



# Fostering Self-Help Aid in India

[Who We Help](#)

[Return to Who We Help](#)

-----

[Become a Supporter!](#)

[Contact CIVA](#)

-----

[Return to Home Page](#)

## CIVA: A Decade of Work

by George Woodcock

**Ten years after the foundation of CIVA** [Spring 1991], we can look back over a steadily changing and expanding area of interest and involvement. When we began we were highly conscious of the fact that in India three quarters of the population lived in the country, whereas three quarters of the medical facilities were in the city, and our original aim was to concern ourselves entirely with curative and preventive medical work in the rural areas. Our first links were with a recently founded rural hospital at **Kablji** in Haryana state. We assisted in the physical expansion of the hospital, paying for the building of an obstetrical ward and for the training of midwives connected with it, and for other improvements to the hospital, but soon we began to realize that Kablji's outreach programme of encouraging public health—water, sanitation etc—in the surrounding villages might be the most important part of its activities, so that when the hospital started a programme of training local villagers as health workers, we agreed to finance it.

By this time, however, we had already become involved in such training programmes through our association with the broadly based agency **Seva Mandir**, which operates out of Udaipur in an area of several hundred tribal villages. Influenced greatly by Gandhi's ideas of village organization, Seva Mandir proceeded on two principles. One was that of **self-help**; village people must be encouraged to understand their own needs and to ask for and co-operate in their fulfilment, and any suspicion of paternalism must be avoided. The other was that the **health of human beings** is linked intimately to the **health of the land**. These two ideas led Seva Mandir to work in a variety of directions that would come together in a general plan for the revival of the land as well as its human communities. So the agency was involved not only with questions of public health but also with literacy, community organization, and improving the status of women. It was concerned with the special problems of tribal peoples who had once lived by gathering in the jungle but, now the jungle had been devastated, were forced into low-grade agriculture. The situation was complicated by the severe droughts of the 1980s that year after year deprived the villagers of the monsoon rains.

In these circumstances CIVA found its links with Seva Mandir extending

beyond medical problems. For adequate water is as essential to public health as adequate preventive and curative medicine. And so, while we started by financing two successive programmes for training young village people as community health workers (programmes on whose achievements we comment elsewhere in this newsletter), and while we have since established two rural health centres to support the activities of the trained workers, we also found ourselves, at the height of the drought period, engaged in an emergency programme (financed by the Canadian Poetry Contest) to build small dams to hold water for irrigation and for human and animal use, and paying for an irrigation scheme that involved pumping water from a constant river on to the benches above.

Such schemes have found their place in Seva Mandir's much broader Wasteland Development programme, aimed at revitalizing watersheds, and halting erosion through such means as reforestation, contouring and other means of bringing life back to moribund land. The dams (or *anicut*s) which we provide have become an integral part of this programme, particularly as the lands around them have been forested to halt the erosion that caused the earliest of the dams to begin silting up. Saplings are grown in nurseries, which employ many local people and up to the end of 1990 some four million had been planted out under Seva Mandir's supervision. They serve not only to bind the soil; all of them provide shade, some are fruit trees, others provide quick-growing timber for fuel and eventually construction, and yet others are grown for the fodder they offer. None is merely decorative, yet they are beginning to change the look of the landscape.

So far, Seva Mandir is the only scheme in which CIVA has participated in agricultural or environmental projects, though it is probably not the last. On the other hand, we have become involved on the medical side in a number of similar comprehensive projects in various parts of India aimed at a balanced development of social and environmental factors. One was MYRADA (Mysore Resettlement and Development Agency) which settled tens of thousands of Tibetan refugees in South India during the 1960s and 1970s and at the same time became concerned for the underprivileged Indians living in the same areas. CIVA has cooperated twice with MYRADA, providing a small dispensary among the Gond tribespeople in Orissa state, and contributing a mobile dispensary as part of a comprehensive rehabilitation scheme in tribal and Harijan villages on the borders of Karnataka and Tamil Nadu.

We note the beginning of a further component of our work with **CHIRAG**, another agency—this time located in the Himalayan foothills— that combines the development of public health services with social rehabilitation and the salvation of the land through reforestation and other conservationist methods. To CHIRAG we are contributing two health centres that may eventually develop into rural hospitals, and a training scheme for community health workers. And elsewhere we are

just now considering yet another possibility of participation in a larger scheme, this time providing dispensary facilities and a training scheme as part of general rehabilitation project among Harijans in the arid hill region of Coimbatore on the borders of Tamil Nadi and Kerala.

**It will have become evident that over the years we have developed a special direction in our public health work. Recognizing that a hospital cannot effectively be established in remote rural areas like those we have recently chosen to work in, we have become clinic- rather than hospital-oriented, just as we have become health-worker rather than doctor-oriented.**

This is less from a desire to escape from the patriarchal relationship that tends to develop between doctor and patient in rural India (though that is indeed a factor), than from a recognition that the less imposing and urban a medical establishment appears the more likely it is to be accepted easily by the tribal people and Harijans among whom we choose to work. They are scared by the scale of hospitals, by the brisk alien efficiency that characterizes a "good" hospital, by the difficulty of making themselves understood in their own dialects, and so they prefer the modest informality of the clinic. At the same time, even though they are not hostile to strangers, they still prefer to deal intimately with people who speak like themselves, and that is why in all our schemes people have been chosen who will go back to their own villages with what they have learned and, once they have returned, will help the villagers to understand the other, non-medical aspects of the general work of agencies like Seva Mandir and Chirag.

But we have not attached ourselves entirely to ambitious schemes of transforming tracts of land and styles of life at the same time. We have been open always to the kind of less ambitious scheme in which \$20,000 or so can provide a much needed service in a remote area. There were the Village Sisters—two former nuns in the Bihar town of Ramnagar—whom we helped build a clinic that has turned out to be very helpful among the local Moslem women who did not wish to be treated or advised by male doctors. There was the **comprehensive school** we helped a Tibetan teacher build in a refugee village near Simla, combining adult and vocational training with teaching the children and so fulfilling a multiple local need. And there was the clinic we helped some Carmelite Sisters in the village of Gedallahalli (Tamil Nadu state) to complete when their own funds ran out.

It will be noted that two of these smaller schemes were operated by Indian Christians, and one by a Tibetan Buddhist. Ourselves a group without religious affiliations, we are attracted by the practical value of the scheme that is presented to us, how much positive good it will do for people, and so we have also worked with Hindus, Sikhs, Jains and

indirectly, through the Sisters at Ramnagar, with Moslems.

— **George Woodcock, Spring 1991**

[\(back to](#)

(C) Canada India Village Aid. All rights reserved.  
*Last updated November*