depend on traditional health care systems. In this context, the role of community health care systems holds significance.

In pre-independence and post independent era, Government and Non Government Organizations (NGOs) have been providing health care facilities for all. However, there reach has not been adequate and accessible. Access to affordable and effective health care is a basic human right.

A nation's economic progress is measured, on people's health. According to the World Health Organization (WHO), the definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The health status of any community is influenced by the interplay of health consciousness of the people, socio-cultural, demographic, economic, educational and political factors. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health seeking behaviour of autochthonous people. Health is an essential component of the well-being of mankind and is a prerequisite for human development.

There are various types of healing methods and different types of health treatments are available such as Allopathic and Ayurveda, Yoga, Unani, Siddha and Homeopathy



(AYUSH). Individuals, across India try out various methods of treatment in health care and a few restrict themselves to some popular methods for health care in India.

Tribal, rural and urban-poor communities do not have the required level of access to basic health facilities from the government. The most exploited, neglected people are highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality. They face problems like poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc. These areas witness to high maternal mortality rate, poor nutritional status, low haemoglobin (anaemia), unhygienic and primitive practices for parturition.

These populations are not in the accessible zone of affordable and effective health treatment. Though the life span of individuals has been on rise steadily, but it continues to be challenged by various types of health problems. People suffer with different disease, they approach traditional healers or doctors for treatment, but most of the individuals use traditional medicine due to economical problems.

In the initial stages, many individuals use traditional health treatments in their houses, if there is no respite from the problem then they visits sub centres, primary health centres (PHC), Community Health Centres (CHC), general hospitals, private clinics, trained health volunteers and traditional healers. Many times, they do visit traditional healers at the same time as go to hospitals for health cure.

India being home to traditional knowledge and this knowledge was gained by our ancient elders from nature. All the traditional healing methods were symbiotic in nature. Populations depended and continue to depend on traditional healers for treatment. Due to inaccessibility and high costs for health care and non-affordability, many continue to approach traditional healers for treatment for low price. Most of the people, first approach traditional

healers or they use their own knowledge to cure diseases, they meet doctors only if they do not get cured by traditional treatment.

Traditional healers are especially significant in developing countries, because they are more accessible and affordable. In addition, they are more socially accepted as compared to formally trained health workers from the urban areas. Traditional healers are more affordable, especially for the poor. For example, professional or qualified doctors take more money.

Traditional healers are defined as those who are recognized by the community. They provide health care by using plants' roots, leaves, fruits, flowers, vegetables, goat milk, cow urine, mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community. They have extensive knowledge on the use of plants and herbs for medicinal and nutritional purposes.

Most of the people are dependent on local health traditions in India. Local health traditions are based on practices, beliefs and customs related to health specific to each locality. These local traditional health methods convey information from generation to generation by word of mouth and other methods. Thousands of specialised traditional healers are available in India and they are skilled in traditional treatment.

There are over a million community based traditional health workers, including 60,000 village bone setters, 60,000 herbal medicine practitioners specialise in jaundice, paralytic conditions, children's diseases, eye diseases, poison healing, dentistry, etc. and around 7,00,000 midwives in India. They are called as Indian barefoot doctors or Natu Vaidyas. These traditional healers assist in around 80% of all rural home deliveries, treat over 40% of broken bones and 50% of snake bites, scorpion bites, bee bites and dog bites. They apply suitable methods to overcome these problems. Few of the Traditional healers are working full time as most of the traditional healers do not take medical service as a full time work. The healer may be a farmer, a barber, a shop keeper, a blacksmith, a priest etc. They take less fee for treatment from patients,



the medical service they give, though not free of charge, is performed on ethical grounds and is non commercial in nature. The low cost is one of the reasons, why the tradition is also large and widespread.

The traditional medical knowledge is also diverse and specific to each eco-system and ethnic community, because of the special characteristics of resources, health needs and belief systems. There are certain common features, however, such as a very strict code of conduct followed by most barefoot doctors. They extend health care irrespective of a patient's personal work, caste, money and time. Certain prayers and offerings usually follow the collection of the medical plants and administration. Patient believe that certain healers have special healing powers, which is known as the power of the hand. Traditional healers pass on their knowledge to younger successors who are selected on ethical criteria, which include qualities such as patience, strong faith in God, courage and a love of mankind.

Presently, all traditional healers of this community are not performing the same functions. Each of them has their own field of expertise. Even the techniques employed differ considerably. They have their own methods of diagnosis and their own particular medicine. There are different types of traditional healers on the basis of their expertise in India.

Traditional healers treat all age groups and all problems, using and administering medicines that are readily available and affordable. Their treatment is comprehensive and has curative, protective and preventive elements, and can be either natural or ritual or both, depending on the cause of the disease. It includes among others, ritual sacrifice to appease the ancestors, ritual and magical strengthening of people and possessions, steaming, purification (e.g. ritual washing, or the use of emetics and purgatives), sniffing of substances, cuts, wearing charms and piercing. Most of the plant products after formulation are used orally, whereas for skin disease and bone fracture medicines are not prescribed for oral consumption. It was found that in most of the cases the plant products are prepared with combination of some other plants or some other products. The plants used in mixtures all may not contain the properties to provide relief from a particular disease, but some might be having reduced side effects on treatment.

Even though traditional medical knowledge serves a vast majority of the India population, government support for these traditions is very meagre (limited). Only around 4% of the annual health budget is allocated to the codified Indian systems of medicines, while the existence of local healers and local knowledge is not recognised in the Indian national health policy. As on today also, there has hardly been any effort to recognise and codify the local health traditions in India. They invest money on health care, some people meet traditional healers for spending less on health.

Government provides AYUSH methods for health care. Some people follow these methods, but many are unaware about these methods.

A section of rural people in all social cases, including the poor, are giving up traditional health practices and turning to allopathic medicine. But this medical system is increasingly unaffordable for common people. Socio-economic surveys indicate that the single and largest cause of rural indebtedness in India is on account of health expenditure. This expense can be brought down considerably by promoting effective local health practices.

Presently, government provides health facilities for utilization by people in villages. Sub centres, PHC, CHC etc are being run for people's health care. In these institutions there are doctors, nurses, Auxiliary Mid Wives (ANMs), compounders, lab technicians, etc for providing treatments. Sub centres exist in large Gram Panchayats (GP), PHCs exist in mandal/block head quarters, community hospitals and district hospitals exist at district levels. Government and NGOs train people of the community as health volunteers for basic treatment.

In villages, ANMs provide treatment for general complaints like fever, stomach pain, headache, pains, etc. Asha workers create awareness on deliveries and prevention of diseases, trained dayas conduct deliveries in villages.



Anganwadi Centre (AWC) workers spread awareness on nutritious food and prevention of diseases. In some places, trained health volunteers give basic treatment and refer to hospitals if and when necessary.

The National Health Mission is one of the important programs initiated by GoI. The NRHM flagship programme of GoI, aims to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. National Urban Health Mission (NUHM) seeks to improve the health status of the urban population, particularly slum dwellers and other vulnerable sections by facilitating their access to quality primary health care.

Apart from the above, GoI is also focusing on community health care, by way of providing many health services for tribal, rural and urban people. It is also implementing different types of schemes for communities. It provides different health services for children, mothers, adolescent girls, elders, etc. It also provides health cards for free treatment for people. They can get treatment for any of the major diseases in government hospitals and private hospitals. It also runs call centres to provide information on the nearest health facilities available and to give health information.

Government provides health facilities in tribal, rural and urban areas of India. But in tribal areas health facilities are not really as accessible to tribal people as compared to rural and urban areas. The scheduled tribes are at different stages of social, cultural and economic development. The cultural pattern varies from tribe to tribe and region to region. The economic life of the tribals depends on the nature. The health status of the tribal populations is very poor, especially the health condition of primitive tribes is abysmal, due to various reasons like isolation, remoteness, lack of awareness and being largely unaffected by the developmental process going on in India.

Tribal communities in general and primitive tribal groups in particular are highly disease prone. Additionally, they do not have the required level of access to basic health facilities provided by the government. They are the most

exploited, neglected, and are highly vulnerable to diseases with high degree of malnutrition, morbidity and mortality. They face problems like poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc. The chief causes of high maternal mortality rate are found to be poor nutritional status, low haemoglobin (anaemia), unhygienic and primitive practices for parturition.

India has just one doctor for every 1700 people, which is one of the major problems. A few doctors are migrating to other countries for green pastures. In India, the number of health professionals/volunteers are very less. Many NGOs put in a lot of efforts on community health care and create their own innovations for health care. Barefoot college and Jamkhed model are good examples for health interventions.

Since 1973, the Barefoot College health care programme has provided basic health services to more than 150 villages in Rajasthan, through a team of Barefoot doctors, health workers, midwives, pathologists and dentists with little or no educational background.

The College has demystified medical technologies and equipped rural communities with basic health facilities. Through a network of grassroots leaders in the barefoot health team, the Barefoot College has fostered health awareness among rural men, women and children on issues such as hygiene, food and nutrition, mother and child care, immunization, oral health, family planning, HIV/AIDS and midwifery. 260 Barefoot doctors have been trained to treat patients with common ailments. They can administer allopathic, homeopathic and bio-chemic medicines. Barefoot doctors care for patients from rural communities, and for children studying in Barefoot night schools, day schools and rural crèches. These doctors are semi-literate with little education and no medical degrees.

The College has been training men and women from villages across the globe, so that rural communities can become less dependent on external aid. Their involvement in planning, implementation and supervision of all



programmes has not only generated employment within rural communities, but also reduced migration and strengthened local economies.

The Comprehensive Rural Health Project, Jamkhed (CRHP), has been working among the rural poor and marginalized for over 40 years. Founded in 1970 by Doctors Raj and Mabelle Arole to bring healthcare to the poorest of the poor, CRHP has become an organization that empowers people to eliminate injustices through integrated efforts in health and development. CRHP works by mobilizing and building the capacity of communities to achieve access to comprehensive development and freedom from stigma, poverty and disease. Pioneering a comprehensive approach to primary community-based healthcare (also known as the Jamkhed Model), CRHP has been a leader in public health and development in rural communities in India and around the world.

The work of CRHP has been recognized by the WHO and UNICEF, and has been introduced to 178 countries across the world. Annually, CRHP provides services that directly impact half a million people in the state of Maharashtra alone. Since the opening of the Training Centre in 1994, over 22,000 local and 2,700 international representatives from NGOs, governments and healthcare professionals have been trained in the CRHP approach. At the core of this comprehensive community-based approach is its embrace of equity for all, utilizing healthcare as a means to break the cycle of poverty.

Most of the states in India face severe health workforce shortage. Health service providers, managers, and support workers are needed, to fill the gap.

The states are unable to provide basic lifesaving services in a consistent manner. In community health service, health workers provide healthcare to those who need it, are the heart of health systems. There is a chronic national shortage of health workers. There is no single solution to such a complex problem, but some ways forward do exist





and must now be implemented. Action must be taken now for results to show in the coming years. In India, a rise in chronic health problems among the ageing population and the ageing of their own workforce has led to an ever growing demand for health workers. The need of the hour is to make the workforce a priority and put in place a national plan for managing it. Government also needs to invest in training existing health workers to keep them up to date to the changing priorities.

The health scenario in our country is rapidly changing, both in terms of the public health challenges that we face as well as our response to these challenges. As India becomes more and more developed, having greater means at our disposal, our response to our health challenges must reflect our changing health and socio-economic status. India faces enormous challenges in the area of women's and children's health. India is one of the few countries that have recorded substantial decline in maternal mortality. India is still far from achieving the target set in the Millennium Development Goals (MDG). Despite several growth-orientated policies adopted by the government, the widening economic, regional, and gender disparities are posing challenges for the health sector. About 75% of health infrastructure, medical manpower, and other health resources are concentrated in urban areas, where 27% of the populations live. To reduce this double burden of diseases, public health has to focus on health promotion, and disease prevention and control, while taking into consideration the social determinant of health. The focus of public health is to bring about change at the policy level, not only for preventing disease, but also for the health promotion through organized action at societal level., community health systems.

Today, we actually have a disease-oriented cure system rather than a health-oriented care system in this country. When health improves, life improves by every measure. We have to take the responsibility of the future in terms of making the world a "Better place" health wise and other wise. India is the second largest populated country in the world, with a multitude of health problems encompassing both communicable and non-communicable diseases and other public health-related problems. India's burden in terms of maternal, new born, and child mortality is one the

highest in the world. India has witnessed significant changes in public health, despite significant achievements in some areas. However there are many public health issues, which need immediate action.

Today, it is estimated that 30% of all Indians still die without seeing a doctor. The universal access to basic services must be ensured. Preventive and promotive health must be pursued to bring down expenses on curative care. This emphasizes better access to health services for the poor, underserved, and marginalized. Our country's aim is to improve access to quality healthcare, particularly for women, children, and the poor by promoting integration, decentralization, and encouraging community participation.

The challenges include lack of universalisation of services, rural & urban differentials, poor status of women in society, and lack of political will and acceptance of the issues as a social priority. There is a need to ensure essential services for mothers and children during pregnancy, childbirth, post-partum period, infancy, and childhood. The maternal mortality continues to be a problem in rural, remote, inaccessible, and tribal areas, where there are hardly any health services available, or even if available they are inadequate. The latest MMR estimates show an encouraging trend in India. However, we still need to reaffirm our commitment and redouble our efforts, and focus on readdressing inequities in particular.

In India, the health needs of general population are far from met, still half of the population is not assured of safe drinking water and the immunization status of the children is not increasing beyond. The public health fraternity should offer ways of delivering healthcare more effectively and equitability.

The challenges which are being faced now in the health sector are much more complex. The complexities of culture and customs, economic situations, geography, ethnicity, and political situations make the challenges related to public health specific, for every state of the nation. The problems faced by Indians such as high incidence of communicable diseases, low performance of maternal and child health indicators, and nutritional problems, especially that of women and children, are the issues that persist in almost all parts of the country even today, apart from the burden of chronic non-communicable diseases and other economic and social factors. The role of government for the existing system of medicine should be given due recognition for their contribution and involvement, delineate the specific scope, limit and role of traditional healers in public health promotion, undertake research and development activities, provide orientation and support to traditional-healers, monitor and strengthen the role of folk-healers to do proper follow up. ❖

Warehousing Corporation (Amendment) Act, 2015

The Central Warehousing Corporation (CWC) was established in the year 1957. The key objective of CWC was to provide logistics support to the agriculture sector. The CWC was established as a public warehouse operator offering logistics services to diverse group of clients. The Central Warehousing Corporation operates 467 warehouses across the country, with a storage capacity of 10.3 million tonnes, by way of providing warehousing services.

Warehousing Corporation Act, 1962:

The Warehousing Corporations Act, 1962 established central and state warehousing corporations for the purpose of warehousing agricultural produce and other commodities. It is subject to the provisions of this act, where CWC may:

Subscribe to the share capital of a State Warehousing Corporation;

Act as agent of the Government for the purposes of the purchase, sale, storage and distribution of agricultural produce, seeds, manures, fertilizers, agricultural implements and notified commodities; and Carry out such other functions as may be prescribed.

The CWC operates on a large scale. The operations include scientific storage and handling of services for more than 400 commodities including agricultural produce, industrial raw-materials, finished goods and a variety of hygroscopic and perishable items, through a network of 476 warehouses in India with its team of 5,658 trained personnel. There are Export and Import warehousing facilities at its 36 container freight stations in ports and inland stations, bonded warehousing facilities, disinfestations services, handling, transportation and storage of ISO containers.

The CWC enables the movement of imported and exportable goods to and from the port towns and has developed infrastructure of Container Freight Stations (CFSs) and inland clearance depots throughout the country. It operates 36 CFSs and Inland Container Depots (ICDs).

Amendments: There was a proposition in the year 2011, by the Ministry of Consumer Affairs, Food and Public Distribution seeking to make Central Warehousing Corporation to make a Mini-Ratna company, an independent body without government being a guarantor.

The Warehousing Corporations (Amendment) Bill, 2011 was introduced in the Lok Sabha by K.V. Thomas, the Minister of Consumer Affairs, Food and Public Distribution on December 8th, 2011. The Bill was referred to the

Standing Committee on Food, Consumer Affairs and Public Distribution on January 5, 2012.

The main objective of the bill was to amend the Warehousing Corporations Act, 1962. CWC is a Public Sector Enterprise, that has been awarded a Mini-Ratna status. Mini-Ratnas do not get financial support from government or government guarantees. The bill proposed amendments in the Act by removing provisions for any financial support or guarantee given to the CWC by the central government. It maintains the provision of financial support or guarantee given by state governments to State Warehousing Corporations. The proposed amendment did not touch upon the dilution of the 55% shareholding of the government in the CWC.

- ♦ The Bill's Statement of Objects and Reasons states that the Central Warehousing Corporation has been awarded a Mini-Ratna Public Sector Enterprise status by the Department of Public Enterprises. One of the criteria to be a Mini-Ratna enterprise is that there should be no financial support from the government to the enterprise, and that it must be independent of any budgetary support or guarantee by the government.
- ♦ Currently, a section in the Act requires that the Central Government guarantee the repayment of the principal and annual minimum dividend payments on shares to the central warehousing corporation. The Bill seeks to do away with the Central Government's responsibility of being a financial guarantor to the central warehousing corporation.
- ♦ Accordingly, provisos to certain sections relating to the government's responsibility of being a guarantor to the central warehousing corporation are proposed to be omitted.

On April 29th 2015 Parliament, passed the warehousing corporation amendment bill, which seeks to remove the provision about the central government's responsibility of being a financial guarantor to the corporation. Moved for consideration and passage by Food and Consumer Affairs Minister, the bill seeks to amend the Warehousing Corporation Act, 1962. One of the criteria to be a Mini-Ratna enterprise is that there should be no financial support from the government to the enterprise and it should not depend on any budgetary support.

The amendment aims to absolve the central government of its responsibility of being a guarantor. The amendment has limited scope and serious concerns, due to government stopping to be its guarantor, the CWC may lose investors' trust; and also fears loom large that it might become a private entity. ❖

Yacharam Mandal Mahila Samakhya

Yacharam Mandala Mahila Paraspara Sahayaka Podupu Sangam is located in Yacharam mandal, Rangareddy district, Telangana. It was established on 19th March, 2008.

The Mandala Mahila Samakya (MMS) has 43 Village Organizations, 1045 Self Help Groups (SHG), with a total of 12,148 members in it. It covers around 20 Gram Panchayats (GP). There are 286 SC SHGs, 126 ST SHGs, 169 BC SHGs, and 469 OC SHGs under it. The Office Bearers: (OB) President: Anasuya, Vice president: Laxmamma, Secretary: Saidamma, Joint Secretary: Eswaramma and Treasurer: Andaalu.

The MMS meeting is held on the 29th of every month at 11:00 am in the Mandal Samakya premises. . Every VO has taken membership in MS and pay Rs. 111 per annum and save Rs. 100 per month. The MS has granted loans of Rs.62 lakhs and Streenidhi loans of Rs.1.52 crores to VOs.

The MS has the following committees for the smooth running of the VOs; Each committee led by four members.

VO supervising committee: It solves members problems and led by Anasuya, Eshwaramma and Paarijatha.

Bank Linkage Committee: It supervises the Bank Linkage and led by Saidamma, Manjula, Satyamma, and Srilatha.

CIF and Audit Subcommittee: It monitors savings and repayment amount and conducts an audit and led by Lakshamma, Shobha, Anitha, and Yadamma.

Insurance Committee: It supervises insurance schemes such as Abhyahastam, Aam Admi Bheema Yojana, etc. It is led by Kausalya, Lakshmi, Kamma, Eedamma, and Nagamani.

Health and Education Committee: It monitors pregnant and lactating women's health condition, children nutrition and education in Anganwadi centres. It is led by Yadamma, Andalu, Vanaja, Kamma, and Mallamma.

NPM Committee: It promotes Non-Pesticide Management (NPM). It is led by Ramanamma, Shashikala, Lakshamma and Lakshmi. ❖

Support Organization

Kashtakari Sanghatan

The Kashtakari Sanghatan is a people centric organization. It's been working for the tribal, landless, marginal and migrant labours in the tribal areas of the Thane District in Maharashtra for the past 35 years. It was established on 23rd December, 1978. The organization actively works in 600 tribal villages spread across Thane District.

The Kashtakari Sangathan has been actively working towards alienation of tribal land from money lenders. The organization provides assurance of food security and utilizes 7000 acres of land for 15,000 families and it also provides assurance of secured livelihoods to 25000 families and legal protection to 3000 migrant labourers under the guaranteed legal protection.

On the aspect of livelihoods, it supports Adivasi rights, as part of a struggle for implementation of minimum wages Act for the tribals who are working in brick kilns, as salt pan workers, as sand dredgers and as fishing boat workers. It provides support under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS).

For women, it regularly conducts campaigns against alcohol and domestic violence, sexual abuse, oppression, witch hunting; it fights for the rights of single women, deserted, widows, aged women etc.

In the alternative education campaign, the Sanghatna is exploring teaching methods in tribal language with an alternative content, namely the parable and culture of the tribals, which the Sanghatna would document in oral, audio, and visual forms. It also has been promoting alternate medicine systems such as siddha and ayurveda.

On the forestry front, they are working on aspects related to illegal timber trading, replanting of fruit trees, regeneration of degraded forest land, building greenery in tribal habitations, developing forest protection committees, strengthening flora and fauna, right to NTFP, firewood, timber and upholding the right to cultivate forest lands.

Overall, the organization is working for providing various rights and entitlements of tribals and seeking to provide sustainable life to tribal people. ❖

Training Organizations

1. Centre for Entrepreneurship Development, Tamil Nadu

<http://www.cedtn.org/>

2. Social Awareness and Development Organization for Women (SAADOW)

<https://www.ashanet.org>

3. Asktenali.com

<http://www.asktenali.com/>

4. Peoples Organization Education & Training Society (POETS)

<http://www.poetsindia.org/>

Pochampally Village Organization

The Pochampally Stree-3 Village Organization (VO) is located in Pochampally Mandal, Nalgonda District, Telangana. It was formed on 15th July, 2003 and was registered under the Mutually Aided Cooperative Society Act (MACs) in 2004. The Village Organization has 47 Self Help Groups (SHG), and a total of 526 numbers under it.

Of the total SHGs, there are 5 Scheduled Caste SHGs, 2 Disabled SHGs and 40 Mixed Caste SHGs.

Office Bearers: President: Pothagalla. Yadamma, Secretary: Gurram. Padma, Treasurer: Erroju. Shantha and Book Keeper: Padmaja.

Meetings: The VO conducts a meeting on the 5th of every month at the Village Organization building. The Mandal Samakya meeting is held on the 18th of every month at the Mandal Samakya building.

The VO has Bank linkage with the Canara Bank and the Telangana Grameena Vikas Bank.

The members of the SHGs have taken a loan of Rs. 8 Lakhs under the Streenidhi amount, which is distributed to all the members within the SHGs.

Scheme

Most of the beneficiaries are empowered

Asara Pensions

The Asara pension scheme is being actively run in Pochampally village & mandal, Nalgonda district, in Telangana. This scheme was inaugurated in November, 2014. In the village, there are a total of 1587 beneficiaries; Of which, Old age pensioners are 404, Disabled pensioners are 173, Widow pensioners are 566, Toddy tapper pensioners are 40, and Weaver pensioners are 404.

The Pensions are being distributed by Panchayat Secretary and his staff at the village Panchayat office or the Post office. The organising person (Pension provider) is paid by the mandal office. Earlier, the pension amount ranged between Rs. 200 to Rs. 1000 based on the category. Nowadays, all the selected beneficiaries are getting Rs. 1000 per month, except for disabled pensioners who are getting Rs. 1500 per month. The pension is providing social security to the beneficiaries. It is mostly utilised by them for health and personal expenditure.

This scheme is eligible for below poverty line (BPL) category people have submit application to the Gram Panchayat. Then, the Gram Panchayat staff & the revenue department staff do a verification in a transparent way, as per Integration survey reports under the supervision of the Mandal Parishat Development Officer. The pension is given before the 10th of every month. ❖

through this loan amount and have utilised the money to setup enterprises.

The VO has registered 15 Abhayahastam beneficiaries; People who want to avail the scheme have to pay Rs. 360 per annum as premium. The committees work for the smooth running of the affairs of the VO. Each committee is led by 3 members of the VO.

Capacity building committee: It works for the empowerment and sustainability of SHGs.

Bank Linkage committee: It monitors the bank linkage activities such as Streenidhi, credits, loans etc. and facilitates the receiving of credit and loans from banks.

Gender committee: It works on women problems. It takes complaints from women those who face harrashment in the home or out of home. It take suitable action on the concerned culprits.

Insurance Committee: It supervises the workings of insurance schemes notably Abhyahastam, Aam Admi Bheema Yojana etc. If any of the members die, immediately, the committee starts the procedures for giving Insurance claim to the nominee family members through Insurance Mithra. ❖

Facility

Anganwadi Centre

The Anganwadi centre (AWC) located in Pochampally Village, Nalgonda District, Telangana, has been running successfully since 8th August, 2002.

Currently, this centre has 25 children (15 male, 10 female), 10 lactating women, and 12 pregnant women. This is the main Anganwadi centre of the village.

The timings of the AWC are from morning 9 am to evening 4:30 pm. It is being run by the Anganwadi teacher Jangamma, and Aaya Andaalu.

It provides nutritious food (Balamrutham) packets and records the children's weight every month; supports ANM/ASHA workers in improving health to the registered people and spreading awareness.

The menu is based on the government's norms; it provides 125 grams of Rice, 30 grams of Daal, 15 grams of Oil, 200 ml Milk, daily one Egg and Leafy Vegetable curry. It provides snacks at 3 pm. The AWC also runs in summer holidays, so as to not break the cycle of nutritious food for the children.

The AWC is monitored by a Village Organization (VO) Committee under the chairmanship of Village Sarpanch and Anganwadi Supervisor. ❖

Alteration Work

Tailoring has always been an important livelihood for poor people. Although due to changes in the mindset and culture of young India, tailoring suffered a major blow, as people began preferring readymade chic clothes to stitched clothes, but the tailoring livelihood has reinvented itself to meet the need of the hour. Alteration tailoring has been emerging as a new livelihood for many tailors, or has been providing additional income to normal tailors who mostly stitch clothes.

As mentioned earlier, people these days are keener on buying readymade clothes in a shop than to buy a cloth and get it stitched with a tailor because of various reasons such as time constraints, variety of colours, styles, cost and the most important fact— lack of worry over how our dress would be stitched by the tailor.

At the same time, this fad has created an opportunity for the tailors to exploit, i.e even though there are a lot of plus points for readymade clothes, there is one huge minus— sizes of clothes are available only in Small, Medium, Large and Extra-Large; The dress you like often may not fit you at all. Therefore, the emergence of alteration tailoring has taken place on a major scale.

These tailors setup their shops or sewing machines just outside the clothes shop or nearby; in residential colonies or on main roads and on footpaths; and alter the dresses to fit us. Thereby, earning anywhere between Rs. 20 to Rs. 100 for a work of 30 minutes or less and earn more than Rs. 8000 per month. In addition to altering, these tailors also do regular tailoring and earn money. Gender biases are absent in the field of tailoring, so both men and women take up tailoring. Because there

is no need for putting in a lot of capital, except for buying sewing machine, threads, scissors etc., and the business you get is entirely dependent on your talent, skill and hard work, so it is a great opportunity for people who are independent by nature and want to be self-employed. Generally, the tailors work morning 9 am to evening 5 pm.

Though people are mostly seen buying readymade clothes, yet during festivals and traditional occasions people prefer getting their clothes stitched according to their preferences. Furthermore, getting rich blouses stitched in diverse designs and heavy embroidery done on dresses and sarees is still quite popular in India. Moreover, readymade clothes, though available in villages, are not as popular there as in cities; Providing a good chance for tailors to earn good money.

Alteration tailoring does not only provide work to lakhs of tailors, but also provides livelihoods to sewing machine mechanics, carpenters for table making, lohars for sharpening of the scissors, cloth shops, clothes manufacturing industries, general stores and threads making industries etc.

Alteration tailoring has become a popular new livelihood or has become a source of additional income for normal tailors. Being self-employed is another major reason for taking up this livelihood. ❖



Individual Enterprise



Tea & Coffee Centre

Collective Enterprise



Women Collective Stitching Centre

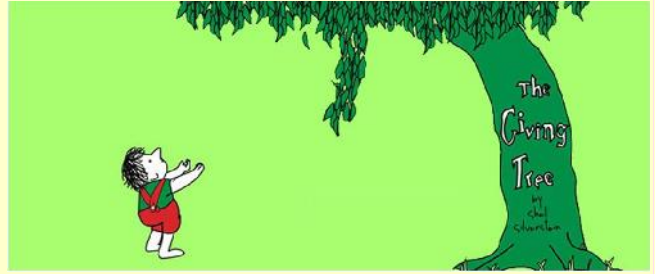
The Giving Tree

Once upon a time, there lived a big mango tree. A little boy loved to come and play around it everyday. He climbed to the tree top, ate the mangoes, took a nap under the shadow... He loved the tree and the tree loved to play with him. Time went by, The little boy grew, and he no longer played around the tree.

One day, the boy came back to the tree with a sad look on his face. "Come and play with me," the tree asked the boy. "I am no longer a kid, I don't play around trees anymore." The boy replied, "I want toys. I need money to buy them." "Sorry, I don't have money... but you can pick all my mangoes and sell them so you will have money." The boy was so excited. He picked all the mangoes on the tree and left happily. The boy didn't come back. The tree was sad.

One day, the boy grown into a man returned. The tree was so excited. "Come and play with me," the tree said. "I don't have time to play. I have to work for my family. We need a house for shelter. Can you help me?" "Sorry, I don't have a house, but you can chop off my branches to build your house." So the man cut all the branches off the tree and left happily. The tree was glad to see him happy but the boy didn't come back afterward. The tree was again lonely and sad.

One hot summer day, the man returned and the tree was delighted. "Come and play with me!" The tree said. "I am sad and getting old. I want to go sailing to relax myself. Can you give me a boat?" "Use my trunk to build your boat. You can sail far away and be happy." So the man cut the tree trunk to make a boat. He went sailing and didn't



come back for a long time.

Finally, the man returned after he had been gone for so many years. "Sorry, my boy, but I don't have anything for you anymore. No more mangoes to give you." The tree said. "I don't have teeth to bite," the man replied. "No more trunk for you to climb on." "I am too old for that now," the man said.

"I really can't give you anything, the only thing left is my dying roots," the tree said with sadness. "I don't need much now, just a place to rest. I am tired after all these years," the man replied. "Good! Old tree roots are the best place to lean on and rest. Come sit down with me and rest." The boy sat down and the tree was glad and smiled.

Moral: The tree in the story represents our parents. When we are young, we love to play with them. When we grow up, we leave them and only come back when we need help. Parents sacrifice their lives for us. Never Forget their sacrifices. Give them Love and Care before its too late.

(Source: <http://www.moralstories.org/the-giving-tree/>). ❖

Social Enterprise



**Medical Camp
by Samanvay Trust, Udaipur**

Important Day



**28 July
World Nature Conservation Day**

The Making of The English Working Class

Author: E. P. Thompson

The book "The Making of the English Working Class" is an influential and pivotal work of English social history. It concentrates on English artisan and working class society in its formative years from 1780 to 1832.

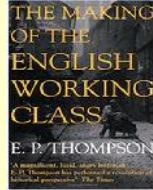
The book starts with a description of "Dissent", discusses the influence of the French Revolution on that tradition and the effect of the industrial revolution on the lives and lifestyles of the workers in industrial England.

It narrates how the working class took part in its own making and recreates the whole life experience of people who suffered loss of status and freedom, who underwent degradation and who yet created a culture and political consciousness of great vitality. It also describes the agonies, heroisms and illusions of the working class as it made itself.

The book focuses on the study of class and looks closely at the lives of ordinary people such as Luddites, weavers, early Methodists, papists, artisans, agricultural workers, etc.

It also looks at how disparate groups of lower-class Englishmen not just workers in the new steam-driven industries, but artisans, small farmers, skilled craftsmen and small shopkeepers came to see themselves as part of a working class, defined by wage labor and social instability, a group that self-consciously saw its interests as separate from the mill owners and landlords, who governed England.

This is an enormously powerful book that helped reshape British social history, refocused English labor history, and shifted Marxist British history in fundamental ways. It is a key book for anyone interested not just in English history but in economic change. ❖



Livelihoods, Natural Resources

Editors: Helen Young and Lisa Goldman

The book 'Livelihoods, Natural Resources, and Post-Conflict Peace building', is a collection of case studies and analysis authored by researchers. It examines natural resource management and its effects on livelihoods and peace building efforts in post-conflict countries. This book looks into different aspects of natural resource management in war-torn areas, which have a huge influence on peace initiatives.

It identifies lessons to design better interventions for supporting livelihoods and proposes structuring livelihood assistance as part of peace building initiatives. It is a must-read for policy-makers, researchers, students and peace activists, etc. ❖



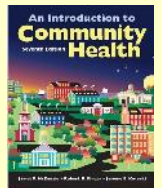
An Introduction to Community Health

Editors: by James McKenzie, Robert Pinger, Jerome Edward Kotecki,

It is one of the best known works on community health education, which is used as a text book in colleges and universities all over the world. This book aims to effectively address the health issues facing today's communities. It focuses on spreading the knowledge and polishing the skills necessary for a career in health education.

This book covers topics such as epidemiology, community organization, program planning, minority health, health care, mental health, environmental health, drugs, safety, and occupational health.

It is a must-read for policy-makers, researchers and students in the field of community health. ❖



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e-course

e-course; e-livelihoods learning course : Capsule No: 75 - 92

http://www.aksharakriti.org/magazines/doc_download/457-e-coursejuly-15

'Yoga'kshemam

Happy Nature! Happy Population!

Happy Cooperatives!

Happy Mathematics!

Reinforcement of the month has been - If Panchasutra works well in our SHGs, it should give Panchaphalita: Identity (pahchaan), Solidarity (not alone), Access to Rights, Entitlements and Programs (hak), Well-being (better life and livelihoods), and Freedom (Choice). This is poverty reduction and empowerment.

Assuming Krsna is not a God gives us hope that we can also try and achieve near impossible things if we apply ourselves intensively and relentlessly. If we have hope and faith, we can. K has a plan always. Let us also have a plan always. Krishna Udayasankar's Govinda, Kaurava and Kurukshetra takes us on these thought paths.

How are we governed? Greater than apathy is duty (karma). Greater than duty is reason (jnana). Reason calls for sacrificing an individual for family, family for a village, village for a nation/universe. Greater than reason is compassion (bhakti). The system we protect must be worth the sacrifice. If not, the system needs to be changed. System that does not keep the very essence of existence (Sri) protected, needs to be overhauled. Existence and Universe coexist. There is no Naaraayana without Sri and there is no Sri without Naaraayana. Duty, Reason and Compassion are means to an end, the Truth is one. The Humanity. The Universe. The sum total of all souls. Faith in the humanity, faith in the universe is meaningless without faith in the individual. Each individual has a sense of duty, sense of reason and a sense of compassion coexisting in her/him. Therefore, the faith in the collective will of the humanity (individuals) to function as a collective reasoning being is not unfounded. It functions as one when the compassion in each individual takes supremacy over all other things and the collective will of the humanity could be exercised. Naaraayana and Sri co-exist.

No one person can save the world. The fact that we each try, against all odds, is what the world is worth saving for. We do what we do, not for the world but because of who we are. We are humanity. There is a quality inherent in each one of us that no ruler, no emperor, no lord can take away with or without due cause. Call it freedom, call it self-respect, call it self-determination. We need a system that guarantees these. We need to fight because it is our duty when something is ours to be done; we need to fight because reason demands that the world around must now change; we need to fight out of compassion to protect the weak and ensure justice; and we need to fight because we are human and we are humanity and we seek oneness. We seek to balance the living universe, fighting the imbalance.

Universe lives. Humanity lives. Dreams and Future live. Hope lives. Love, Friendship, Companionship and Life live.

G Muralidhar

This is janaswamyayogam. Having faith in the collective will of the humanity consciously! And surrendering to the infinite intelligence of universe!

Can we be there? **Yes, if we pursue Atma Yoga.** If we truly let our compassion rule us and the universe! If we truly interpret reason with the lens of the compassion! If we truly apply the logic of the reason to our duties, responsibilities and commitments! If we truly let karma, jnana and bhakti take us forward towards surrendering to the humanity and the universe! If we truly listen to the universe within us! If we truly let Prakriti and Purusha to coexist with dignity! If we truly see the co-existence of life and death! If we truly get the essence of togetherness of Sri and Naaraayana! If we see the dance of the inner self to the melodies from the flute of the universe! Krsna confirms if we intend intensely with hope, faith, plan and action, the universe conspires and takes us forward into it.

Join us in the world of yoga – for flowing along the paths of duty, reason and compassion towards losing in the universe – towards srinaaraayanayogasiddhi. You will not regret it. ❖

A Tribute to People's President



Avul Pakir Jainulabdeen Abdul Kalam
15 October 1931 – 27 July 2015