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SOCIO-POLITICAL DIMENSIONS OF INTEGRATED RURAL DEVELOPMENT PROGRAMME IN RELATION TO HEALTH SERVICES : A CASE STUDY IN A VILLAGE OF WEST BENGAL

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1992

To

The fond memory

of

my beloved teacher

Late Haradhan Dey

CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
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CERTIFICATE

This is to certify that this dissertation entitled "SOCIO-POLITICAL DIMENSIONS OF INTEGRATED RURAL DEVELOPMENT PROGRAMME IN RELATION TO HEALTH SERVICES : A CASE STUDY IN A VILLAGE OF WEST BENGAL", submitted for the degree of Master of Philosophy is an original research work of Ram Prasad Das. It has not been previously submitted in part or full for any other degree or diploma of this or any other university.

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RAM PRASAD DAS

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CHAPTER - 1

INTRODUCTION TO THE PROBLEM

Poverty is an unresolved problem in India even when we are marching towards the golden 'twenty first century : A large number of people live in deep and extensively pervading poverty. Among them, majority are agricultural labourers who produce food for our millions. The government of India has launched a number of target oriented welfare activities in the name of eradiction of poverty among these sections. Along with Community Development Programme (CDP), the precursor of the present Integrated Rural Development Programme, health services have also been implemented since independence through the Primary Health Centres (PHCs) along with programmes for nutrition, water supply sanitation etc. The blue print for such a rural health services was formulated by the Bhore Committee (1946) even before independence who rightly then advocated in its report that health services must go to the tiller of the soil. It is often recognised that integrated development is the pre-requisite for the success of health services given the rural scenario in the country.

In India, conscious programmes for rural development had been started with the CDP in 1952. The CDP was designed to be a comprehensive programme for rural development with carving out development blocks which had

activities of (i) agriculture and related matters, (ii) Communication, (iii) Education, (iv) Health, (v) Training for artisans, agriculturists, health workers etc., (vi) Social Welfare, (vii) Supplementary employment, and (viii) Housing. Later on, the three tier system of panchayati raj institution was introduced for the better, implementation Maintenance and functioning of CDP.

The crisis of economy in the early sixties and lagging agricultural production necessitiated a shift from "Comprehensive" rural development to rapid agricultural production. The result was the adoption of Intensive Agricultural District Programme (IADP : 1960-61) and Intensive Area Programme (IAP : 1964). Although these programmes succeeded in meeting the country's basic objective of increasing agricultural production in a short time, it overlooked social justice and achieved development with disparity. The rich with more land were found getting more benefit from the programmes than did the poor, and as a result existing economic inequalities increased further. No programmes were initiated for poor agriculturists, artisans and agricultural labourers. The study conducted by Dube (1967:157) reports that "Free improved seeds and chemical fertilizers were in most cases taken away by the rich and the influential people in the village." The Govind Shahy Committee also felt that "The whole programme tended to

degenerate into a number of material benefit for a few". Another report pointed out that the lowest caste who are mainly landless labourers, often gain nothing ..... They have nothing to begin with, nothing which can be improved, no measure of getting a start and so that they remain economically as well as socially disadvantaged. The gap between them and other villagers frequently widens rather than diminish an account of development programme" (Mandebacum, 1960:18). As a result of these prevailing experiences, special target group oriented anti-poverty programmes were launched. The Food for work Programme (1977), National Rural Employment Programme (1980), Development of Women and Children in Rural Area (DWCRA), Rural Landless Employment Guarantee Programme (RLEGP), Draught Prone Area Programme (DPAP), Minimum Needs Programme, Desert Development Programme, Training for Rural Youth in Self-employment (TRYSEM) - all these were initiated and run to improve the socio-economic conditions of various disadvantaged groups and areas. Along with group specific and area specific development programmes initiated in the Fourth Plan, the Minimum Needs Programme was combined with programmes for employment and income generation. It took a concrete shape towards the end of the Fifth Plan when IRDP was launched. The Sixth Plan launched a direct attack on the basic problems of rural poverty and unemployment.

The IRDP is the single largest anti-poverty

programme currently underway in all Community Development blocks in the country. It was launched in 1978-79 in 2300 selected blocks in the country and was extending to all the 5011 blocks with effect from 2 October 1980. It aims at providing income generating assets and employment opportunities to the rural poor to enable them to rise above the poverty line once and for ever. The IRDP, in effect, seeks to redistribute assets and employment opportunities in favour of the rural poor.

The IRDP's target group consists of the poorest of the rural poor - small and marginal farmers, agricultural and non-agricultural labourers, rural artisans and craftsmen, scheduled caste and scheduled tribe families who live below the poverty line.

For the wholesome fulfillment of national goal of overall social and economic development, provision of health services through a mechanism to make these services available and accessible to the poor, was recommended by the Bhore Committee. The recommendation of the Committee still reflects the foundation for the present form of organisation and delivery of health services in the country through the primary health care approach. Beginning with the CDP of 1952 and with impetus provided by variety of planned programmes through the successive Five Year Plans, Health Care in India seems to have made significant results in

terms of decreased mortality rates, increased life expectancy of birth, better nutrition and sanitation, control of communicable diseases on the one hand, and improved infrastructure, higher allocation of financial, material and manpower resources on the other hand'.

Under these inter-sectoral development efforts operative in the country, West Bengal deserves special attention among the few successful states. The Left Front Government, which came to power in the State in 1977, has brought about a change of the landholding system by quick recording of the names of share-croppers, identifying the ceiling surplus and distributing it among the landless labourers along with the package of centrally sponsored anti-poverty programmes of IRDP. The Government has also linked the development programmes and political process by holding regular Panchayat election in the State since 1978. The Panchayat body plays a key role, with enough power, in planning and implementation of the programme. Based on these changing socio-political structure, it has been claimed that the economic conditions of the poor has improved compared to the previous decade as a result of these programmes. In this background, the present study attempts to examine this claim as well as the present state of health services in order to find out how this integrated framework is operating at the village level.

CHAPTER - 2

REVIEW OF LITERATURE

Social scientists rarely find consensus among themselves on the subject of poverty and equality with regard to the qualitative and quantitative attributes which vary within and between societies. Disagreements on such issues arises from the differences of ideological position or the subjective judgement of the researchers. Beteille (1983) also pointed out that inadequate information is another major source of disagreement. Equality and inequality are very much inter-linked to the question of poverty. But it is necessary to understand the complexity of such inter linkages.

With regard to equality, it is common place to consider it as a perennial problem of humanity, disregarding its complexity and dynamicity. Even if we accept inequality as a common element in society, it is very difficult to take an acceptable stand regarding the extent or degree of inequality. This is discernible in the literature on poverty. The concept of poverty line has complicated the issue as it fails to touch the roots of the problem.

Indian experience of rural development reveals that major inspiration for the government sponsored rural development programmes and projects comes from, among other

sources, external agencies interested in pushing through their view points (Gaikwad, 1977). These programmes, administered through institutions, are structurally Pyramidical in nature and high level talent is very scarce in them. At the local level these programmes are implemented by uneducated, untrained, and negatively motivated personnel interested generally in pursuing their personal gains and maintenance of bureaucratic tradition. Historically, the evolution of these programmes has been such that the enthusiasm created during the first phase of post-independence period foded away due to adhocism in planning. Sociologically, the major weaknesses of our planning has been the neglect of micro analysis of the grass roots level. Lack of detailed analysis of social and economic mechanisms continue to plague the planning process (Srinivas, 1979). The participation of the rural population, initially brought on the plea of making them more democratic and participatory, only resulted in legitimising the control of the vested interest on the rural poor (Gaikwad and Parmer, 1980).

In the IRDP evaluation reports at the national level we find positive impact of the programme. The programme Evaluation Organisation (PEO) of the Planning Commission (1985) reported that about 62 per cent of the beneficiaries have crossed the poverty line. NABARD (1985)

estimated this figure to be 55 per cent, while an independent research by Sodhi (1987) in Sawai Madhapur district of Rajasthan found that only 40 per cent were able to cross the poverty line. Ahiya and Bhargava (1984) in their Jaipur Study reported that 35 per cent crossed the poverty line. Sodhi (1986) in his Bhandara case study reported that 66 per cent improved the economic condition and crossed the poverty line.

A comparative case study in West Bengal and Gujarat conducted by Ray (1991) found, considering Planning Commission's guideline the income bracket of Rs.6400 as the cut-off point of poverty line, the IRDP performance in terms of bringing them above the poverty line in West Bengal quite encouraging.

Another comparative village case study conducted by Dean Dreze (1990) covering U.P., Gujarat and West Bengal (Moradabad, Sabarkantha and Birbhum district respectively) pointed out that 70 per cent of the IRDP beneficiaries in W.B. were landless and among them majority were casual labourers. He also found that not a single landless household in U.P. and Gujrat has gained access to IRDP, scheme, the beneficiaries were mostly cultivators or persons with relatively well-paid jobs outside the village.

The above study also mentioned that the ruling party, in West Bengal, is largely in control over IRDP

loans for the selection of beneficiaries who are disadvantaged sections of the population and are also the main constituency of the CPM. This is, however, the main reason for the involvement of disadvantaged groups in IRDP tends to be very much higher in West Bengal than other states. Another study conducted by Madhura Swaminathan (1989:25) in Bankura district of West Bengal concludes : "To sum up, the data indicate that IRDP beneficiaries were selected from among the poor (in terms of land ownership), from among women and from the Scheduled caste and Scheduled Tribes. By these criteria, the extent of leakage to persons outside the target group was very small". Other studies pointing in the same direction include westergaard (1986), Gumste (1986), Mayoum (1987), and Swaminathan (1990), among others.

All these studies make certain general observations which hold good irrespective of differences in sample design and methodological approach. Following are some of the pertinent points which have been mentioned by almost all reports as shortcomings of IRDP and its implementation in the respective areas.

Firstly, in most cases, an "individual" was adopted as an unit of assistance instead of a "family" as originally conceived.

Secondly, various intersectoral and infrastructural development that have taken place during the last decade in the changing socio-political milieu was not given due weightage for considering improvement of economic condition. Ray (1991) reports in his study that to assess the overall impact of IRDP schemes in the improvement of economic conditions, the income mobility from pre-IRDP to post-IRDP of beneficiaries were used an indicator. But this need not be an important indicator because it is well observed that once an individual is chosen as beneficiary by the village Panchayat members, he/she is likely to enjoy other advantages specially protection from vested interest by the rich people etc. which helps him/her mobile using other untapped resources.

Thirdly, identification of the beneficiaries in West Bengal is reported to be certainly better than that of other states, but the process of selection within the poor community is not clarified. It fails to mention the role of Panchayat and its political as well as other forms of control over these disadvantaged group.

Fourthly, no attention has been drawn to the gap between selection of an activity and its implementation. It is possible to sanction an activity for a beneficiary partly for political interest without considering the spirit of the activity.

It is thus assumed that IRDP, because of its economic component, and therefore its electoral and political advantages has made some impacts notwithstanding its lack of the true spirit of the programme. It is therefore, necessary to examine the health services also, where both these advantages are comparatively minimal, to fully understand rural development programmes within an integrated framework.

As it has been mentioned earlier, health service activities were one of the major component of CDP at the very beginning. However, it has also undergone some structural and functional changes during the last four decades. Yet health services are still not available and accessible a large number of people in the country due to its multifarious problems. Banerjee (1990-91) remarked "sharp deterioration in the quality of public health practice, along with a precipitous decline in the quality of administrative leaderships at the union and state levels have their repercussions on the extent and quality of preventive, promotive, curative and family planning services in rural and urban areas".

"Rapid proliferation of health institution in private sector the so called Registered Medical practitioners (RMP) stands testimony to the failure of the government health institutions to meet the felt needs of the

people (Banerjee :1990-91). Studying six oraon tribal communities living at varying distance from the sophisticated hospital at Steel Plant at Rourkela, S.K. Sahu (1980) had observed that changes in the access to western medical services had profoundly changed the other components of their health culture. Furthermore, he found considerable degree of current felt needs for Western style medical services even in the remotest oraon villages and that when medical catastrophes strike them, they are prepared to make great sacrifices to gain access to practitioner or institutions of Western medicine.

Severe poverty, geographical location are also influential factors for producing continuous ill-health to the poor. A study conducted by Sheila Zurbrigg (1984), in a couple of villages of Tamil Nadu has looked at continuing ill-health in India through the life of a labouring village woman and the forces which keep her from adequately feeding an caring for the children and herself. She advocates shifting of attention and efforts of health workers to the poverty-dependency-ill-health dynamics, and suggest how issues of ill-health can be used to strengthen the broader struggle by the labouring poor for health and social justice.

Another study conducted by Djurfeldt and Lindberg (1975), on western medicine in the village Thaiyur in Tamil

Nadu in 1969-70 found that the health situation in the village was a consequence of the prevailing economic and political order. Both the western and indigenous systems of medicine are equally important in dealing with the health problems. It is concluded that only a profound transformation in the economic and political structure can give people the means to improve their health. From here, it can be observed that political intervention through its representative agency is an essential part of providing better health along with economic development activities.

Since health behaviour varies from region to region and a large number of inter-sectoral and inter-dependency factors are involved, community initiative towards their own problems plays an important role. Seser Kumar Senapati (1987), in his study conducted in two villages in South 24-parganas of West Bengal, pointed out that villagers, on their own, had sought out various kinds of services from health institutions. These include family planning services and immunization services for mothers and children. But an extensive, state wide study, conducted by a Committee on Health and Family Welfare (1988) of the West Bengal Legislative Assembly (1988) reveals a very sorry state of affairs in the health care delivery system in rural and urban areas (Banerjee : 1990-91).

The Ministry of Health and Family Welfare (Health

Information in India 1987; DGHS) points out a serious gap in the management of health care especially in rural areas, considering large investment of resources and quality of health services in the country. It reported that mortality rates of women and children continue to be high, i.e. 95 per thousand in 1985. Malnutrition among expectant and locating mothers and children is very much prevalent. Besides some other health problems, a variety of diseases such as malaria, filaria, goitre, vitamine deficiency, warm infertation, skin infectations are continuing to cause disability, panic etc. among millions.

When one looks at the literature on IRDP and health services, unfortunately, the integrated framework is totally missing. The above mentioned literature in both the fields deals with the respective problems in an isolated manner although some of them have mentioned the importance of the interlinkages between the two. Banerjee has given emphasis on the need for developing an integrated concept of the entire way of life in rural area.

However, to achieve the spirit of IRDP, one has to understand social and biological meaning of poverty, social, economic, demographic and political determinants of poverty, relationship between caste, religion, class and politics in a population. Poverty alleviation by giving or helping them with IRDP loan is a mechanical approach. People's initiative

is another side of the same coin. The first one is widely observed in West Bengal as it has been shown by the literature on IRDP. But the second is not found in the state as far as the researcher's field experience is concerned.

Along with large scale administrative and managerial efforts at the local level, people's own initiative has to be given equal importance. With in this approach, it is also necessary to include other intersectoral components which make a dent on the problem of poverty. Health services is one of the important such intersectoral component which is not taken up with the same spirit.

Local Organisation

In West Bengal, the left front government with the help of their party organisation has built up a strong bare for implementation of various anti-poverty schemes at the local level. At the district level, the DRDA along with the zilla panchayat and the commercial banks have formed a coordination committee which is responsible for the implementation of rural development programmes. This coordination committee is a very active body and meets regularly to discuss and resolve various problems.

The zilla parisad at the district level is the

highest democratic body in the local self government systems. This body is headed by a Sabhadhipati and Sahakari Sabhadhipati elected by members from amongst themselves. In addition to the members elected directly the zilla parisad has the Sabhapati of panchayat samities of the district and the MLAs and MPs elected from the district as its ex-officio members.

The zilla parisad is not only the highest body in this system, but also the district level agency for coordination of departmental activities under various development programmes. This body is the chief coordinator as well as the supervisor of the activities of gram panchayats and panchayat samities within the district. The district level coordination committee usually discusses the issues related to IRDP, land reforms other rural development programmes and also of district development plan. In the meetings of the coordination committees, the minister belonging to the same district also participates.

At the block level a similar type of coordination committee exists. This committees at the block level comprises members elected from gram panchayat constituencies grouped together. It is headed by Sabhapati and sahakari sabhapati who are elected by the members directly. The panchayat samities has the pradham of constituent gram-panchayats along with members of legislative assembly and

the house of the people elected from any part of the block areas as ex-officio members.

The Block Development Officer is the Executive Officer of the Panchayat Samiti while the Extension officer for the Panchayat acts as it ex-officio secretary. The panchayat samiti functions through a number of standing committees each of which is led by an elected karmadhyakshya and has a government official as its secretary. All the block level activities are discussed in detail including finalisation of the block plan and implementation of the IRDP scheme. In addition to its own work the Panchayat Samiti supervises the financial and administrative affairs of the constituent gram panchayats and also offers technical support in all spheres of the activities of the gram panchayat.

At the village level, coordination committees are also functioning since 1978. There committees consists of both Panchayat members and non members at the village level. The village level committee mainly identifies the IRDP beneficiaries and also completes formalities to get loans from the bank. This it can be seen that an elaborate three tier system exists in all the district of West Bengal. Such a system ensures that by linking rural development programmes with the political system, maximum political mileage can be reaped through them. Such a system is non-existent in the case of health services.

CHAPTER - 3

METHODOLOGICAL APPROACH

Following the review of some select literature on IRDP and health, it can be assumed that (a) IRDP is implemented in an isolated manner without an integrated view of village life. In this mechanical approach, other intersectoral components like health are not integrated. (b) The spirit with which IRDP is implemented is not visible in the health services which are also an important entry point for rural development.

The present Study starts with the broad objective of studying the IRDP and health services at the village level in order to get an integrated view of rural development.

I. Specific Objectives

1) To analyse the profile of IRDP beneficiaries.
2) To study the implementation of IRDP and its perceived impacts on the people.
3) To study other factors which influence the economic status of beneficiaries.
4) To study the health services at the village level and then accessibility and availability of health services with special emphasis on Scheduled Castes and Scheduled Tribes.

II. Study Area

For the purpose of this study Panchsowa Village in the district of Birbhum, West Bengal, was selected. The village comes under Bolpur-Sriniketan block of the district. Researcher's good knowledge about the local language, socio-cultural, economic and political life of the study village influenced him to choose the village. Besides, researcher's familiarity with the block-officials was another one factor for selecting the village since he graduated from Visva-Bharti University which is located close to the village. He had also done field work (two days in a week for three years) in a couple of villages in the same block but present study village. The primary data were collected from this village only.

Another one main reason to select this village was that the study village has a government health institution (it is known as sub-sidiary health centre or New Primary health centre) which would help in explaning the health behaviour of the people. The socio-economic and political dimensions of the village are broadly similar to other villages in the district.

III. Sample and Research tools

It was decided that all IRDP beneficiaries in the village would be interviewed with the help of an interview

schedule. Thus a total number of 105 beneficiaries were identified. It was further decided that ten non-beneficiaries, ten grass-root level political members (both elected and non-elected), ten health workers under the local health centre were interviewed with the help of an interview schedule to meet the study objectives. Ten case reports were also prepared from among the beneficiaries who were already been interviewed. It gave more indepth qualitative information regarding some areas that might not have been covered in the interview schedule. Besides these, the health centre doctor, Panchayat Pradhan, bank officials, sabhapati of Panchayat samiti (block level) and some informal leaders of the village were also interviewed informally. Moreover, group discussion among the beneficiaries (especially SC/ST people) gave more indepth as well as cross-understanding about their entire way of life. This group discussion was automatically possible as the villagers were fond of coming to the researcher whenever he used to meet the people. So, formation of group was very much natural in the study village. It was noticed that people talked freely except some of the political activits. Since data were collected during harvesting season and respondents were busy working in the fields, the data were collected mostly during the evening. It also helped in collecting more information about their way of life. It was possible mainly because researcher had been able to

establish good rapport with them. Data in the form of reports and documents obtained from the Panchayat Office, health centre at the village, Primary Health centre at Bolpur town, village bank, district family and child welfare office and the office of the District Rural Development Agency (DRDA) were also utilized in the present study.

IV. Process of data collection:

After deciding the study area, researcher went through the related literature, census reports etc. to collect all the back ground information needed to initiate the study. At the beginning of field work, the Gram-Panchayat Office, Health centre, bank in the village, block officials were communicated regarding the purpose of the study. The researcher was assured all help by the concerned agencies.

At the village level the help of elected Panchayat members were also sought for the smooth conduct of the study. On the first day, one youth was deputed by one of the members who is also UPA-PRADHAN of the Bahiri-Panchsowa Gram Panchayat to help the researcher. This was the starting point to meet the people.

Gradually, informal discussions took place naturally whenever the researcher met the villagers. After collecting the names of the beneficiaries from the bank

official along with other related information he started making home-visits. Initially, it was very difficult to get all the required information, but, once they were made clear the purpose of the study he did not then face any problem. A field diary was kept for recording all observations. Based on the initial pilot phase, the interview schedule was developed. This schedule was later pre-tested on a small sample.

A total of four months were spent for the process of data collection. First two and half months were given for the scouting investigation and the pilot phase, and last one and half months were given for final data collection.

Demographic profile of the district, block, Gram Panchayat and the study village

a) Location of the District

The district, "Birbhum" is a land of Hill and Dale, wood and water, abounding in scenery. It is called as the "Switzerland of Bengal".

The district lies between the latitude $23^0 32'30"$ and $24^0 36'00"$ in the northern hemisphere. The eastern most extremely of the district is marked by $88^0 01'40"$ and its western most extremely by $87^0 05'25"$ longitude.

The district is a triangular front of the country,

the apex being situated at the northern extremity, it is bound by Santal Parganas of Bihar on the west, and on the north and east by the district of Murshidabad and Burdwan. The river Ajay forms the southern boundary of the district separating it from Burdwan. Its western boundary through following the line of the Vindhyan range of hills lies at a short but variable distance from their foot. The eastern boundary is separated from the Bhagirathi by a strip of the country some 10 to 15 miles broad on its western bank.

One of the noticeable characteristics of this district is its soil mostly covered with laterate nodules and sandy, also red in colour and has less water holding capacity which has become a barrier for good harvests. Granites nodules are also observed to traverse the district, at places running up on the surface for hundreds of acres in bleak barrier planteaus, still unyielded to Human efforts to cover it under village.

The climate of the district is hot and dry but healthy. Oppressive hot summer, high humidities and well distributed rainfall during monsoon season are some of the characteristics of the climate of Bribhum.

The average rainfall is 1,303,7 m (51.33") but sometimes it is very scanty which poised challenge to the farmers. The winter is very pleasurable.

b) **Demographic Profile**

There are 2461 villages and seven towns in the district. The livelihood is based on agriculture. The district headquarter is suri, which is two miles south of the Mor river.

i) **Population of the district (According to 1991 census)**

The area of the district is 4,5450 sq. km. and the density of population is 562 per sq. km.

The total population is 2,556,105 among which the number of males and females are 1,313,839 and 1,242,266 respectively. The total literate people is 1,004,261 among which males and females are 628,952 and 375,309 respectively.

In the Birbhum district the tribal population especially the tribe santal is much more prevalent. The percentage of scheduled tribe population to total population is 6.92.

The Scheduled Caste population is also very high. The percentage of Scheduled Caste population is 29.80.

ii) **Population of the Bolpur-Sriniketan block (1991 census)**

There are 168 villages under the Bolpur-Sriniketan block. Bolpur itself is a town in the block. The rural

population of the block is 152,028 among which males and females are 77,460 and 74,568 respectively. Total number of literates is 59,116 among which males and females are 36,365 and 22,751 respectively.

Total Scheduled Caste population is 46,452 among which males and females are 23,785 and 22,667 respectively.

The Scheduled Tribe population is 29,002 among which 14,564 are males and 14,838 are females.

iii) **Bahiri-Panchsowa Gram Panchayat : (1991 census)**

There are Nine gram-Panchayat under Bolpur-Sriniketan block and thirteen villages under the Bahiri-Panchsowa gram-Panchayat.

Total population of the gram-Panchayat is 18,490 among which males and females are 9,436 and 9,054 respectively. Total literate population is 6,867 among which males and females are 4,326 and 2,541 respectively.

Total Scheduled Caste population is 6,481, among which males and females are 3,282 and 3,199 respectively.

Total Scheduled Tribe population is 2,348 among which 1,204 are males and 1,144 are females.

iv) **Population of Panchsowa village (1991 census)**

Total population of the village is 1,547 among which males and females are 812 and 735 respectively. Total literate population is 554. Among them 379 are males and 175 are females.

Total Scheduled Caste population is 762 among which males and females are 396 and 366 respectively.

Total Scheduled Tribe population is 206 among which males and females are 105 and 101 respectively.

The study village:

The study village is located about seven kilometers South-east of the Bolpur town and about 43 kilometers away from the district headquarters towards the same direction. Block office is about 11 kilometers away from the village. The communication system is moderately developed in the area. The pakka Bolpur-Palitpur road running from North-West to South-East direction passes at a distance of three kilometers north of the village and a mud road connects the village with Bolpur-Palitpur road at the junction of which buses for either direction are available every half-an hour. A couple of years ago two special buses have been arranged which run from Panchsowa to Bolpur. During rainy season, it rarely reaches the village.

A broad gauge track of the eastern railway passes through Bolpur which connects Calcutta and North Bengal.

Some of the rich villagers have tractors which are used in cultivation. These are also used as public carriers for transporting goods to the town. Almost all villagers own by-cycle. People usually avoid bus-service for coming to Bolpur; they prefer their own bicycles. In addition to these means of transportation, there is a network of bullock cart paths inside the village which also links other neighbouring villages. For inter-village communication, the villagers mostly depend upon either bullock cart or by-cycles. Bullock carts are also used for carrying goods and agricultural commodities from one village to another. During harvesting season bullock cart is the only mean for carrying crops from agricultural fields to households.

There is a post office, a rural bank (United Bank of India, Bolpur branch) which plays a vital role in developmental programmes, a high school, a primary school and Health centre in the village. Both the schools and Health Centre are located away from the village on the road side where buses run. The lands for the schools and health centre were donated by the landlords of the village.

a) Social Structure:

There are 266 households in the village. All of them belong to caste-Hindus: There is no Muslim household in the village. Among the 266 households scheduled tribe,

scheduled caste and others are 37, 135 and 104 households respectively. Santal tribes are common in Birbhum district. Kora Tribes who are almost similar to the Santals are found in the village. There are two sub-castes of scheduled caste namely Bagdi and Muchi. Traditionally, Bagdi, sub-caste are considered to be superior to muchi sub-caste whose traditional occupation is fishing; whereas muchi sub-caste plays drum. But both these two sub-groups and Koras are basically agricultural labourers. Out of 135 scheduled caste households only 28 are Muchi sub caste and rest 108 are Bagdi sub-caste.

Of the 104 households who belong to other castes only 5 are Brabhmins, 65 are **Aguri** who are next to Brahmines in their social position. There are 25 Kayastha households and the rest are mixed. In west Bengal, Aguri community is the most dominant . They are economically and educationally superior to other castes. Basically, there is not much difference between Aguri and Kayastha, but Kayasthas are mainly involved in agriculture whereas Aguris are mainly involved in business. In the study village, Aguri community in the most dominant caste holding political power also until the left front government came to power in the state in 1977.

The Kora tribe live in the village maintaining enough distance from the rest of the village. The scheduled

caste population live in the peripheral parts of the village covering almost three sides of the village. The other castes live in the central portion of the village.

b) Economy of the village

The economy of the village is entirely based on agriculture. As, it has been mentioned earlier, the Aguris are the most dominant caste in the village. They enjoy full authority over the village. One of the landlords from this community had 600 acres of land until the left front government came to power. As a result of land reformes, the surplus lands of this landlord and some others have been distributed among the landless agricultural labourers. However, even now, a major part of the total land is possessed by this particular community. Many members of this community have started business at Bolpur. Many of them are already living in various towns with good government jobs. Almost all the SC/ST households are agricultural labourers except a few who work in their own agricultural lands. However, these few own less than three acres of land. Nobody among these sections have government jobs. None of them have passed matriculation even though the village high school is producing good result for the last one decade.

c) Changes of Socio-Political Milieu in the Village

Choice of an individuals profession in rural India is traditionally circumscribed by his position in the

political set up and social hierarchy. In general if one has money he has power as well as socio-ritual status. Quasi-total super imposition of these three factors makes any mobility almost impossible and results in stagnation of society. For a country, where the line of division between those who have and those who have not is so sharply defined and socio culturally approved, to effect any change becomes a stupendus job.

This observation was very much similar to the study village until 1977 when ruling left front government came to power. The profile of leadership has changed to a large extent. Presently, two elected panchayat members are from the disadvantaged sections of the village, one of them from scheduled caste community who is still an agricultural labourer and the other from higher caste having possessed just two acres of land and has fought throughout his life against the dominant class of the village. Both of them have passed VIII standard. They are very much accepted by the labour class of the village. Recently, a few of the dominant class are working as leftist activists and are trying to gain political control. Naturally, all the poor people in the village vote for candidates belonging to left parties whereas the higher dominant castes in the village traditionally vote for congress party. In the last elections, many of these sections also voted for BJP.

But at the Gram panchayat level and even at the block level, the political power is exercised by the higher caste people even now. As a result of the left front government's policies in protecting the interest of the working class and the disadvantaged sections of the population, they enjoy enough freedom in the working environment of the village. By and large, it would not be wrong to say that this section is no more exploited by the traditional dominant class in rural areas as it was very common just a decade ago. Earlier, if any body from the disadvantaged section had committed wrong, for instance, stealing crops from the field etc. they were brought to the locality of higher caste and throughly beaten up. But in recent times, judgement is given for the same doings by the Panchayat members and this takes place in their respective locality. If justice is not shown by the verdict, they immediately report this to the Police Station.

LIMITATIONS OF THE STUDY

As per the objectives of this study data collection was done only from the IRDP beneficiaries. One has to keep in mind that for IRDP loan to the disadvantaged sections, selection had to be made by the local authority. But for providing health services any kind of selection cannot be made. Since the objective was to study the IRDP beneficiaries in relation to health services it was decided

to omit non-beneficiaries. A study of non-beneficiaries would have given more weightage in understanding the integrated framework of these services.

Another limitation of this study is establishing proper linkage between IRDP and health services. As agencies, infrastructure, personnel etc. are different for these two services and exist in isolation from each other, it was felt that the linkages could be established only in a long term study.

CHAPTER - 4

THE SOCIO ECONOMIC PROFILE OF THE BENEFICIARIES

This chapter discusses occupation, education, social status, land holding, employment opportunity, income etc. to get an overall understanding about the socio-economic conditions of the beneficiaries. All these factors have been highlighted on the basis of different caste groups.

Table : 1.1

Caste-wise distribution of the respondents

CASTE	NUMBER
Scheduled Caste	50
Scheduled Tribe	13
Others	42
Total	105

From the table it is observed that out of 105 respondents scheduled caste, scheduled tribe and other castes are 50, 13 and 42 respectively. This observation shows a balanced selection of the beneficiaries by the panchayat.

Table 1.2

Occupation wise distribution of the respondents

Occupation	SC	ST	Others	Total
Only daily wages labourers	4	2	0	6
Peasants	35	9	3	47
Farmer	7	1	19	27
Small business cum farmer	1	0	17	18
Full Non-agricultural activities or others	3	1	3	7
TOTAL	50	13	42	105

Since economy of the village is based only on agriculture, the majority of the respondents are also involved in the same or related activities. The agricultural labourers belong to only the SC and ST communities.

The table also shows that 47 respondents work as labourers as well as they own a little bit of land. They can be classified as peasants. Out of the 47 respondents in this group, SC, ST and other castes are 35, 9 and 3 respectively.

Out of total 105 respondents, 27 are farmers whose do not have any other source of income. Among these SC, ST and other castes are 7, 1 and 19 respectively. Besides this,

there are 18 households whose income mainly depend upon agriculture but as a subsidiary occupation they also have small business in or outside the village. Out of 18 such beneficiaries, only one is from a scheduled caste family. The other 17 are from other castes. The table also shows that only 7 respondents depend on non-agricultural activity.

However, from the above table it can be observed that majority of the SC and ST respondents work as labourers whereas majority of the other caste have their own land. This observation will be highlighted in table number 1.3 and 1.4.

Table 1.3

Landholding distribution of the respondents

(Including any kind of land possessed by them as shown by table 1.4)

*Area (bighas)	SC	ST	Others	Total
0 - 3	27	9	21	57
3 - 6	7	0	11	18
6 - 9	6	1	2	9
9 - 12	0	0	2	2
12 +	3	0	6	9
Landless/N.A	7	3	0	10
TOTAL	50	13	42	105

* (three bighas are equal to one acre)

Land is the most important asset in rural areas. It is also one of the most important indicator of one's social status. It becomes all the more important, when asset is the major criterion in the selection of beneficiaries for any anti-poverty programme.

The table shows that 57 households have less than three bighas of land among which SC, ST and Others are 27, 9 and 21 respectively.

There are 18 households having 3 to 6 bighas of lands among which SC and Other castes are 7 and 11 respectively. This is no ST in this group. Out of 9 households having 6 to 9 bighas of lands, SC, ST and others are 6, 1 and 2 respectively. The two households having 9 to 12 bighas of lands are from others community. Out of 9 households having more than 12 bighas of lands SC and Others are 3 and 6 respectively. There is no household from St community in this group. Among landless households, there are 7 SC and 3 ST households. The other castes are not represented in this group.

From this table it can be said that majority of the beneficiaries are having less than three bighas of lands. All the households from other castes have land. Table no. 1.4 would give more detailed information regarding land holding among the beneficiaries.

Table 1.4

Pattern of landholding of the beneficiaries

Type of land	SC	ST	Others	Total
Own land	3	0	38	41
Barga land	2	1	1	4
Surplus land	18	8	1	27
Own land and Barga land	4	0	0	4
Barga land and surplus land	3	0	0	3
Own land and surplus land	11	1	1	13
Own land, Barga land and surplus land	2	0	1	3
Landless/Not applicable	7	3	0	10
Total	50	13	42	105

This table gives a clear picture about the land reforms that have taken place in the village. It also shows that majority of the disadvantaged sections of the society have been distributed surplus land. Out of 41 respondents have their own land, only 3 SC respondents belong to this category. None of the ST respondents have own land whereas 38 other carte respondents full in their group. There are 4 respondents having only barga land. There are 27 respondents who have only surplus land. The distribution of

SC, ST and others are 18, 8 and 1 respectively.

There are only 4 respondents who belong to SC community possessing both own lands as well as barga lands. Three beneficiaries who belong to SC Community also possess both barga lands and surplus lands. There 13 households who have both own lands and surplus lands among which SC and ST and others are 11, 1 and 1 respectively.

From the Table numbers 1.2, 1.3 and 1.4 it is observed that 7 SC respondents do not have any land out of which 4 work as agricultural labourers and 3 are involved in non-agricultural activities which may have been possible due to IRDP schemes. Only one households from ST community is engaged in non-agricultural activity. This respondent has opened a grocery shop under IRDP scheme.

Table 1.5

Sex-wise distribution of labourers of the respondents.

Sex	SC	ST	Others	Total
Only Males	18	2	3	23
Both Male and females	21	9	0	30
Don't work as labour/N.A	11	2	39	52
Total	50	13	42	105

Participation of women in agricultural activities

as labourers is very common in India. But working as agricultural labourer the 'caste' factor as well as economic condition plays a important role. The table 1.5 shows that there are 23 households where only males work as labourers. There are 30 households where females also work as agricultural labourers along with males. No female from other castes works as agricultural labourer. One observation can be made from the table that higher castes do not prefer to work as labourers. (both males and females) despite majority of them are having less than 3 bighas of lands (table No. 1.3)

Table 1.6

Duration of employment among agricultural labourers. (Rainy and harvesting seasons)

Duration	SC	ST	Others	Total
Less than one month	4	1	0	5
2-3 Months	5	2	2	9
Above 3 months	30	9	1	40
Not Applicable	11	1	39	51
Total	50	13	42	105

In Birbhum district irrigation system is not so developed. Cultivation is done once a year. In the study village unfortunately, irrigation facilities are not

existent. The location of the village is such that other neighbouring villages have been covered by irrigation facilities but this village has been by-passed. So, cultivation is fully dependent upon natural rain fall. Employment opportunity is very poor in the village as sometimes a large area of land remain uncultivated.

Agricultural activities in both rainy and harvesting seasons span a period of only four months. The table shows that 5 respondents work for less than one month among which 4 are SC and only 1 is from ST community. They are marginal farmers. There are 9 households who work in the field as labourers for 2 to 3 months. Majority of the respondents work for more than three months. Out of 42 such households, SC, ST and others are 32, 9 and 1 respectively.

During field work it was found that people do get employment for another 2 to 3 months apart from the above. Some of them go to other villages and some are involved in non-agricultural activities.

However, their wages are decided by the panchayat body which is fixed at Rs. 23/- per day including kinds and other things. This has been in effect since two years. We cold not observe a single case of cheating by the landowners regarding payment of minimum wages. If any such malpractices take place, the labourers immediately complain

to the panchayat members who take necessary actions. The minimum wages are quite higher than the district average.

Although the minimum wages are quite high, this is hardly reflected in their living conditions. Since the labourers do not get any employment rest of the year they have to borrow from the landowners which are repayed during rainy and harvesting seasons. It means when they get work they do not get the money in hand. Each day's labour reduces 23 rupees from the total amount of debt. However, due to high wages, they earn enough money on paper which sometimes is more than the cut-off point of poverty line. Income improvement, in the real sense, does not take place.

Table 1.7

Distribution of annual income of the respondents (as decided by the researcher)

Income	SC	ST	Others	Total
3001 to 4000	3	2	1	6
4001 to 5000	8	6	18	32
5001 to 6000	21	3	5	29
6001 to 7000	8	1	2	11
7001 to 8000	5	1	7	13
Above 8001	5	0	9	14
Total	50	13	42	105

It is very difficult task to find the annual income of the agricultural households. Many things which they earn are not amenable to mathematical calculation, and also many of the exchanges take place by kind. However, during interview to the respondents they were asked total employment days in a year which take place during rainy and in, harvesting seasons and rest of the year (this part is not uniform); besides, the non-agricultural activities (if any) were also considered. If they had land, the yield was considered. The yield was multiplied by the market price of the commodity.

However, after much probing and efforts to get the information about their annual income, the above table was made. The table shows that only 6 beneficiaries of IRDP earn below 4000 per year among which SC, ST and others are 3, 2 and 1 respectively. There are 32 respondents who earn between Rs.4001 to 5000/- per year among which 8 are SC, 6 are ST and 18 are others. There are 29 respondents whose earning are Rs.5001 to 6000 per year among which SC, ST and others are 21, 3 and 5 respectively. Out of 11 respondents whose earnings are Rs.6001 to 7000, SC, ST and others are 8, 1 and 2 respectively. There are 13 respondents whose earnings are between Rs.7001 to 8000. In this group, 5 are SC, one is from ST and 7 from other Castes. There are 14 beneficiaries whose earning are more than Rs.8001 among which SC and others are 5 and 9 respectively. None of ST

households earn more than Rs.8001 per year.

The table shows that majority of the respondents earn less than Rs.6000/- per year. The table shows that majority of the other Castes are in the Rs.4001 to 5000 category. It is because this social group do not work as labourers due to social prestige. As a result of it, their annual income go down in comparison to the SC and ST households despite owning some lands. The ST respondents are also higher in this category because their poverty is so acute. Their earnings are mainly obtained as debts from the landowners. The SC respondents are comparatively better off in this regard.

Table 1.8

Pattern of housing of the respondents

Type of house	SC	ST	Others	Total
Mud House	50	13	35	98
Pacca House	0	0	2	2
Mixed	0	0	5	5
Total	50	13	42	105

The quality of housing is a reflection of one's status in rural area. The table shows that none from SC and ST community have pacca houses. Out of the 42 respondents from other castes, two have pacca houses and 5 have mixed

houses. This trend might give a true reflection of the economic condition of the beneficiaries. Thus, it can be observed that the majority of the beneficiaries are economically poor.

Table 1.9

Possession of cycle by the respondents

Responses	SC	ST	Others	Total
Yes	18	4	20	42
No.	32	9	22	63
Total	50	13	42	105

Geographical location is one of the most important factor for the cycle to be the most favoured form of transport. Since the frequency of bus services is very poor in the area, many of them use cycles for travelling. Table shows that 42 respondents own cycles among which 18 are SC, 4 are ST and 20 are from other castes.

Table 1.10

Possession of Radio

Responses	SC	ST	Others	Total
Yes	12	6	25	43
No	38	7	17	62
Total	50	13	42	105

Possession of radio is a new luxury among the poor people. The table shows that 43 respondents have radio among which SC, ST and others are 12, 6 and 25 respectively.

During data collection it was observed that people who possess cycles also possess radio. It was observed during field work that these two assets are acquired, it is either just after the harvesting season or as a dowry. Cycle and radio are commonly demanded as dowry. People who have bought these during harvesting season are mainly labourers who were deputed as watchmen in the fields. They could thus save some money which enabled them to buy a number of household materials. The "village fair" also takes place just other the harvesting season and people buy all sorts of household goods.

The only 3 respondents among the beneficiaries own a Television Set.

Possession of domestic animals plays an important role in raising some supplementary income. The respondents were asked about it. It was observed that all the respondents have various types of domestic animals depending upon the ownership of land.

Table 1.11

Possession of agricultural implements

Responses	Sc	ST	Others	Total
Yes	12	1	36	49
No	38	12	6	56
Total	50	13	42	105

Possession of agricultural implements broadly depends on land-holdings. Pattern or kinds of agricultural implements indicates one's status in rural areas. The people shows that out of 49 respondents having possessed agricultural implements SC, ST and others are 12, 1 and 36 respectively. The difference between SC-ST and other castes are most glaring in this variable also.

It can be concluded that most of the beneficiaries are more or less from the poor sections and therefore, one cannot find serious faults with the selection of poor under IRDP Scheme in this village. However, the difference between SC-ST groups and other castes are strking with regard to several socio economic indicators which need to be further examined. Thus, it can be said that sharp differences exist even among the 'poor' IRDP beneficiaries.

CHAPTER - 5

IMPACT OF IRDP ON BENEFICIARIES

In the study village, the IRD Programme has been implemented under various schemes since 1987. The activities within the programme are, generally, determined by various factors, namely, traditional occupation of the target group, individual's skill in a particular activity, local market, transport, geographical location, local resources etc. Accordingly, in this chapter we shall examine the various activities given to the beneficiaries, their implementation perceived benefits from the programme, repayment of loan, and other factors which determine the impact of IRD Programme on a particular population within the framework of socio-political dimensions existing there.

Table 2.1

Distribution of the Activities.

Activities	SC	ST	Others	Total
Grocery/Sweet/other shops	04	01	10	15
Bullock cart	12	01	09	22
Agricultural materials	05	05	03	13
Fishery	02	00	00	02
Animal Husbandry	25	06	17	48
Others	02	00	03	05
Total	50	13	42	105

The above table shows that the IRDP has covered a number of activities which are very much associated with their day to day life. The activities have been noted down according to the record maintained by the bank officials and the panchayat body. From Table No. 2.2 we would also see how the activities have been implemented.

However, from the table it can be observed that for 15 beneficiaries, the programme has been sanctioned for starting business in the village. A large number of them belong to other castes. As it has been mentioned earlier, other caste poor people do not prefer to work as agricultural labourers, small business (non-agriculture activities) is much more preferred by them. There are 22 beneficiaries, who got bullock cart under the IRD programme. In the field it has been observed that mainly share croppers have been included in this category. Many other caste people who are not recorded share croppers but owning a few lands have been benefited by this. 22 such beneficiaries, 12 are SC, one ST and 9 belong to other castes.

The activity of agricultural material includes mainly assistance given to those people who want to convert uncultivated surplus agricultural land to cultivatable land. Fertilizers and other inputs are included here. There are 13 beneficiaries under this category among which SC, ST and others are 5, 5 and 3 respectively. There are only 2

beneficiaries who got the loan for fisheries. These two beneficiaries are from SC community and belong to a particular sub caste. Fisheries is one of the major encouraging areas under IRDP in West Bengal. But in the study village this is not very prominent. It is probably due to the absence of infrastructural facilities in the village.

Livestock is the second most important source (next to agriculture) of income in the study village. Data show that the activity of animal husbandry was preferred by many beneficiaries. Out of 48 such beneficiaries SC, ST and others are 25, 6 and 17 respectively. A few number of other activities were also chosen by some beneficiaries.

From the table on the distribution of activities, it is seem that village artisans were not benefited by the programme for setting up small scale industry, although, during data collection it was widely observed that there were large number of artisan in the village.

Table 2.2

Implementation of the IRDP Activities

Responses	SC	ST	Others	Total
Implemented fully	31	10	29	70
Converted into other activities	12	2	3	17
Not implemented	7	1	10	18
Total	50	13	42	105

The table shows that majority of the beneficiaries have implemented their respective activities as decided at the time of their inclusion. There are 70 beneficiaries who have implemented the same activities. Among them, 31 belong to SC, 10 to ST and 29 to other castes. It was also observed that the beneficiaries who were selected for agricultural material had implemented the same activities. Among the number of activities, this (both in cash and kind) was the first one to have been implemented in the study village since distribution of surplus lands among the poor was one of the most successful steps taken by the left government.

There are 17 beneficiaries who diverted the amount for other activities. The beneficiaries who opted for animal husbandry or bullock carts converted them into other activities. During field work it was observed that many of them already had livestock but they were again selected for the same activity. Many of these beneficiaries either bought land or deposited the money in the bank. There are 18 beneficiaries who have not done anything and have spent the money for other purposes. Many of them spent the money either for the marriage of their daughter or for medical treatment by private practioners.

Table 2.3

The Quantum of loan

Amount	SC	ST	Others	Total
Less than 1000	7	6	5	18
1001-2000	3	1	2	6
2001-3000	12	2	12	26
3001-4000	17	2	12	31
4001-5000	4	2	4	10
5001 & above	7	0	7	14
Total	50	13	42	105

The amount of loan varies from activity to activity. The table shows that 18 beneficiaries received an amount which is less than Rs. 1000/-. Out of 18 such beneficiaries SC,ST and others are 7, 6 and 5 respectively. It can be observed that about half of the ST beneficiaries are in this category. More surprisingly, it was observed in the field that the ST beneficiaries in this category received less than Rs. 200/- This was mainly for bringing to agricultural materials for repairing the surplus land given to them.

There are 6 beneficiaries who have got an amount of Rs. 1001/- to 2000/-. In this category small domestic animals were taken by the beneficiaries under the IRDP Scheme.

There are 26 beneficiaries who have got an amount of Rs. 2001 to 3000/-. There are 12 SCs, two STs and 12 others in this group. This loan is mainly for husbandry including small domestic animals.

31 beneficiaries who have received an amount of Rs. 3001/- to 4000/- were selected for grocery shops, bullock carts and animal husbandry. The number of SC, ST and other caste beneficiaries, in this category are 17, 2 and 12 respectively.

There are 10 beneficiaries who have got the amount of Rs. 4001/- to 5000/-. There are 4 each from SC and other castes and two are from ST. In this category small business, bullock cart etc. are the main activities given to the beneficiaries.

Lastly, there are 14 beneficiaries who have got more than Rs. 5000/- under the IRDP scheme; 7 each from SC and other castes. There is not a single beneficiary from the ST community.

It can be observed that majority of the beneficiaries have been given Rs. 2001/- to 4000/-. Unfortunately, there are very few ST beneficiaries in this category. Beneficiaries belonging to SC and other castes have been benefited much more.

During data collection it was observed that the

beneficiaries are selected by the panchayat body without consulting the beneficiaries and discussing about the activity, they like to pursue as well as about the amount of loan. The observation is quite contrary to the observation in a study by Ray (1991) in Burdwan district of West Bengal where it has been mentioned that majority of the activities are decided after seeking the opinion of the beneficiaries. In the study village, the amount in general is decided by a particular political activist who supports a particular group of beneficiaries; as a result the choice of activity becomes irrelevant in many cases.

From the above table it can also be said that caste plays an important factors for deciding the amount to be given to the beneficiaries. The ST beneficiaries received less amount under the scheme because they have no political connections.

Table 2.4

Trends in the repayment of loan

Status	SC	ST	Other	Total
Paying regularly	17	2	15	34
Paid partially but not defaulter	12	6	7	25
Not paid at all	21	5	20	46
Total	50	13	42	105

For understanding the status of repayment of loan by the beneficiaries it was observed that some beneficiaries were repaying regularly and others either paid partially or had not paid at all. The reasons for paying partially and later considered as defaulters are given in table number 2.5.

However, from the above table it is observed that 34 beneficiaries are paying regularly. The differences between SC and other castes are not very striking in this regard. There are 25 beneficiaries who have paid partially and are defaulters are present. There are 46 beneficiaries who have not paid at all.

It can be said from the above table that majority of the beneficiaries are defaulters. It has been often observed that the defaulters may not have benefited from the IRDP schemes and that is the reason for not repaying the loan. The study village also is not an exception. In the study village the number of defaulters among the SC and other caste beneficiaries are almost same but for the ST beneficiaries the number is very high (11) in comparison to the total number of beneficiaries in this group.

Table 2.5

Reasons for Defaulting

Reasons	SC	ST	Others	Total
Not productive activity	10	2	5	17
Did not try	4	1	10	15
Motivated by the politicians	13	8	6	27
Money spent for other Purposes	6	0	6	12
Not applicable	17	2	15	34
Total	50	13	42	105

For understanding the reasons behind defaulting cross checking had to be made. For this purpose group discussion and establishing good rapport with the people were helpful. The reasons were also cross checked from bank officils and panchayat members.

The above table shows that 17 respondents (10 SC, 2 ST and 5 others) mentioned that their activities were not productive, so they could not repay their loans. There are 15 respondents (4 SC, 1 ST and 10 others) who did not try at all or intend to repay their loans. One of the surprising Responses is that the beneficiaries are asked by the local politicians to not to repay the loan. There are 27 as such respondents. 12 respondents say that they have spent the loan for some other purposes (i.e. daughter's or sister's marriage, medical treatment by a private practitioner etc.).

Table shows that out of 105 respondents 71 have given various reasons for defaulting. The response of 'motivated by the politicians was a surprising reason among them. The important point is that the respondents who said this that they were women or other family members, since head of the household was not prevent during the interview.

Another reasons for defaulting was that political activists spread the rumour that the loans would be written off. Since the political activists have to came to these poor people for vote thrice in every five years (Lok Sabha, Assembly and Panchayat elections) and as the rural rich do not vote for the leftist parties, the local politicians have to give some assurance to them. It has been deserved that rural development activities help the ruling party for gathering votes from these disadvantage sections of the population.

During group discussion it was observed that the political activists do not tell this in public. It is told while making individual contacts. Some of the respondents told that they had received reminders and warning letters from the bank officials just one month before the elections. The beneficiaries had communicated this to the panchayat members stating their inability to repay the loans as it was off season for them. The politicians had assured them that they (panchayat members) would talk to the bank Malik

(Manager of the Bank is often perceived as **Maliks** of the Bank. It seem to be natural to them because they used to take money from village money lender earlier. But the tradition of calling them **"malik"** still continues in rural areas.) The bank manager, informally, was asked about the reason for defaulting . He (Manager) attributed it to be a general problem of the poor, and did not mention political interference. When the researcher told him that he had come across such information from the villagers, he emphatically denied that.

In the table we see that a large number of SC and ST respondents have been motivated by the politicians to not to repay their loan. Out of a total of 13 ST respondents, 8 have said directly that they have been motivated the local panchayat member.

One of the surprising observation, here, is that the panchayat activists (both elected and non elected) are from the respective disadvantaged sections of the population. All these malpractices still take place, which only shows the political advantage of such programmes.

The beneficiaries were asked about how they were selected. It was observed that at the beginning the beneficiaries were selected from those who got surplus land and from the recorded share-croppers in the study village.

Gradually, a number of schemes were implemented and selection of the beneficiaries among the poor people became politically biased. During group discussion where both beneficiaries and non-beneficiaries participated it was reported that the people who are directly attached to the pradhan or other politicians, the people within their community who can control rest of the members and the elected and non elected members and their relatives are selected as beneficiaries. In the study sample, all 13 political activists in the village are considered as beneficiaries. A large number of beneficiaries are either close friends or relatives of these 13 political activists. Another category of the beneficiaries are those who are out-spoken in the community meetings. These are some of the common criteria for selecting the beneficiaries within the poor community which helps the ruling party to control over the large disadvantaged section of the population. It was also observed that more than one member has been selected from the same family as IRDP beneficiaries. More surprisingly, the amount of loan was higher for the political activists cum-beneficiaries and their relatives.

10 non-beneficiaries were interviewed by the researcher who were also poor like other beneficiaries. When they were asked about the reason for not being selected as IRDP beneficiaries, they answered that they would never be selected as beneficiaries. They had ~~attracted~~ applied the panchayat

for the same. Panchayat body, according to them, never refuse them, but just gives them oral assurance. They mentioned that just before the election some of them had been given IRDP application form to be filled up and till now they don't know why they have not been considered for the scheme. These people told the researcher that many of the beneficiaries who applied after them had been selected. The researcher could observe that many of the non-beneficiaries, who are from the same socio-economic background are much more eligible for the schemes and also have competent for taking up IRDP activities.

The researcher also asked the panchayat members about all these problems. They responded that panchayat Samiti at the block level allot certain number of IRDP Schemes to each gram-panchayat. Gram panchayat then conduct a meeting which is attended by all the panchayat members. The meeting decides the number of schemes that would be alloted to respective villages according to the population and other factors. Once a village is alloted the schemes to be given, the village level elected and non-elected members are responsible for selecting beneficiaries. Then nobody in the village can interfere with their decision making for selecting beneficiaries and as a result political biases enter into the selection process, political forces thus play an important role in IRDP schemes.

CHAPTER - 6

AVAILABILITY AND ACCESSIBILITY OF HEALTH AND RELATED SERVICES

For an understanding availability and accessibility of health services and health behaviour of the beneficiaries, a large number of questions were asked through the interview schedules. It has to be kept in mind that aspects of accessibility of health services and health problems etc. do not vary between IRDP beneficiary and others. While IRDP beneficiaries have been taken into account for the study of health aspects/components, broadly, it is also applicable to the rest of the villagers as a whole. A study of IRDP beneficiaries is likely to give us a real picture about the coverage of health services to the population especially the poorer sections as identified by the state itself. It is assumed that inclusion under IRDP scheme is likely to influence the access to health services, ~~the beneficiaries~~.

Table 3.1

Distribution of Common Diseases among the Respondents

Disease	SC	ST	Others
Simple fever	40	13	38
Cold & Cough	42	13	37
Worm Infestation	27	13	10
Skin Diseases	32	13	13
Preparatory tract infection	15	11	7

Common diseases perceived in the households during the last one year were considered. During the field work it was observed that the above mentioned diseases were very common among poor people.The health centre doctor was also consulted for the same purpose. The table shows that all the households face these common health problems to a large extent. The number of SC,ST and other caste households faced the simple fever during the last one year are 40, 13 and 38 respectively. The problems of cold and cough is also very high among the respondents. The number of households in this category according to SC, ST and other castes are 42, 13 and 37 respectively.

There are 27 SC, 13 ST and 10 others castes who felt that worm infestation was a common problem. There are 32 SC, 13 ST and 13 other castes who are worried about respiratory tract infection. Besides these common diseases, dysentery also very common among them. It is observed that SC and almost all the ST households suffer from these common diseases. Most of these diseases are found among mainly agricultural labourers who have to work hard during rainy and harvesting seasons. These are felt especially by the elder people as they have to work under adverse climates and do not get enough food during and after the seasons. Since they do not have enough money for treatment their problems persist for a long time.

According to the doctor in the health centre, worm infestation is due to the polluted drinking water. People drink water from the pond (during the two seasons) and the tube well in the village which are not well maintained. The doctor also pointed out that since it was the responsibility of the panchayat body to maintain the tube well, and health centre could not do anything. The shallow tube well is repairable for of the common health problems.

Table 3.2

Eligible couples among the respondents

Status of couples	SC	ST	Others	Total
Eligible	30	7	27	64
Non eligible	15	5	12	32
Not applicable	5	1	3	9
Total	50	13	42	105

Apart from the various health services, the beneficiaries were asked about the adoption of family planning method. The above table shows that there are 64 eligible couples among which SC, ST and others are 30, 7 and 27 respectively. There are 32 non-eligible couples among which SC, ST and others are 15, 5 and 12 respectively; and a respondents who do not full into either category.

Table No. 3.3 gives an idea about the adoption of

permanent family planning method. According to the record of the health centre there are 20 couples in the study village who have adopted temporary methods but surprisingly, it was observed that none of these respondents are actually using them.

Table 3.3

Adoption of Family planning method (permanent)

Responses	SC	ST	Others	Total
Yes	16	4	15	35
No	14	3	12	29
Not applicable	20	6	15	41
Total	50	13	42	105

The above table shows that 35 couples have adopted permanent family planning method among which SC, ST are others are 16,4 and 15 respectively. There are 29 couples who have not adopted it because of various reasons among which SC, ST and other are 14, 3 and 12 respectively. There are 41 respondents for whom this question is not applicable.

The couple who have adopted family planning method were not motivated the health workers or others. Many of them adopted it voluntarily. During field work we found that a large number of respondents, know about the advantage of having small family. Majority of them prefer to have three children but prefer at lease one son.

Since health workes do not visit their community (even the village also), the people can meet them only at the health centre when they go there for other health problems. If the health centre is not so crowded at that moment the female health worker sometimes asks them about the number of children etc. This is the only contact the health workers make with the people. The target of these health workers are often women who do not have to work in the agriculture fields.

Table 3.4

Utilization of immunization services.

Responses	SC	ST	Others	Total
Yes	18	2	17	37
No	16	6	12	34
Not applicable	16	5	13	34
Total	50	13	42	105

Immunization can be one of the indicator for assessing the availability, accessibility and participation of the community.Although this service is available at the health centre, by courage is not formed to be adequate. Once a month the people are advised to come to the health centre for these services. The ICDS workers also participate on the particular day.

The above table shows that there are 37 respondents (SC, ST and others are 18, 2 and 17 respectively) who have mentioned that they have utilized the services. There are 34 respondents who did not avail of this service among which SC, ST and others are 16, 6 and 12 respectively; and rest of the respondents are considered as non-applicable.

Table 3.5

Utilization of MCH Programme

Responses	SC	ST	Others	Total
Yes	10	0	16	26
No	21	8	13	42
Not applicable	19	5	13	37
Total	50	13	42	105

The above table shows that only 26 respondents have utilized these services among which SC and others are 10 and 16 respectively. Not a single respondent from the ST beneficiaries has used this service. There are 42 respondents who have never utilized the service among which SC,ST and other are 21, 8 and 13 respectively.

From, the table number 3.4 and 3.5 it can be observed that there are large number of people who have not utilized some of the important health programmes, like MCH and immunisation. The reasons for such low utilization

especially among the ST population are worth problems. It was observed that the ST population in the village live far away from the health centre which is a major constraining factor. The health workers also fail to pay home visits, which is part of their duty. They do not visit even once a year. As a result, a large number of disadvantaged sections of the population are left out even when it is found that they are aware of the services. When immunization programme takes place once a month a message is just passed through the people who visit the health centre to their respective community which do not evoke any positive results.

According to the health centre record, some of the programmes are satisfactory in the study village. But when one looks into the micro level, the names of rich and well off sections are recorded leaving out the poor people. In the study village, majority of the poor people who have the same socio-economic background like the beneficiaries, have not been able to get access to the basic health service available there.

The respondents were asked about their opinion of the health services available in their health centre. Almost all the respondents gave similar responses. One of the widely felt problem is regarding the non-availability of medicines in the health centre. People mentioned that the doctor prescribes medicines which have to be bought from the

open market. Two medicine shops owned by the two rich families, are located just infront of the health centre. During the final stages of data collection the researcher cross-checked this information from the health centre. In front of the doctor's room, it was clearly written as 'notice by order' that there was no supply of medicines and patients should not ask the doctor for the same. When the doctor was asked about it,he gave the register which showed that for the last few months he has not been able to give any medicines except folic acid and iron tablets. He also told that even cotton and needles are also in short supply and he would be forced to ask the patient to buy everything.

Regarding referrals, the patients are referred to the nearest sub-divisional hospital but due to lack of medicines there also the patients with severe health problems leave the hospital and go to the nearby (Bolpur town) private practioner. For this, the people have to borrow from the landowners in their own village which would be repayed by labour during rainy and harvesting seasons. As a result of it, people are constantly in debt. Since ability to pay is an important factor under these circumstances, people often stop treatment when they get some relief to save money.

Electricity has reached the study village only a couple of years ago. But it is available only in areas where

the rich as well as higher castes live. It has not reached the peripheral areas of the village where the households of SC and ST population are located. More surprisingly, the entry point of the electricity connection to the village has been made in such a way that no SC and ST households can get an access to their service.

The Pradhan who belong to higher caste AGURI community of the neighbouring village was asked about this said that they were not responsible for this discrimination but the concerned government official decided about this. When again asked why he did not try to remove this discrimination now, he answered reluctantly that in the government's record the village has been given electricity and so it cannot be approached again. The same trend was observed in almost all the surrounding villages in this area.

None of the SC and ST respondents (even non-beneficiaries also) have latrines. Among other castes four respondents have this facility. Regarding drinking water all the SC-ST households including the non beneficiaries use the common tube-well. But six beneficiaries belonging to other castes have their personal tube-well. In the study village tube-well is the only source of drinking water.

The political members were asked about all these

problems faced by the people. They also asserted that the poor people can visit the health centre only when they have money with them; and this money has to be borrowed from the land owner. When the problem is severe they first visit a traditional village doctor who does not have any formal on informal training in any medical system. He runs the clinic as his father has been a compounder of the health centre. But he treats the patients and provide medicines for a small sum. Only when it is not effective, they visit the health centre.

The political leaders also pointed out that when the patients are referred to the sub-divisional hospital there also the medicines are not available. The doctors at sub-divisional hospital are very busy in their private practice and do not bother to see poor patients. The political activists also pointed out that the villagers would get the health services only if the health workers live in their respective village and is influenced by the location of the health centre. A large number of the population thus remain outside the ambit of the services.

The doctor at the village health centre told that he was helpless. He admitted that he could only prescribe medicines. He said that he had to provide folic acid or iron tablets when patients insist on giving medicines.

The doctor said that they have a meeting every month at the block level. He feels that there is no coordination among the health staffs at different levels. He also emphasized that in comparison to the higher level officials, coordination among the lower level health workers is yet better. If they are supervised properly, the services done by them could be improved.

The above description of the state of health services shows the general trend of the quality of services although the present study covers only some selected programmes and the curative services. Even among the more 'privileged' among the poor, such as the beneficiaries of IRDP, the accessibility and availability of health services is very poor, which shows that the political elite is not interested in this programme which do not involve transaction of money. The amelioration of suffering by health problems which arise as a result of the poor economic and living conditions of the poor is not an immediate objective of the state. The inter linkages between these two aspects are thus relegated to the background.

CHAPTER - 7

DISCUSSION AND CONCLUSIONS

The conceptual meaning of "Integrated Development" indicates that all the aspects of a population have to be touched with full spirit to uphold living condition of the disadvantaged sections of the population. Since, IRDP is a target oriented welfare acativity undertaken by the government, it could be effective only if Health services along with other components (like education etc.) are taken into account in real sense. The guidelines followed by the ruling party for selecting the beneficiaries in the state has widely been appreciated by various study reports. It was found that not a single beneficiary was from the rich family. This observation is applicable to the study village also. But the process of selection within the poor community has not been clearly defined. In the study village, it has been seen that beneficiaries who have the support of local political leaders have been selected. For these political power-holder, having no interest in the conceptual meaning of IRDP, the only objective is to keep a large number of people under their control. The IRDP serves a purpose in this direction. This becomes even more possible as local level, political members enjoy full authority in the implementation of the so-called welfare activities.

It is a well-established observation that the rich and well-off sections do not vote for the present ruling party. Naturally, the ruling party has to depend on the poor disadvantaged sections of the population for their political existence. It is also well-known fact that all the poor can not be accommodated with in the IRDP schemes because of its limited resources. Thus giving out loans as a 'carrot' is an important tool for making poor masses happy. The beneficiaries, apart from the political activists-cum-beneficiaries and like-minded persons help in pulling votes from rest of the poor population. Vote banks are ensured by a unit-area covered by the particular group of beneficiaries. The election compaigan is carried out by talking about next selection of beneficiaries, schemes, loans, etc. and also by distributing IRDP application forms, asking them to visit Panchayat office. All these lip-services get stopped once the election is over. The local politicians however keep a close watch during the post election period to find out if any one from these sections creates any trouble (like, expressing disatisfaction over the political members regarding their pre-election assurances). Immediately, he is taken into confidence by the Political members and if necessary he may be considered for the IRDP beneficiary. This is the socio-political dynamics of targeting that is operating at the village level which is an important observation of this study.

The beneficiaries when asked about their perception regarding the changes in their living conditions during the last decade, all the SC and ST beneficiaries asserted that although the present conditions are not so satisfacatory, they are much better than the previous. They express that they have not got much benefit from the IRDP schemes. But they find lot of solace in the political cradle that accompanied with the programme. Although they even now borrow money from the landowners, the repaying terms etc. are decided by themselves not by the landowners. They also have a say on the working conditions, such as number of working hours lunch break, equal wages for the female labourers etc.

During data collection, when group discussion was held, the schedule tribe respondents told that they did not want any financial assistance from the government. Their only demand was free and effective medical services from the government. They feel that almost all the tribal households suffer from a number of diseases which make them economically weaker as they have to spend money for buying medicines etc. They emphasized that whatever wages and other facilities they enjoy are enough for their livelihood. They can even send their children to school. But such delicate balance is upset when they fall sick. They lose wages as well as they have to spend money for treatment.

Many respondents also mentioned that if the government provide proper irrigation facilities, they would get employment throughout the year. They also pointed out that then they might not borrow money from the landowners. The immediate payment of wages would make a lot of difference in their living conditions. These observations of the people highlight not only the complexity of the socio-economic and political dimensions of rural life but they bring out the weakness in the present anti-poverty programmes.

The following conclusions can be drawn from the study which was conducted in Panchsowa village in Birbhum district of West Bengal. The sample was drawn from the IRDP beneficiaries. Besides, ten non-beneficiaries, ten grass root level political leaders, ten health workers under the local health centre were also interviewed with the help of interview schedule. Ten case reports were also prepared from among the beneficiaries.

(a) The targeting with regard to the IRDP in the study village is found to be effective to that extent that none of the non-needy people are included in the categories of needy although there are cases of excluding some really needy people from the actual beneficiaries.

b) It has been observed that the selection process within

the poor is influenced by several factors such as political influences and the interest of the ruling party to maintain vote banks, thus, creating a 'privileged section' among the non priviledged.

c) It can be said that the implementation of welfare measures such as IRDP or health services are dependent on what the powerful groups of that society see as important and imperative. Thus while the IRDP gets implemented with apparent effectiveness, the health services are poorly implemented. Non-availability of medicines, lack of interaction between health workers and the people, poor quality of referral services etc. force people to either not taking action or to go for services which require them to pay. The state of such health services nullify even the minimal positive impacts achieved by the IRDP.

d) The conclusion that follows from the above is that an integrated view is missing from the integrated rural development. The reason for such a one-sided approach is purely political. The IRDP can be a powerful tool to control the disadvantaged sections for vote gathering through its **'loan melas'**, while health services has none of these attractions. The people's own perceptions are contrary to this 'ruling idea'. For them, both steady wages and effective health service are important for sustaining their life.

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