

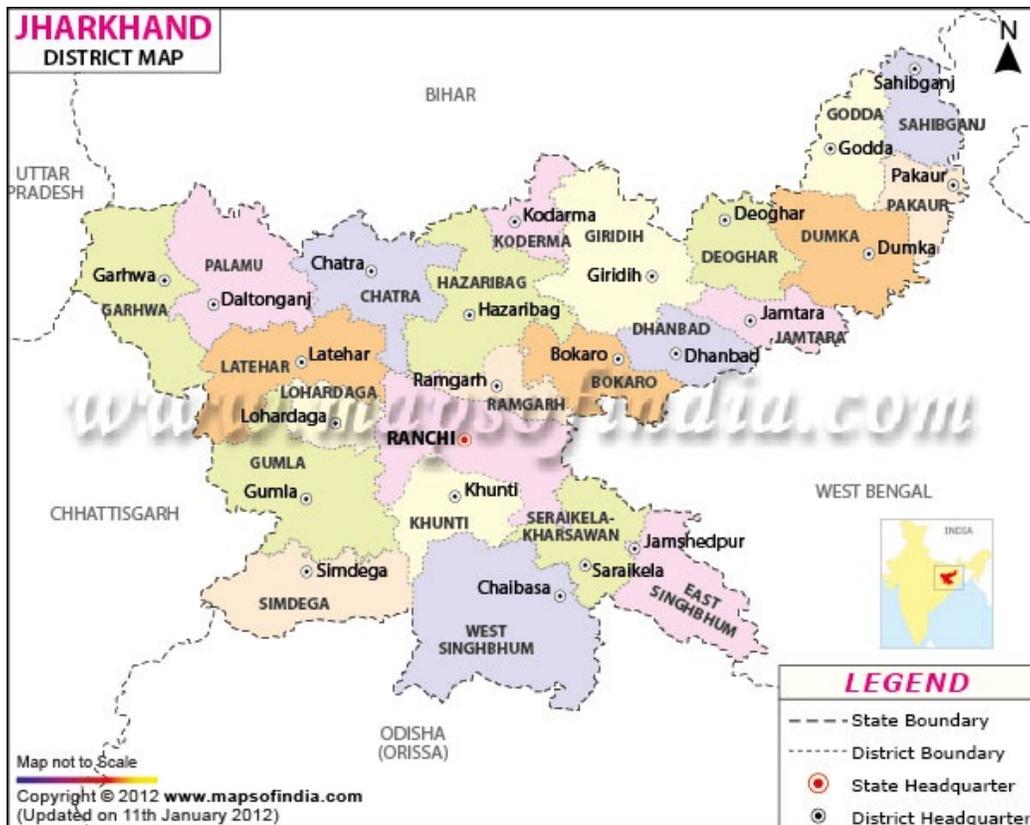
Asha Seva Kendra

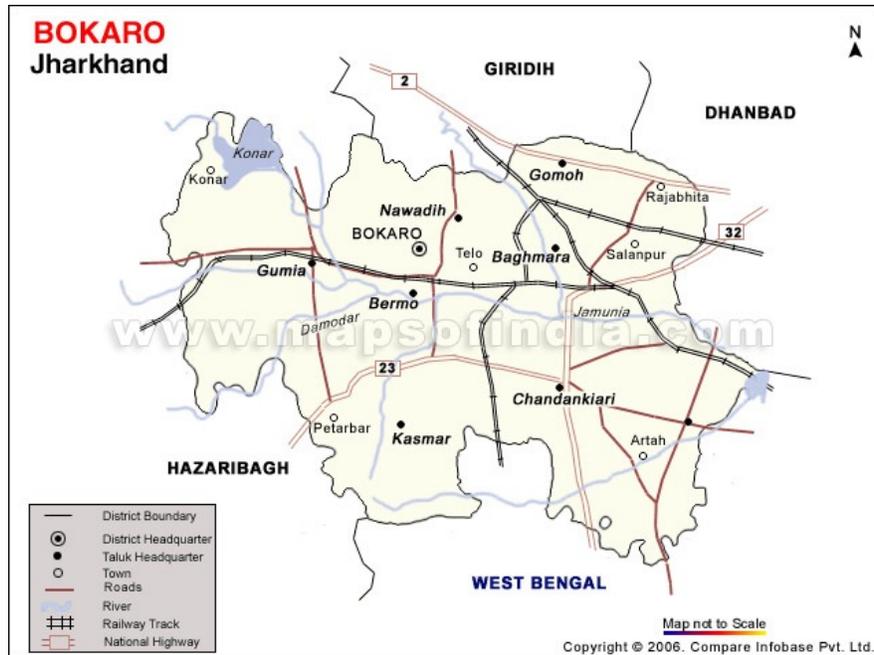
Asha Seva Kendra has a three pronged approach to its work: health; women's empowerment through community health and self-help groups; and non formal education for the children.

Asha Seva Kendra is focussed on the marginalized communities of Gomia, Bermo, Nawadih and Vishunghad block of Bokaro and Hazaribagh Districts of Jharkhand.

The Santhals in the forests turned industrial belt in the Bokaro Dist of Jharkhand have seen drastic change. The mines and industrial mega projects are creating widespread destruction to the environment, migration of the people to the cities and an overall deterioration of the health and quality of life. Within this context Asha Seva Kendra has been trying to reach out concretely through the health and education needs. The TB Centre forms the base as a residential sanatorium. Linked to it is the Community health Programme (CHP) in 25 villages for health education and socio-economic empowerment of 900 women in 70 self help groups. Seeing education as the most powerful means of social change we have recently initiated the Non-formal Education programme (NFE) for 300 children in 10 villages to create the need for education and ensure integral growth of the Santhals of the area in the near future. Our thrust for health and education is enhancing the cultural identity of the Santhals and caring for the environment.

Asha Seva Kendra works in 2 Districts. Hazaribagh & Bokaro in 4 Blocks





A description of the beneficiaries. Social and economic characteristics. How the community is organised. Description of the area and the country.

The Santhals are the biggest tribe in India and inhabit the forest areas of North and Central India.

They have a unique social structure of unity and equality of its members held together by their selected leaders and their customs and rituals. Centuries of living one with the forests, attuned to nature’s rhythm, shades and diversity, the Santhals in the Damodar Valley into which Bokaro District falls, now find themselves at a near dead-end. Mines, thermal plants, “development” projects have aggressively usurped their sacred space. And to worsen matters the Maoist Coordinating Committee (MCC), an extremist militant outfit, has made the area their stronghold for the war against the government and the police. The people are caught in the cross fire. A new form of poverty has crept in. Money was never a need as Mother Earth gave them all. Today they lack food and even water that is privatised. Drinking a cup of home made liquor was a joyful social event but it has turned into a major plague as men and youth drown their confusion in alcohol. The youth see no future here except doing the backbreaking job of vending illegal coal. They migrate to the cities as cheap labour and pay a heavy price for it. Our hospital and community health programme focus mainly on TB and AIDs and reaches the interior forest villages where no medical facilities are available and people die from lack of basic care.



The criteria used in the selection of the beneficiaries. Social, economic or gender criteria. The selection mechanism.

The main criterion ASK has to select beneficiaries is that they are economically and socially left out of the mainstream and are in areas where no government or non government assistance reaches.

The area being predominantly with the Santhal tribe we ensure they receive priority in our projects. The health centre is exclusively for TB and HIV/AIDS patients. The community Health Programme is for women who are the main agents of change as they manage their homes.

The selection of beneficiaries is done by each team of the different sections. In many cases the local village leaders are consulted and always informed of anything new to be introduced.

How the beneficiaries participate in the elaboration and decision making process and how they will be involved in the implementation.

It is very difficult to get the participation of the beneficiaries in decision making as almost 90% are illiterate and based in remote areas isolated from the mainstream. A few literates assist in the record keeping of the women's Self Help Groups. Attempts are being made to impart leadership skills that would help them manage matters of their own group and village. The groups that have their own bank accounts are growing in confidence where handling their own affairs is concerned.

The origins of the initiative.

The area was mainly selected because the local population was on the margins of all benefits and their health status was pathetic. They lived isolated from mainstream society, and still do, and many of their beliefs were a disadvantage to their health situation. The ASK health centre with a residential sanatorium for TB was the immediate response to the need and still is. Alongside, preventive health measures were taken up through regular visits to the villages and mobile clinics and a few team members were based in the villages to build credibility. This was later organised in the form of the Community Health Programme harnessing women's strength to educate and empower the people.

The existing situation and the main problems that affect the beneficiaries.

People are badly affected in every way by the total change because of industry. The eco-crisis has caused acute air and water pollution. Many are landless and the land that the others depended on can no longer sustain them. A big majority falling below poverty line is severely under-nourished and lives just at a subsistence level.

They are faced with oppression and exploitation in this land dominated by the coal mafia and corrupt political forces. All this is felt in lack of basic human rights like food, health and education. The consequent problems are alcoholism, debts, unemployment, and child labour. Due to poverty the men are forced to leave their villages and migrate to the cities to earn their livelihood adding a host of new problems to the already existing ones.

This change in pattern from a rural/forest life style to an urban reality has caused rampant T.B. and more recently T.B with HIV/AIDS +ve. T.B which was an "individual" problem is now a "community" problem. Malaria too has made an aggressive come back. People are easy victims of all ailments related to malnutrition and a corrupt health system.

Women forced to take money from the money lenders makes the situation worse. Since they are illiterate they cannot account for their debt and are easily cheated. In this way they are indebted throughout their life. To clear the debt sometimes they are forced to sell their land and become landless.

Prioritisation of the problems which are to be addressed.

Asha Seva Kendra has been functioning since 1974. The work has changed and evolved along the years, in response to the emerging needs. Its style is very simple and participative, which makes it culturally and economically accessible to the less fortunate communities.

Two Assumpta Society sisters, one of them a doctor started a daily morning dispensary moving in the afternoons to the market areas to facilitate access of people from interior villages. The sisters trained local people and soon there was a small team. Responding to the need for serious

patients to be kept in the centre, a very simple structure was built. A relative remains with the patient as attendant. These attendants, besides cooking for and looking after his/her patient, take part in the maintenance of the centre and cultivation of the vegetable garden. This involvement provides supplementary diet for the patients.

Health education is imparted to the attendants as well as the patients. Simple notion on prevention, cure, avoiding spreading and detection of symptoms of the most prevalent diseases for early treatment are discussed in the sessions. This has built rapport and trust with the people of the area and ever since all activities are previously discussed with the village leaders before any decision is taken or activities planned. The self help groups have the written approval of the village leaders before it is started.

Goal.

To empower people to take up their all round development into their own hands

Objectives of Asha Seva Kendra:

1. In the field of Health: Reducing the rampant TB and HIV/AIDS incidence in the area.
2. In the field of Community Health/ Women's empowerment: Making the women's groups socially and economically self-reliant through Self Help Groups (SHGs)
3. In the field of Non-formal Education: Educating children towards increasing literacy and decreasing school drop-outs and child labour.

Specific results are expected to be achieved.

In the field of Community Health / Women's empowerment:

1. Greater knowledge and awareness on health issues in 25 villages for 900 women. Village community to take responsibility for their own health.
2. Change in the village community: clean houses, healthier surroundings, balanced diet, ways of preventing illness, home remedies and herbal medicines.
3. Disseminate information and link people with Government and health centres.
4. Ensure that Government run public Health System works effectively.
5. Ensure that women, with their savings will come out of their debt from the land lords and they in turn will help one another with their own money.

Community Health Programme (CHP)

1. Daily visits to 25 villages with the health team for health education and for the women's savings.
2. Once a month Health awareness programme in the villages – Communicable diseases especially on TB and HIV/AIDS.
3. Organize 3 SHG trainings at the centre in groups of around 30 women, training them to document and monitor the savings of the SHGs aiming at the women managing their own accounts.

4. Organize 4 Leadership training and Capacity training at the centre in groups of around 60 women to gain their self confidence and to come forward to speak for their rights.
5. Teach the women to make and use herbal medicines and other products, improving the production and sale of such products and exploring new income generation items. These will be produced seasonally.

Asha Seva Kendra, Gomia is run by the Assumpta Society, Pune.

Noella de Souza
Regional Directress,
Assumpta Society