

## Right to Health and Women in Assam

### Abstract

*This paper tries to explore the health of women in the rights based framework especially the the gender differences in the access to health. In the Neo Liberal environment there is a cut in public expenditure both by central government and the state government. This study finds that sex ratio is falling rapidly in a state which in 2005 had positive sex ratio, child marriage is rampant and awareness and use of family planning methods among women is very low. There is high incidence of malnutrition and anaemia among women in Assam.*

*Awareness about HIV/AIDS is also very low and tobacco consumption among women is very high. Maternal mortality rate among women in Assam is the highest in the country. Based on these findings, this paper argues for making right to health a reality in India if state and civil society is serious about women empowerment .Right to health can only become a reality when the allocation for health is increased substantially both by the centre and states. Rather in the post liberal environment budget cuts have happened. It is challenge on the part of activists and civil society organizations to make Right to Health an integral part of political agenda in the country.*

*Key words: Reproductive rights, Health policy Malnutrition, Food security, developmental rights, civil society*

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### Introduction

The increasing interaction between advocates of human development and human rights has further strengthened pro-poor arguments and strategies. According to Human Development Report 2000, human rights and human development "share a common vision and a common purpose - to secure the freedom, well-being and dignity of all people everywhere. Sen further writes: "... freedoms depend also on other determinants, such as social and economic arrangements (for example, facilities for education and health care) as well as political and civil rights (for example, the liberty to participate in public discussion and scrutiny)... Viewing development in terms of expanding substantive freedoms directs attention to the ends that make development important, rather than merely to some of the means that, inter alia, play a prominent role in the process."

Assam, the largest amongst the north-eastern states of India, with a population of 27 million (Census 2001) provides both challenges and opportunities to development planners. The state registered a decadal growth rate of 18.8% in

1991 - 2001, less than the national average and less than the previous decade (24.2 %). Though primarily a rural state, it has not been able to make much progress in agricultural growth. The proportion of Below Poverty Line (BPL) families was 36 percent in 1999-2000 (Census, 2001).

Assam is a pioneer state in the country to enact Assam public health Act 2010, which seeks to guarantee people's right to appropriate and efficacious health care - especially towards effective measures of prevention, treatment and control epidemic and endemic diseases. This act has also mentioned some serious clause on women health. This act is the direct outcome of right to health act. This act passed unanimously in the state assembly recently, and coming into effect from January 2011, makes it mandatory for all hospitals and nursing homes, government and private, to maintain appropriate treatment protocol for the first 24 hours to an emergency patient. So some action has been taken by the state government for taking care of the health of the marginalised.

Sex ratio at birth for children below six years has gone down to 929 in 2015-16 from 1033 in 2005-06 (NFHS 4th round). Women age 20-24 years married before age 18 years stands at 32% in 2015-16. Child marriage is rampant. Use of family planning methods is also very low and only 9.5 % women were sterilised in 2016-16 and for men it is 0.1%. Mothers who received full ante natal care was 18.1%. Though institutional birth has increased from 22% in 2005 to 70% in 2015. The data on nutritional status of women shows that Women whose Body Mass Index (BMI) is below normal ( $BMI < 18.5 \text{ kg/m}^2$ ) 14 (%) was 26%. This indicates that malnutrition among women is high. Anaemia among women in Assam was 46% in 2015 which is quite high. Awareness among women about HIV/AIDS is very low at 9% in 2015. Tobacco consumption among women is high at 20%. Therefore this data is not very encouraging and this points out that there is long struggle ahead for women empowerment. If state is not able to provide good health services, it is a failure on the part of welfare state.

### ***Demography***

The population of Assam is 26.66 according to 2001 census and is scattered over 27 districts and 26312 villages. Assam is divided into three regions, each, headed by a commissioner. Under each commissioner, there are several administrative units called districts. The State has the highest population density among the states in the region: 339 persons per sq. km. Against the decadal growth rate of 21.54% for India as whole, the population of the State has grown by 18.92% over the period 1991-2001. The sex ratio of Assam at 935 females per 1000 males is higher than the national average of 933. Female literacy of the State rose to 56.03% from 43.03% in 1991. There are so many major tribes and sub-tribes which inhabit the area. The challenges arise from a combination of its proneness to natural disasters (it falls in Zone V - the highest in terms of environmental vulnerability), a long-lasting insurgency and ethnic conflict; high unemployment among educated youth and wide variation in development indicators.

Indicators	Assam	India
Total population (in crore) (in 2011)	3.12	121.01
Infant Mortality rate(SRS,2011)	55	44
Maternal Mortality rate(SRS 2007-09)	390	212

(Source: *RHS Bulletin*, March 2012, *M/O Health & F.W., GOI*)

A high Maternal Mortality Rate (MMR), the number of maternal deaths per lakh women in the age group of 15-49, particularly in the developing countries has been a matter of concern for the world community and therefore while framing the Millennium Development Goals (MDGs) in the year 2000, reducing MMR was kept as the goal number five of MDGs which it seeks to reduce MMR by three fourths by year 2015(United Nations Development Programme,2000). As per the Sample registration system (July 2011), the Maternal Mortality Ratio (MMR) in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212. Nevertheless, the state has come a long way since 2001-03. In 2001-03, Assam's MMR was 490 (against 301 for India) which declined merely by 2 percent to 480 (against 254 for India) in 2004-06. However, considering the high base the decline in MMR during 2006-2009 has been remarkable, i.e., about 19 percent. This has been possible due to progress in institutional deliveries, especially initiatives under the Janani Suraksha Yojana (JSY).

One of the measures for improving MMR is the safe delivery. Incidentally, safe deliveries remain a challenge in the State. As per the DLHS-3(2007-08) data, approximately 40 percent of deliveries in Assam are attended by trained attendants while the corresponding figure for all India is 52.7 percent. The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY from the year 2005, there has been almost 22 time increase in institutional delivery in the State. However, improving the safe motherhood still remains a challenge. Although Assam improved its MMR from 480 (2004-06) to 390, it is still way above the national average of 212 which is still far away from the Millennium Development Goal of bringing down the MMR to 109 by the year 2015.

#### MATERNAL MORTALITY IN ASSAM

According to Ministry of Health, Government of Assam, the main reason which contributes to the increasing rate of MMR is anaemia and around 80 per cent of women in the region suffer from anaemia (NRHM,,Assam). According to the Head, Department of Obstetrics and Gynecology, Gauhati Medical College & Hospital, Gokul Chandra, "Anaemia, eclampsia, hemorrhage and high pressure are the main reasons for deaths of mothers in Assam" (Online Assam,2012).

Assam is the 14th largest state in India by population and faces a variety of

health challenges. Assam has a 48% shortage of Community Health Centres and 52% shortage of specialists at Community Health Centres. The average distance to the nearest public health facility is 20 km. This is compounded by rugged and hilly terrain, making geographic access to healthcare especially challenging. Assam's key health indicators fall significantly short of Indian national averages. The state's total fertility rate is 2.6 (on par with India), maternal mortality ratio is 390 (212 for India) and infant mortality rate is 64 (against 44 for India) in the year 2011 (Ministry of Health, Govt. of India). Although still high, Assam's maternal mortality ratio has drastically decreased from 490 in the year 2001-03 as a result of targeted public health interventions (UNICEF, 2012).

Anaemia coupled with a high percentage of girls marrying below 18 years of age, these are the major factors for high IMR and MMR in Assam (Ministry of Health, Government of Assam). Approximately 67.8% of adolescent girls (15-19 years) are anaemic in Assam. The vision document of the Government of Assam quotes DLHS-III (2007-08), saying that about 40% women in Assam in the age-group of 20-24 years married before the legal age of 18 years. Though this is less than the national average of 42.9%, the increase in mean age of marriage for women had a cascading effect on maternal and child health in the state (Online Assam, 2012). According to NRHM, Assam 50% adolescent girls suffer from malnutrition in Assam. Less than 60% of women receive antenatal check-ups. Institutional delivery is extremely low at 23%. Shortage of blood banks and ill-functioning blood storage units is a serious snag in full-utilization of health facilities like FRUs, especially for emergency care.

Human Resources in Assam seem to be a serious snag. Against the requirement of 412 specialist doctors, only 365 are in position, out of which 117 have been appointed on contractual basis under NRHM. Similarly around 178 medical doctors have been appointed on contractual basis under NRHM but there are still 61 PHCs without doctors (UNICEF, 2012).

#### Health Infrastructure of Assam

Particulars	Required	In Position	Shortfall
Sub-centre	5841	4604	1237
Primary Health Centre	953	975	
Community Health Centre	238	109	129
Health worker (Female at PHC)	975	452	523
Health worker (Male at PHC)	975	0	975
Gynaecologists at Community Health centre	109	69	40
Total specialists at CHC	436	122	314

(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)

Therefore, the above data clearly shows that there is acute shortage of health infrastructure, doctors and nursing staff at all levels, i.e., from primary to

community health centres. This gap needs to be urgently filled.

So, malnutrition coupled with anaemia, child marriage and child pregnancy leads to high rate of maternal mortality in Assam. This also creates a vicious cycle wherein these girls become child mothers and give birth to premature and underweight children. This is how malnutrition is transmitted generation to generation.

#### **EFFORTS OF GOVERNMENT AND CIVIL SOCIETY**

The Federation of Obstetric and Gynaecological Societies of India (FOGSI) has come forward to help and strengthen the poor delivery system for pregnant women in the state(www.fogsi.org,2012). According to the Sample registration system survey report (2007-09), the national MMR rate is 212 per lakh live births, while in the state the, figure is 390 per lakh live births. The MMR rate in the state was as high as 480 per lakh live births in 2004-06. The state government has now fixed a target to bring down the MMR rate to 210 by year,2016 (Vision document,Govt. of Assam,2012). The FOGSI, which is a professional organization representing practitioners of obstetrics and gynaecology in the country, has decided to set up a "skill gurukool" to train medical officers, auxiliary nurse midwife (ANM) and nurses, at the Gauhati Medical College and Hospital (GMCH) (www.fogsi.org,2012). "Our rate of improvement in economic growth during 2001-2010 was sixth highest among all states. But we have a long way to go when it comes to social indicators. Though we have brought down IMR from 76 to 58 in the last 10 years, which is still behind the national average of 47. The MMR too has been brought down from 490 to 390 during this period, but we are nowhere near the national average of 212 (Vision document, Government of Assam,2012). So the state is now rolling out rural health workers, upgrading skills and making it mandatory for medical students to practise in villages.

Prateek Hajela, mission director of the National Rural Health Mission (NRHM), Assam, said that the state had been adopting a host of initiatives to tackle the issue(The Hindu,April22,2012). "Lack of doctors and trained specialists, even nurses, is a huge problem in Assam. I don't think lack of infrastructure is that big a problem. I mean, we have first referral units (FRUs) which are non-functional because of dearth of manpower,"( Hajela, the Hindu,2012).

"The Assam government's own health university, the Srimanta Sankardeva University of Health Sciences, which was established in 2009, offers a three and a half year training programme, at the end of which, one can practise as a rural health practitioner" (NRHM,Assam,2012).

The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY from the year 2005, there has been almost 22 time increase in institutional delivery in the State (NRHM,Assam,2012). The "MAMONI" under Assam Vikash Yojana is a scheme under Govt. of Assam implemented to improve

early registration and to improve quality ANC's for 3 or more. A booklet, MAMONI, a pictorial easily understandable on DO's and DON'Ts during pregnancy in vernacular is handed over to the PWs on registration (1st ANC) and Rs.1000.00 is provided in two installments @ Rs. 500.00 in the 2nd and 3rd ANC for nutritional support during pregnancy. The nutritional scheme under IGMSY has recently been launched in 2 districts of the state and not in all the 27 districts. The State will ensure that there is no duplication of the scheme.

ICDS scheme is functioning in Assam. It also focuses on the nutrition and health aspects of adolescent girls and pregnant and nursing mothers. A review of implementation of the ICDS in the north-eastern States revealed that Assam was lagging behind the other States(The Planning Commission,2012). "Attendance at the AWCs was also very low. Children who were not present were marked present and some school children (in regular school uniforms) and other non-registered children were also present at the AWC during visits"( the review report of the Planning Commission,2012 ). The Planning Commission review reveals that in the case of upper primary schoolchildren in Assam, not a single student was provided midday meals in 2007-08, and only 3.37 lakh students were given midday meals for 14 days in the whole year in 2008-09. Even in Cachar, many ICDS centres are not functioning properly.Services like nutrition to adolescent girls and pregnant and nursing women is non-existent despite the enactment of National programme for adolescent girls and Getting services under ICDS fundamental right(Author's data from field work,2012).

#### National Health Mission

Even National Health Mission does not have a baseline data on health and nutritional needs of adolescent girls and women. Most of its services are confined to health check up camp and related to immunization. They don't provide medicines to people and Iron and folic acid tablets are not distributed. School health service is not functioning properly. Village level health and nutrition committees are not functioning properly (Author's data from field work,2012 ).

#### Examples of good models in India

Apart from Kerala model, Amartya Sen writes about the success story of Tamil Nadu in reducing IMR and MMR (India- development and participation, 2002). According to DLHS 79% women in Tamil Nadu have independent access to money. PHCs are supplied with basic drugs, about 40-50% of medical officers are women, more than 300 PHCs are open 24x7. Social distance between medical officers and patients is relatively small.This is the result of social reform movements and affirmative action. It is also worth noting that women's votes have tended to matter a great deal in Tamil Nadu politics, in a way that does not apply in North India, where women's electoral choices are typically determined by male members of family. These features of Tamil Nadu politics help to explain why social programmes (varying from mid-day meals at schools to social security schemes and

public health services) have figured quite prominently in public debates and electoral competition for many years. In this issue there is a crucial similarity between Tamil Nadu and Kerala where health has been an active political issue for a long time.

## DISCUSSION AND CONCLUSION

So there is an urgent need to improve and strengthen the health infrastructure at the primary health care centres level. Primary health care centres should be open round the clock. All PHCs should have regular doctors and medicines and should be with required facility to take care of the emergency needs of pregnant and nursing women. As NRHM and ICDS is not functioning properly there is a need to streamline and improve the quality of services delivered by ICDS as well as NRHM. ICDS is the largest programme at the grassroots level for health and nutrition needs of adolescent girls and women. So Anganwadi workers, ANMs and ASHA workers, need to work in co-ordination with each other to improve the health and nutrition needs of adolescent girls and women. Nutrition programmes for adolescent girls and women, which is not functioning at all must function and deliver quality nutrition. ICDS centres and PHC sub-centre must provide Iron and folic acid tablet to girls and women. They must have need based data of all adolescent girls and pregnant and nursing women in their area of operation. Village level health and nutrition committees should start with immediate effect. These measures will help to check and root out malnutrition and anaemia which are leading causes of maternal mortality in Assam. There is an urgent need to enforce child marriage restraint act 1929, amended in 2006, to check the large incidence of child marriage, maternal mortality and child mothers. This large number of maternal mortality in Assam and also in most of the north Indian states points out that as our democratic and developmental model has excluded women. This also shows that health and particularly women's health is not a prominent part of public and political discourse in India and Assam as well. Civil society has also not given the importance to the issue which it deserves. It is the duty of civil society and women's organizations to bring women's health issue to the centre of political discourse in India and Assam. This will happen when women would be organized and empowered to vote independently and then only women will matter as vote bank in state and national politics.

This needs to be looked at from rights based perspective. In recent times particularly since December 2013 media and civil society have given more time, space and attention to violence against women and girl child. civil society and political class because of vote bank politics have brought the issue of civil and political rights of women to the centre of public and political discourse in India. Civil and political rights of women rightly deserve to be at the centre of political discourse in India and in all democratic societies. But the incidence of unacceptably large magnitude of maternal mortality reflects that as a society we have till date given prominence to only one dimension of human rights of women that is civil and political rights and neglected the other equally important dimension that is economic and developmental rights of women. Maternal mortality also constitutes violence against

women because all these deaths are preventable and as a democratic society we are denying women a healthy and long life. Thus, along with civil and political rights, there is an urgent need to bring economic and developmental rights of women in the centre of public and political discourse in India. Health issues and developmental rights of women should become a prominent part of politics in India and Assam. It should not be limited to political rhetoric but rather it becomes a reality in India and Assam.

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## **Development issues in Tribal Areas-A study in Tamenglong District, Manipur**

### *Abstract*

*Development has been a lot of changes in various facets when we look at the present scenario of the society. The development pace has also touch the lives of people which may includes the per capita income, the life expectancy etc. There are various development projects which had affected the people directly or indirectly. Various issues and problems has been an everyday affair in Manipur. This study have explored into the lives of the people and the works of government undertaken for the development of the people it looked into the deprivation of the people from the development works. The study highlights the immediate effect and need of hour from the people.*

*Keywords: Development, Livelihood, Community*

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### *Introduction*

The development of modern India is making a paradigm shift notably among the lower classes of people living in the country .In the north east, people are more or less helpless of the fastest development which touch their lives in their livelihood. Liberalization, privatization and globalization are no longer an option but a fact. Whether one likes it or not it is bound to influence all spheres of life and activities. Tribal people are nothing to say when works are concerned with the government. People are bearing the brunt of the government. Under the development name government construct many multinational manufacturing units which make people suffering for the cause of developing the country. The look east policy/act east policy, government has affected to the core to people living in the north east India whether it might be the change in livelihood system, community land holding system etc. From time immemorial the tribal's living in north east India solely depend on the community forest for their livelihood but changes can be seen now.

Coming back to Manipur the tribal are no better that their counterparts where Tamenglong District has delimitation the natural development of the self being on the construction of national highways, Trans-Asian railway and other development projects. The land bought by the government and the subsequent compensation given to the community are short lived. One learned person could not simply give a large

amount of money to less educated person and expect to compete with others outside their world. Apart from that, the government had done little to improve the lot of the people. Moreover, deforestation soil erosion, contamination of water, deterioration of aquatic life and change in the eco system could be witnessed through the process of development.

The sense of fraternity among the community has dwindled to a great extent, loss of togetherness and belongings among the community could also be seen with the flow of money from the government sector. The trust factor among them is in a new low and in fighting among the community has reached its peak. Mention may be made that development of the people has to go hand in hand with the will and happiness of the people. Here asking a question as, what may be cause if the works does not make the people happy?

### **Behind India's Look East Policy and its impact:**

India's Look East policy was initiated (rather re-vitalized) during P.V Narasimha Rao tenure as Prime Minister. Earlier India's association with Asian countries on political grounds had been limited because it had advocated for non aligned movement and most East Asian countries sided closer to the US and some towards USSR too. Economically too, India had adopted an Inward Oriented policy and did not engage with outside world in order to protect its nascent industries while these countries followed free market policies.

Impacts:

Increased engagement with the South East Asian countries is likely to boost Indian presence in that region and break Chinese hegemony on trade and diplomatic issues. With India playing a much more active role in the region, it will surely improve India's position in the international community. This will also effectively counter china's string of pearls strategy for dominance in the Indian Ocean.

It could be of immense significance to India's North East as the region would see increase in trade activity with the development of infrastructure needed to improve the connectivity with countries such as Myanmar and Thailand.

India is also hopeful in exploration and development of Oil and Gas reserves in the region, which reduce its dependence on imports from the Middle East as the situation turns volatile in that region.

### **Development and conflicts**

Manipur has its unique diversity and resources uncovered by the early founding fathers of the country with abundance in its natural resources. The focal point of Manipur and its natural resources face towards the hill districts of the state. The hill districts of Manipur are inhabited by the tribal wherein the resources is the property of the community led by local chieftains. As such, the Tamenglong District is one of the districts known for its untapped natural resources. It is fact that no man can stop the gradual process of development but its outcome has to be without

compromising the future generation.

The present paradigm of development, emphasizing on urbanization and industrialization has not only accelerate this process but also caused displacement of tribal population from their habitats. Mega projects such as Dams National Highway, Trans Asian Railways, the power Grid etc which are means for development of the people are exploiting the resources of the tribal people. The immediate impact of the Mapithel Dam over 2000 hectare of land were submerged in the year 2015 in the process of filling up the reservoir instantly. Likewise, the under construction Taipaimukh Dam in Tamenglong district will end up in submerging thousands of hectares in the area. Similarly, one can imagine the outcome through the Manipur Hydro Power Policy 2012.

The Look East Policy of the Government of India has also furthered the exploitation of the region. Manipur being located in the strategic point of south East Asia has also added to the damaged has been done through the construction of the Trans Asian Railways and more resources will be exploited after the construction of the same.

It is a challenge for any individual to minimize the high rate of problematic issues emanating from the mega projects affecting the tribal and the general public as a whole. Controlling the factors affecting the tribal in Manipur is not an easy task. It is mentionable that concerned official seldom team up with non state actors and rob the benefits meant for the poor people.

#### Methodology:

The livelihood source of inhabitants of the village mainly depends on agriculture, running a small scale business and daily wage earnings, animal husbandry etc. The products were sold in far off places by walking long distances on foot. Imphal is the only place where the products could be sold. products could also be sold in the community but at a very low price therefore the farmers has little earning even after working their hearts out. The inhabitants' productions have had to face the attacks of massive development project by the multi-national companies. Thus, development projects have often become a major threat to the people whom they deprive of their traditional livelihood without alternatives. The communities were the worst sufferers since from the development projects. Keeping all the issues in mind the main objecting of the present study is to analyze the immediate needs of the affected people.

The study is primarily empirical. Both primary and secondary data are used for the study. Therefore a sample household survey of the Makhum village, Longmai, Awangkhul Lungchum, and Nungtek was conducted.. For the purpose of study, the selected villages are immensely affected by the ongoing projects of the government namely the Power Grid Project, the Trans Asian railways and the National Highways. Moreover these villages are more accessible to vehicular movement at ease. Snowball sampling was also applied for the study with 40 respondents. The

collected data done with the credible evidence collected. It aims to uncover and understand the ground reality.

**Findings and Discussions:**

**Table .1Facilities lacking for the people at the moment**

	Frequency	Percentage
Good financial sources	7	17.5
Good roadways and drainage	4	10
Proper connectivity, communication facilities and employment opportunities	6	15
Good bridge for every village living nearby the river which will enable vehicles to ply	4	10
Medical facilities	5	12.5
Transportation facilities	14	35
Total	40	100

From the Table No.1 it depicts that the various elements which is lacking for the people at the hour. There are many important facilities pointed out by the people .it is learn that majority of the respondents 14(35%) want transportation facilities as their prime need..7(17.5%) of the respondents want good financial sources so that they can live a decent life. With the 6(15%) respondents responses need proper connectivity communication facilities and employment opportunities as the facilities lacking for the people. Also 5(12.5%) stated that they lack medical facilities in the area. Even though there is facilities but the works stay stagnant. In the hilly area proper bridge needed to stand strong especially during the rainy season frothier transportation responses by the respondents with 4(10%).Again with the same percentage of 10% responses that they lack good roadways and drainage system in the area.

**Table 2.Things needed by the people at the present moment**

	Frequency	Percentage
Sacrificial Mind	6	15
Proper and sincere work from any agency	3	7.5
Quality maintenance	7	17.5
Proper job for skills person who are under employed	14	35
Proper connectivity to facilitate transportation to every village	10	25
Total	40	100

From the above Table nNo.2 shows that proper jobs for every capable person

are needed by the people in this area which was responded by the respondent with 14(35%). There are scores of qualified and educated person but lack of job opportunities led the people to unemployment and underemployment .10(25%) respondents pointed out that they need proper connectivity to facility transportations in every village which will be the means for income generation. To add to that quality education is needed which was stated by 7(17.5%) along with a sacrificial mind by which 6(15%) respondents would make a drastic change in the society. The least of the respondents 3(7.5%) pointed out that the government should implement their works with sincerity.

Table.no.3 Factors affecting the people from development

	Frequency	Percentage
Crops are difficult to grow because of soil erosion	7	17.5
Marketing facility is very much lacking behind	6	15
Land ownership issue is making the people suffer as land owner are extra active for money	8	20
People are dispossessed for their rights over the natural resources by the land owners and the government	10	25
Low income and higher amount of money requirement for sustenance	8	20
No idea	1	2.5
Total	40	100

From the Table No.3 shows the various setbacks suffered by the people in the area. With the 10(25%) of respondents stated that the disposition of their rights over the natural resources by the land owners and the government has delimited their source of sustenance. Land owners are becoming extra active just for the greed for money response 8(20%).Moreover; the low income has prompted the people to live behind a close door. Development has led to price rise which is making the people with low income to sustain themselves with great difficulty responded by 8(20%) of the respondents. Also ,7(17%) of the respondents claim that the development works has damaged the forestation leading to soil erosion making the land unfit for cultivation. This has immensely destroyed the hope and smile of every farmer. Because of the lack in market facility for every product in the area the true producers or farmers are not getting the maximum amount of money for their labor responded by 6(15%).the least number 1(2.5%) has no idea what is really affecting the people.

Table no.4 Developmental works as a means for sustainable livelihood

	Frequency	Percentage
It will deteriorate our sustenance	23	57.5
As of now earning were quite well but in the long run will have nothing	6	15
Government need to find the path for utilizing the man power of the local people	7	17.5
Will serve the purpose for survival	4	10
Total	40	100

From the above Table No.4 , it can be clearly understand that with 23(57.5%) of the respondents are afraid of their sustenance will be destroyed. There will be fewer resources to depend on their near future. The developmental works need to provide a secured job for the people in their area stated 7(17.5%) daily wages but will have nothing to rely when construction works are done. The people are scared for their survival and struggle for tier sustenance in future with 6(15%).In the contradiction to the majority the minimum of the respondents 4(10%) believe that such kind of works will serve the purpose of the community.

**Major Findings:**

Following are the major findings of the study:

The maximum numbers of respondent responses that people are living in abject poverty where basic needs are not fulfilled.

The developmental works such as the Power Grid, Trans Asian Railway and the National Highway will only facilitate the city dwellers and the rich, National Highway has to some extent helped the people . There is no such thing as equitable share of development.

Majority of the people stated that developmental works does not bring positive changes as such works are pro rich and the government is not doing anything to help the poor people.

The people suggested that the creation of employment opportunities for everyone according to their capabilities will bring forth positive changes in the community.

The majority of the respondents are living with grievances which were never addressed and they are living a life filled with discontent and unsatisfied life.

The people want the village economy to be revived, protected and enhanced but at the same time they also want help from any institution to help them in their sustenance.

**Conclusion:**

Based on the findings it is very evident that the people in the area are not well guided and resettled by the government for the affected people. Developmental works are not embraced by the people at large since their needs are sustainable livelihood source at the present scenario and they believe that it will destroyed their prized possession in terms of lands, water and other natural resources. There was always togetherness and belongingness amongst the community during the olden days. Off late there is a paradigm shift operating and happening in the community. The greed for money has destroyed the fraternity and integrity of the community. The people of the area were well educated about the venture but there are people who were blinded folded by the money. This factor added to the destruction of the community age old good relationship. Corruption, lies and hatred are as old as the human race. These factors are much present in the community.

**Recommendation**

There are various ways and factors to improve the lot of the affected people from development, these may also be viewed not only for the affected people living the area, but may also be taken in purview of the affected people living in the globalised world. The following are some of the recommendations made by the researcher. The consensus of every adult in the community should be taken before the implementation of every mega projects which will in some way affect the people living in and around the perimeter.

Development means moving towards a better living without compromising the future generation. This is very contradictory when we look at every projects implemented by the government. The government has to respect the livelihood system and the rights of the affected people.

Government should provide every possible source for the affected people for their sustainability. They should teach the people the art of sustenance rather than giving money wherein the people is not wise enough to build their future.

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## **Food Security Condition of Smallholding Farmers in Kilte Awelalo, Ethiopia**

### ***Abstract***

Food is one of the basic necessities for all living things in this globe to grow, maintain life and develop. It is a source of energy for almost all bodily functions and it directly affects our health status and how we feel each day and the future. Yet, there are millions of people around the globe who do not have the sumptuousness to provide enough food to themselves and their beloved ones. Ethiopia is one of the highly food insecure countries in the world, its name has been illustrious for famine and drought for decades. The study's main aim is to assess the livelihood resources and strategies of the smallholding farmers in their strive to achieve food security at household level. For this particular study, from Tigray region, Kilte Awelalo was taken as a study area and three Tabias were selected; Ayenalem, Genfel and Tahetay Adikesanded. The total sample number of households from these three Tabias was 370 and a formal interview schedule was employed to collect relevant primary inputs for the study. The study found that farmland holding size and its fertility as major impacting factors behind the livelihood strategies and food security condition of the smallholding farmers. It was also found that about one third of the total sample population were chronically food insecure, whereas about half of the population were transitory food insecure and rest very little number of households were food secure.

*Key Words: Food security, Rural Livelihoods, BMI*

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### **Introduction**

Globally, the figures of undernourishment has shown a significant decline where currently there are about 795 million people who are undernourished. Currently there are numerous people who are affected by hunger in developing nations and the number of hungry people is still growing by a rate of four million per year and the trend is not falling as quickly as predicted to achieve the goal predominantly in Africa and Southern Asia. For developing nations as a whole, the total share of undernourished people in the total population has declined from 23.3% in 1990-92 to 12.9%. A pronounced decline in number of undernourished was perceived majorly from developing nations despite the significant population growth (FAO, 2015). Africa in general showed a slow progress towards achieving international hunger targets as the region is highly influenced by natural disasters and conflicts. The continent continues to be the region with the highest prevalence of undernourishment

with an average of one in four people out of a billion are estimated to be undernourished.

The Sub-Saharan Africa has the highest prevalence of undernourishment though there has been seen a betterment in the last two decades. Undernourishment has declined from 32.7% to 24.8% in 2014. The five countries in Africa with the highest undernourishment are Ethiopia, Tanzania, Nigeria, Kenya and finally Uganda (Birara E., 2015). Ethiopia is frequently affected by food deficits where on average 5 million people require food aid each year. Additional to this, due to El-nino impact, the number of population who are in need of direct food aid has increased to 15 million (Federal Democratic Republic of Ethiopia, 2015). Since the 1980s, the country was able to enhance grain productivity by 70% yet in parallel the total population grew from 40 to 99.1 million and will further increase by 31 million in the coming 15 years. Coupled with this, low land fertility and low fertilizer adoption, disease epidemic and other factors led to a high variability in the agricultural productivity, predominantly in the smallholdings. FAO (2015) affirmed that economic growth is a key success factor for reducing hunger which basically focuses on the livelihoods of the poor and as thus improving the productivity and income generating activities of smallholder farmers is a key to its progress.

Ethiopian economy basically depend on agriculture and the sector contributes the lion share of the Gross Domestic Product (GDP) and foreign currency earnings of the country through sale of agricultural outputs abroad. Furthermore, the sector is creating employment opportunities to the majority of the country's population and presently about 85% of the total population depends on agriculture to sustain their basic livelihood. Consequently, as the sector had been backbone of the Ethiopian economy for centuries in the past, still continues to be the leading at present and it is believed to remain the determinant sector to play a dominant role in bringing an overall sustainable economic growth to the country (CSA, 2013).

Moreover, food security has been given an enormous emphasis by the Government of Ethiopia and various strategies and programs were implemented in this regard. Yet, the country's overall figure regarding food security trend has been very low though remarkable progress was made by different governmental and nongovernmental stakeholders. This part of the study explains the background characteristics of the surveyed sample household heads and their food security condition through their food intake behavior by different measurement techniques. It presents results of descriptive analysis of the study by using data gathered from 370 respondents. The descriptive analysis is done to portray the general characteristics and nature of the socio-economic condition and to analyze food security status of smallholder farmers. To assess food security conditions of the smallholding farmers, the study employed Food Consumption Score (FCS), Months of Adequate Household Food Provisioning (MAHFP) and Body Mass Index (BMI) as proxy measures. In concomitant to this, various independent variables were also incorporated accordingly to their significance echelon on food security condition in the study areas.

Smallholder agriculture is the most important sector of Ethiopia's economy and other developing countries. About 80 percent of the population lives in the rural areas having a main source of income from agriculture. The agricultural sector contributes for about 45 percent of the GDP, almost 90 percent of the country's exports and 85 percent of employment (MOARD, 2010). However, the sector remains dominated by subsistence, low input-output rain fed farming system in which droughts periodically reverse performance gains with devastating effects on household food security and poverty levels (Arega B., et.al, 2013).

Despite the ample attention to the agricultural sector in the country's development plans since the 1970s till the recent undertaking Five Year Growth and Transformation Plan, yet achieving food security is still a major problem in Ethiopia. Ethiopia is among the poorest and most food insecure countries of the world where 38% of its population live below the national poverty line (World Bank, 2010); and 37 % of the rural population live below the national food poverty line in 2011 (Mequanent M. & Esubalew T., 2015). Efforts by politicians and researchers to make effective food security strategies have been constrained by a lack of reliable and relevant information concerning the causes of food insecurity. As a result, interventions have too often become inappropriate that fail to consider the actual facts. This has created a gap between major determinants of food and livelihood security, and areas of interventions by government to achieve it.

In 2002, Regional Food Security Strategy was designed in different regions of the country including Tigray, Amhara, Oromia, and the Southern Nations, Nationalities and People (SNNP). In Tigray, under conservation-based agricultural development policy, the food security strategy designed in 2002 was an integrated approach. It aimed at ensuring food security and environmental rehabilitation in the region. Furthermore, the study gave a big emphasis to the rural part of Ethiopia mainly for the reason that the majority of the population as well as the most disadvantaged and food insecure segments of the population live in.

Studies revealed that, with the exception of direct food aid, the success stories in recent periods over food security are results of various interventions. Interventions targeting extension services and productive safety net had a positive effect on the food security of households while direct food aid had insignificant impact on household food security in Tigray (Mulugeta D., 2012). While survey done by Tagel and Anne (2010), in order to investigate the effectiveness of government policy interventions addressed in improving food security in Tigray region, show that food self-sufficiency has improved both at the regional and district level. As the study shows, food deficit has declined by 32 percent over the time period and the self-sufficiency ratio (SSR), which is measured as the ratio of the sum of net production of cereals to the requirement of food, has shown an increase of 8.6 percent.

In spite of these improvements over the recent periods, still 31 Woredas are food insecure out of 34 Woredas in the region in 2008 according to Tigray bureau of

agriculture. Most studies conducted so far in the field give more emphasis to the macro level food production, consumption and deficit problems which shows the crude national and regional picture of the country. There is a core gap in the assessment methods in assessing food security, mainly by employing Calorie Deprivation Indicators such as measuring individual level and difficulties in collecting relevant information especially in cases of rural farming households. Yet, IFPRI (2012) study revealed that in many countries it appears to be found that very low or no correlation between calorie deprivation and food security outcomes, also reached the same conclusions in Ethiopia.

In concomitant to the above, there are hundreds of studies made in this vicinity for diverse purposes reminiscent of academic fulfillment, government and non-government office researches and others. However, apart from few isolated case studies, most of them have abandoned the subject matter that household/individual level food security should not be alienated from the livelihood strategies on those particular premises of study for better sympathetic. Moreover, research which cannot delineate accordingly to local based clarifications as its foundation for recommendation, revealing numbers and figures would just be presenting a progress report. Studies subject to baseline surveys, have limitations of raising the local sounds which should have been a base for concluding remarks. With this in mind, the issue of Food and livelihood security should be integrated basing to that specific area, to reach for a substantiated results which could be obliging for identification of new or better ways and areas of intervention for different interested stakeholders.

This research is therefore, an attempt to fill the existing gaps on food and livelihood security, and hence, identifying and describing those factors which contribute for food and livelihood insecurity in Kilte Awelalo is the main concern of the study. Research undertakings in such issues at household level are essential since the results may possibly give a spot of light to development planners in order to combat food and livelihood insecurity and vulnerability at household level.

#### Research Methods

The areas selected for this study are found in the Regional State of Tigray, which is located in the northern part of Ethiopia. From the region Kelete Awelalo Woreda commonly known as Wukro was selected and three Tabias were selected; Ayenalem, Genfel and Tahetay Adikesanded. The main considerations made for taking the above listed study areas are; first, areas selected are highly drought prone areas where in the past few years the food insecurity the livelihood struggles in these areas revealed that households in these areas are either chronically or temporally food insecure with limited livelihood options. Secondly, the areas selected for the study are suitable in different facilities like weather (agro ecology) variability among the three, transportation and safety security for conducting the research from highly food insecure areas in the Woreda.

## SAMPLING TECHNIQUE

When the sampling design is in place, the sample size will be determined. The three 'Kushets' have a total of 4,826 households (HHs); Ayenalem 1,966 households, Genfel 1,605 households and Tahetay Adikesanded 1,255 households. There are several ways of determining the sample size and for this study the researcher used a simple formula from Yamane to determine the sample size. The formula is depicted as follows;

$$n = \frac{N}{(1+N(e)^2)}$$

where, n is sample size, N is total population and e is level of precision

$$n = \frac{4,826}{(1+4,826 (0.05)^2)}$$

$$n \sim 370$$

~ 7.65% of the total population

Table 1. Number of selected 'Kushets' and samples

No.	Kushets	Number of Households	Samples
1	Ayenalem	1,966	151
2	Genfel	1,605	123
3	Tahetay Adikesanded	1,255	96
	Total	4,826	370

Source: Own calculation, 2015

### Data Sources, Type and Method of Collection

Throughout the study both primary and secondary sources of data which included both quantitative and qualitative types were used to generate a valuable and relevant information. A common consensus has been established recently that mixed qualitative and quantitative research studies provide more robust and useful findings. For the primary data collection, a structured interview schedule was administered to 370 households and alongside an interview was conducted for Woreda Food Security Task Force committee (WFSTF) and Development Agents (DA's); 3 WFSTF's and 3 Development Agents. In addition to this, interview was further conducted with local Kushet (Community) representatives; 6 representatives and 2 Regional Food Security and Early Warning coordinators.

Regarding secondary data, the study used different secondary data information where they are appropriate, materials such as officially published and unpublished materials from various governmental and non-governmental organizations, baseline surveys of the region, Ministry of Agriculture and rural development bulletins, different bulletins and etc.

#### Results and Discussion

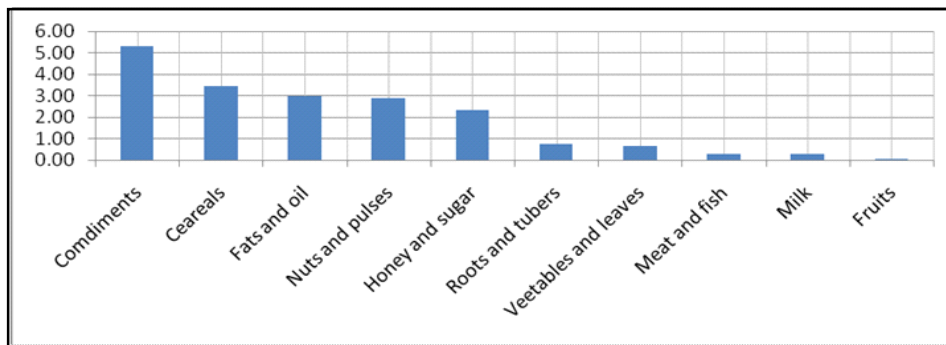
The respondents were composed of both female and male headed households where the majority are male headed households 313 (84.6%) and it was found that majority of the household heads are in the age group of '55 and above' followed by middle age group of '35-44'. In a small-scale agriculture, majority of the job demands more physical force and in case of the study areas, the socio-cultural attitude towards female farmers/cultivators do not encourage women to engage in various agricultural works. It is also found that about 56.4% of the total sample household heads had no formal education and 99.8% are Christians.

The study found that majority of the respondents (33.5%) in the study areas produce two varieties of crops in a given year out of which 67.7% of them own farmland and from farmers who do not own a cultivable farm land, majority produce on average 1-2 types of crops. The major types of crops that farmers grow in the study areas include in descending order are wheat, Teff, and finally sorghum produced by 73.9%, 73.9%, and 20.7% of the households respectively. The major cash crops produced in the study areas include onion by 14.8% of households, tomato by 11%, potato by 9.1% and finally other fruits and vegetables by 6.5%.

#### Current food consumption

To assess current food consumption patterns, the study employed Food consumption score (FCS) as an indicator of household dietary adequacy mainly by focusing on macronutrients and energy. During the survey time, precaution was taken by the researcher by taking into account of festivals, fasting times, meals taken outside and other similar times which may possibly distort the data. Moreover, during the grouping of food varieties, local food varieties were taken into consideration and were incorporated.

Figure 1. Food consumption frequencies among varieties of food groups



Source: Survey result, 2015

Using a 7 day recall period, the information collected on the variety and frequency of various food groups consumption; high protein and high micronutrient carrier food groups consumption was found to be relatively very low as compared to other food groups and the diets were not sufficiently nutritious enough. Similar study made in the region revealed that households with a poor consumption, eating the equivalent of cereals and oil on daily basis and sugar three times a week, and this are considered to have a bare minimum consumption under an extreme household food insecurity (WFP, 2009).

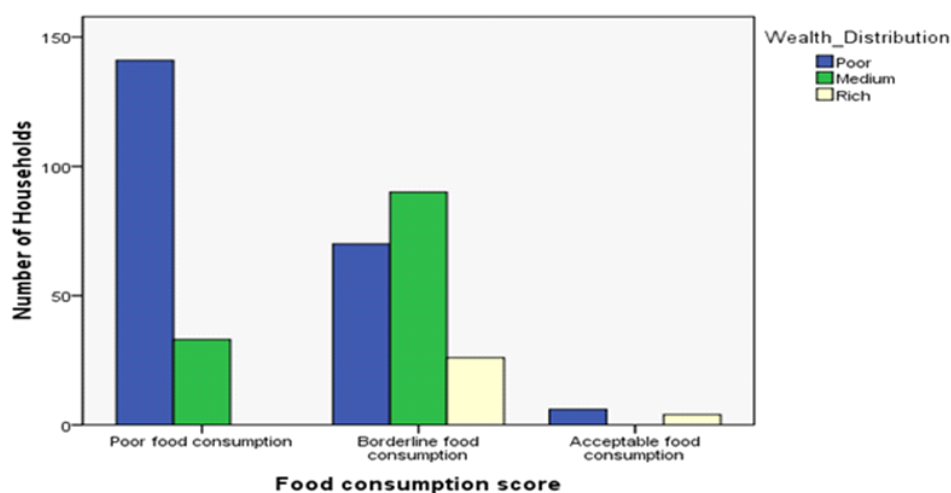
Table 2. Household Food consumption score across the study areas

Food consumption Score	Study areas			Total	Percentage
	Ayenalem	Genfel	T.A. Sanded		
Poor food consumption	75	57	42	174	47.02
Borderline food consumption	73	64	49	186	50.27
Acceptable food consumption	3	2	5	10	2.7
Total	151	123	96	370	99.99

Source: Survey result, 2015

Households with acceptable food consumption accounted only 2% of the total sample population whereas households' with borderline food consumption take the largest share followed by poor food consumption accounting for 47%. A similar study made in Tigray region by employing Food Consumption Score revealed that 14.5% of the total households in Tigray region had poor food consumption with maximum in Adigrat region (35%) and Zalambesa (15%) (WFP, 2009).

Figure 2. Food Consumption patter across different wealth groups



Source: Survey result, 2015

The total share of households in the wealth group of poor are the highest in number and are the ones with the poorest food consumption whereas, there are no rich wealth ranking with poor food consumption score. However, there are few number of households in the poor wealth ranking with borderline food consumption and acceptable food consumption. No female headed households was having an acceptable food consumption, where majority were found to be under poor food consumption.

Regarding Months of Adequate Household Food Provisioning (MAHFP), it was found that 75.6% of the total sample population were facing insufficiency in food supplies for less than 9 months in a given year where as the remaining were having more than 9 months of severe insufficiency. The average MAHFP in the study areas in 6.8 months, and nearly all the households who have less than six months of adequate food supply are the majorities with a very poor food consumption pattern. Majority of households with an average of 6 to 8 months of MAHFP have a borderline food consumption pattern.

Table 3. Body Mass Index of adult member of households

BMI	Freq.	Percent
Severe thinness	117	10.8
Moderate thinness	86	7.9
Mild thinness	152	13.9
Normal range	716	65.9
Pre-Obese	16	1.5
Total	1087	100.0

Source: Survey result, 2015

The survey result on BMI is having a positive range, nevertheless, the number of respondents who are underweight and in severe thinness was not negligible. The proportion of respondents who are underweight was found to be 32.6%.

The study has prepared an index which can merge the three food security measurement components calculated above to arrive at a conclusion in the food security status of the smallholding farmers in the study areas. As a result, for merging the three measurement indices used to measure food security status of smallholding farmers; (namely Food Consumption Score, Months of Adequate Food Provisioning and finally Body Mass Index) and to arrive at a concluding point of measurement, the study based on the basic index formation of Human Development Index (HDI). The three indices were treated and calculated after defining their minimum and maximum values as follows;

$$\text{Dimension Index} = \frac{(\text{Actual value} - \text{Minimum value})}{(\text{Maximum value} - \text{Minimum value})}$$

After computing the dimension index of the three indices, principal component analysis was employed to produce an estimated and approximate weights of the three coefficient parameters of the indices. Principal component analysis is used in such a way where the values of the three indices are expressed as functions of possible causes in the quest to find which are the most important ones. Computing the weights of the given indices avoids the conjecture choice of giving equal weights, which was a similar critics put on the earlier HDI computation. After the application of the computed weights, cutoff points were set up to enable analysis in the food security trends and to provide a benchmark for success.

Table 4. Food security status of households

No.	HH Food Security status	Freq.	Percent
1	Food Secure	44	11.89
2	Transitory food insecure	206	55.68
3	Chronically food insecure	120	32.43
	Total	370	100.00

Source: Survey result, 2015

The study found that from the total 370 households, only 44 (11.89%) were food secure where as the rest majority fall in the transitory food insecurity group followed by chronically food insecure. Beyond half of the sampled households were transitory food insecure, though this is regarded as a short term shock in the ability to produce enough food, yet these group are highly vulnerable to any shock too.

#### Conclusion

Ethiopia has been frequently affected by food deficits and it has been more worsened by the impact of El-Niño where the number of population who are in need of direct food aid has increased tremendously mainly due to high dependence on the rain fed system of crop production. This study has tried to present results of various statistical analysis using data gathered from 370 households socio-economic condition, food consumption pattern, household food supply and access and finally food utilization to assess food security condition in the study areas. One major finding is that the despite the low level of crop productivity which is mainly attributed by local weather and environmental conditions, the livelihoods of majority smallholding farmers remains undiversified. Their primary source of livelihood mainly depends on the rain fed small-scale agriculture. Majority of the household members were found in child age group (between 0 to 14 years) and which requires a huge investment in socioeconomic supports like health and education.

Moreover, it was found that female headed households were having a reduced amount of food consumption as compared to male headed households. Likewise, there was no household with an acceptable food consumption with either an experience of running out of food or fear of running out of food before reaching the next harvest

season. Regarding food availability, it was found that there is a low average number of months of adequate food supply. In addition, there was a significant relationship between food consumption score and Months of Adequate Household Food Provisioning (MAHFP) where households higher number of months of adequate food supply were the ones with an acceptable food consumption pattern. The BMI revealed that majority of the respondents to be in a normal range of BMI, nevertheless, the number of population who are underweight was not negligible.

Lastly, the three indices were combined in order to classify households food security condition and basing on that it was found that more than one third of the total sampled population are chronically food insecure, about half of the population were transitory food insecure and the rest small number of households were food secure. One of the most crucial step is the need for a more collaboration of government bodies with NGO's, civil society groups and the private sector to promote people's participation and making the whole process of implementation transparent and accountable to people. Especially, the involvement of women in economic activities is very negligible and introduction of self help groups coupled with supportive trainings and capacity building programs for women so as to encourage them more to actively engage in economic activities.

In addition to this, especial emphasis should be given for cash for work programs to protect households from asset depletion, but the in exchange cash provision should be increased in way that can at least provide the minimum poverty wage. Farmland holding size in the study areas was really low and policies should be designed or revision of land reform policies are required to increase the per household farmland holding sizes such as voluntary resettlement programs. In concomitant to this, modern agricultural inputs such as irrigation, improved seeds and fertilizers should be more provided in a subsidized manner coupled with trainings on their adoption especially with regard to irrigation should be more emphasized.

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## **Act East Policy and the Development Question in Manipur**

There is a hype about India's Act East Policy and the path to development. India is considered an emergent power block in South Asia that has the potential to compete with the Chinese economic interest in Asia. Many considered that the rise of India as an important power block is the corollary of qualitative and structural changes after the end of the cold war between the American and Soviet blocks. In fact, in 1991 India adopted an economic policy that is being popularly known as the Structural Adjustment Programme (liberalisation, privatisation and globalisation). Since then, the focus of the India's foreign policy has been more or less on development of bilateral and multilateral relations with the Southeast Asian Countries. One of the policies that exemplifies this shift has been the adoption of Act East Policy' (earlier known as Look East Policy) for strategic or security, economic, political and institutional linkages, which has now covered a vast geographical horizon to encapsulate Australia and East Asia as well. There has been a national euphoria' about the prospects of this policy.

Within India, the Act East Policy has special focus on the insurgency ridden' North-eastern region. This region comprises of the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim (late entry) and Tripura; which shares 98% of the inland international boundary with Bangladesh, Bhutan, China, Nepal and Myanmar. The predominant perception is that Southeast Asia would begin from the Northeast region because of the abundant resources, geo-strategic viability and development necessities. Accordingly, in 2008 the Government of India published a voluminous policy framework known as the Northeast Regional Vision 2020, which emphasized on the prospects of the Act East Policy towards addressing problems of 'underdevelopment' and insurgency in the region. At the policy level, therefore, Act East Policy is not about foreign policy alone, as generally perceived by many. My understanding is that the Act East Policy is a vast and integrated neo-liberal project that has to do a lot with the Northeast region as well for strengthening India's foreign relation with the Southeast Asian countries.

In Northeast region, is strategically import direct inland trade route towards the Southeast Asian countries. In the overall, the Act East Policy, brings in drastic changes' in Manipur that include huge investments in: (a) construction of Trans-Asian Highways, railways, international airports, and trade related infrastructural components; (b) militarisation and military establishments to ensure security and safety of the commercial interests; (c) oil explorations, drilling and extraction and hydro-electric power projects in order to ensure adequate supply of energy, which

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at a time when Manipur had not been recovered from prolonged economic crisis. As a result, many are doubtful, if the Policy will either worsen or improve the economic condition. Many have registered apprehension about drastic implementation of the Policy. This apprehension hold ground against the backdrop of prevailing economic crisis. Before going into details of the apprehension, it is worth to throw some lights on the historical trend of the economic crisis.

### SPECTRE OF ECONOMIC CRISIS

British Colonial rule, from 1891 to 1947, had brought about dramatic changes in the economy. Changes were enforced to transform the pre-existing tribal and feudal modes of productions. New administrative and economic forms were introduced, gradually paving the way to integration of the entire economy into the global capitalist relation of production. Self-reliant rural economy was destroyed to a large extent. Gradually, Manipur become dependent to import, primarily, due to lack of improvement in the mode of production and failure to achieve self-sufficiency. In the long run, spectre of economic crisis loomed over Manipur. It is a crisis characterised by:

(a) dependence on import of commodity and money,

(b) capital accumulation at the market dominantly controlled by Indian monopolists that drain wealth of the people, (c) corruption, misappropriation and mismanagement of fund by state mercenaries, and (d) comparative underdevelopment that has serious repercussion upon peasants and workers. The crisis has emanated as a result of Manipur's unfavourable balance of exchange with the outside world.

In other words, British colonial intervention had destroyed the traditional foundation of Manipur's economy by bringing Manipur within the gambit of capitalist economy. Moreover, there was no qualitative change to Manipur's economy after the state was merged to the Dominion of India in 1949. As a result, the material conditions necessary for a sustainable development are completely underdeveloped. Except for some cosmetic fabrications in and around Imphal and a class who have vested interests in continuing misplaced developmental projects, majority of the people are impoverished and nature of the economy is dependent and aid driven without any productive bases essential for development. This becomes self evident in the revenue generation capacity of the state. The state has generated meagre revenue in each passing year, which is far below the development propaganda of the State and Central Government. Economic crisis in Manipur contradicts the development discourse that is being projected in teleological fabrication widely articulated by the ruling class since the 1990s. For the purpose of analysis, one may concentrate on the year 1972. The year 1972 is important primarily for the reason that the Indian State had identified statehood with political autonomy, i.e. relative economic development (Nehru 1972).

According to government reports, Manipur is being economically integrated

under Indian Five Years Plans. The growth in the number of town from 1 in 1951 to 33 in 2001 is being construed as one of the several indicators of economic growth. Similarly, comparative analysis of Indian Five Years Plans has suggested for a steady rise in the gross estimates of expenditure or plan outlay, particularly after the fourth Five Years Plan. According to the Planning Commission of India, plan outlay for Manipur have increased from Rs 2 crore, to Rs 6 crore, to Rs. 12.9 crore, Rs. 30.25 crore, in the first four five years plans, respectively.

An increase in fund inflow from the Centre becomes apparent by 1980, e.g., Central assistance to Manipur was increased from Rs. 286.51 crore in the Sixth Plan, to Rs. 613.44 crore in the Seventh Plan, to Rs. 1,230.03 crore in the Eighth Plan, to Rs. 2,493.61 (agreed) in the Ninth Plan and to Rs. 2,166.42 (projected) in the Tenth Plan. Plan outlay for Manipur was increased dramatically from Rs. 30.25 crore in the Fourth Five Years Plan to Rs 430.00 crore in the Seventh Five Years Plan (1985-1990). It was further increased to Rs. 1787.01 crore (Expenditure) in the Ninth Five Years Plan and further to Rs. 2804.00 crore (Outlay) in the Tenth Five Years Plan. Manipur enjoys status of Special Areas, i.e., strategically important and backward. It has been financially improving through funding and finance management under various institutions such as the North Eastern Development Finance Corporation Limited (NEDFI), established on August 9, 1995 and the Ministry of Development of North Eastern Region (DONER), established in September 2001 and accorded the status of a full-fledged ministry on May 2004.

Apart from receiving investment under Border Area Development Programme; funds and grants for Manipur are allocated through Non-Lapsable Central Pool of Resources. By the time an Indo-ASEAN Car Rally for promotion of international trade was held in November 2004 Manipur have been an economic focus for successful implementation of India's Act East Policy. The government reports, therefore, argues for an endless effort to improve economic condition of Manipur and has projected positive growth in the North Eastern Region Vision 2020 (Government of India 2008).

#### Economy sans Welfare

Contrary to the apparent growth as mentioned in the fabricated teleology, reading against the grain of parallel reports and researches illustrates a comparatively backward economy for Manipur. Economic condition of Manipur since 1949 has been one of dependency to New Delhi's grant-in-aids. During this period various mega industrial establishments costing thousands of crore of rupees to the Consolidated Fund of India were set up in the privileged states of mainland India (United Committee Manipur 2002, 7). However, till the Fifth Five-Year Plan Manipur got Rs. 1.55, 6.25, 12.88, 30.15 crore, respectively, i.e., too little for development (Laishram 1998, 8). And the corrupt Indian bureaucrats did not fully utilise it for any initial stage of development (Mohendro 2005). According to a report of the Institute for Human Development, New Delhi, Manipur as late as 2005 continued to

be largely underdeveloped and agrarian with a weak industrial sector and inflated services sector. Analysing growth and interstate disparities in India would reveal that Manipur which had a low ranking economy in the period beginning with 1960-61 had continued to be in lower rank throughout the period till 1995-96 (Dasgupta and others 2000).

As far as developmental and fiscal deficit are concerned, -the share of the state in the All India Net Domestic Product remained stagnant at 0.2 percent almost throughout the period 1991-92 to 2001-02' (Manipur State Development Report 2006). Till 1993 Manipur has deficit of Rs. 158 crore (Laishram 1998,8). As a result Manipur's own resources in the Tenth Five Years Plan had been Rs. (minus) 362.42 crore. As far as Per Capita Income of Manipur is concerned, in 1980-81 (at 1993-94 Prices) it stood at Rs. 4901 against all India income of Rs. 5,966; and correspondingly at Rs. 5,811 against Rs. 8,759 in 1993-94; Rs. 8,963 against Rs. 12,496 in 2001-02 respectively. According to the 55th Round of the National Sample Survey Organization's (NSSO) (July 1999 to June 2000), though the poverty ratio had declined, the number of poor had increased from 5.86 lakhs in 1973-1974 to 7.19 lakhs in 1999-2000 (Government of Manipur 2006b, 198). The NSSO 61st Round survey report has showed a drastic decline in the number of poverty to 3.95 lakhs in 2004-2005.

The decline is based on new methodology of poverty estimation and does not calculate actual number of poor persons whose access to basic requirements of subsistence has been fast declining. Unemployment problem among the youths in Manipur increases beyond controllable stage (Khomba 1996). Financial position of Manipur is considerably weakened and it had resulted in the state treasuries remaining open for a few days only in each month. The Manipur Rifles had attempted a coup in 1999 against the government for delaying their monthly salary for months. In 2002 the state was no longer in a position to discharge its debt-service burden (Forum of Chief Minister 2000). In the year 2005 out of the total number of 356,193 households living in Manipur 115,600 households were living at the Below Poverty Line (Government of Manipur 2006a).

The overall economic condition remains precarious and unfavourable to growth. The situation contradicts concept of economic welfare. Firstly, economic welfare is a material condition founded on productive utilization of natural resource and human skills. Productive production is required in order to create and supply effective demands. Secondly, production constitutes the backbone of political economy and as such, good governance is a precondition for effective production. The two understandings suggest that polity and economy are interplaying. In a seemingly democratic Indian sub-continent, the Government of India that is in absolute control over Manipur political economy, therefore, has the obligation to invest for the economic welfare of the people of Manipur. This expectation is not being fulfilled by the Indian rulers whose primary interest in Manipur is concentration and

centralization of capital.

#### Resources Exploited

There has been gradual loss of control over the natural resources (including land) as resources are regularly de-regulated by the Indian laws and transferred for private use to outsiders, government agencies and corporate bodies for economic exploitation without the consent of the people. Natural resources are no longer absolutely managed by the local people. Forests are stripped off, water bodies destroyed by pollution, hydro-electricity generation projects and neglect of maintenance' (Centre for Organization and Research 1999).

Controversial capitalist projects are being forcibly imposed. Capitalist projects become controversial as a result of state violation of existing democratic norms such as Environment Impact Assessment, Environment Management Plan, Official Clearance, Public Hearing, absence of favourable compensation and rehabilitation scheme, etc., lack of transparency and public accountability (Citizens' Concern for Dams and Development 2005), corruption, mismanagement, brutal suppression of public opinion as reported in the Sangai Express on July 10, 2008 and arbitrary imposition of projects under the protection of police or paramilitary forces (Yumnam 2008). The controversial Loktak Hydro Electric Power Project and Tipaimukh Dam are few of the several examples to illustrate.

Firstly, the Loktak Hydro Electric Project, better known as Loktak Project, has been a matter of controversy for several years for various reasons. There is visible lack of a Scientific Integrated Approach to systematic utilization of multiple advantages thrown open by Loktak Lake (State of Environment Report Manipur 2009). A total of 27,404.94 acres of agricultural land are lost as a result of the Loktak Project. The Government of India has not planned compensation to landowners whose cultivating fields are being destroyed. This was reaffirmed orally in the Manipur Legislative Assembly on Tuesday, May 8, 2007, Imphal, when questioned regarding the compensation for the Loktak affected areas.

Secondly, the controversial Tipaimukh is being protested on the ground that it is a typical Special Economic Zone for capitalist profiteering and would lead to displacement and destructions. According to a protest raised in 2001:

The proposed 162.80 metres high dam... will result in permanent submergence of 275.50 sq kms of land surface in Manipur... The Manipur people's constitutional rights were circumvented by secret approval of the project given during the period of central rule in Manipur (in 2001)... The government of Manipur is at present attempting to sign the Memorandum of Understanding (MoU) with North Eastern Electric Power Corporation Limited without the participation of the people, particularly the affected people of Tamenglong district (Pamei 2001, 1054 & 1148).

The Government of Manipur, however, has decided to go ahead with the

project at any cost without taking into consideration public opinion. In March 2009 it had demanded provision of four battalions of central paramilitary forces in addition to the pre-existing forces for deployment in the Tipaimukh project areas (reported in Hueiyen News Service on March 4, 2009). What becomes apparent is that

'developmental aggression' instituted by the Indian rulers contradicts 'sustainable development'. Whereas 'developmental aggression' represents capitalist material interest, 'sustainable development' required for survival and progress of the people of Manipur remains suppressed.

In addition to these, there are other examples of Khuga Dam project, Mapithel Dam project, illegal extraction of Chromite from Ukhrul and Oil Exploration and Drilling projects, and so on. It will require a different paper to case study all these projects. It is however, sufficed for this paper to briefly mention Khuga and Mapithel dams had not fulfilled positive results. Instead, these dams had brought about destructions in the cultural ecology, forced displacement of peoples and lots of hardships on affected peoples. The Oil Exploration and Drilling projects have been superimposed without adhering to the standard norms of free, prior informed consent of peoples. This mega projects, which will cover about one sixth of the total geographical area of Manipur have been arbitrarily imposed under the dictate of foreign multi-national companies. All these projects are being imposed at gun point under heavy militarisation and policing, so as to suppress any kind of democratic protest.

#### Uprooted Agriculture

In so far as the agriculture sector is concerned, attention given to agricultural development in Manipur from the first to fourth Five Years Plan was inadequate for a possible breakthrough into an advanced agriculture. The Plan outlay in agriculture from first to fourth Five Years Plans were Rs 6.30; 109.51; 190.97 and 305.66 lakhs, respectively. According to Mohendro one cannot possibly expect impressive turn with this meagre outlay' (Mohendro 2005). There was absence of a sound development strategy for agriculture planning guided by the principles of: increased productivity of land and labour; bringing more land under cultivation; and increased intensity of cropping. No attempt was made to strengthen agricultural base in terms of improvement in: Land system, Irrigation, Technology and Institutional finance, etc. No census of land holdings and cultivation was carried out for Manipur as late as 1955.

According to a survey published in 2006 only eight percent of the total geographical area of Manipur was under agricultural operations, compared to the all India average of 64 percent. The spread of irrigation was comparatively poor with merely 15.5 percent of the total area cultivated being under irrigation. The share of agriculture in the state's income had declined from 45.6 percent in 1980-81 to 24.7 percent in 2003-04. Compared to the all India trend, this is a far more steep fall since the share of the primary sector in the state fell from 49 percent in 1980-81

to 29.2 percent in 2003---04 as against 38 percent to 25 percent at the all- India level (Institute for Human Development 2006). To a question posed regarding Agricultural Policy of the Manipur State, to the Manipur Legislative Assembly on Tuesday, 8 May, 2007, it was affirmed that Manipur had no agricultural policy as late as 2007 and that the matter had been under active consideration of the Government'.

#### Disinvested Industrial Sector

In so far as the issue of industry is concerned, there could have been industrial expansion, at least in the handloom and silk sectors. An analysis of the trend of resource committed to the so-called industrial development conveys a message of less attention. The token outlay of Rs. 0.60 lakhs in the first Five Year Plan was increased to Rs. 13.06 lakhs and Rs. 49.39 lakhs only in the second and third Five Year Plans respectively. During the third Five Year Plan sericulture received a share of Rs 4.29 lakhs only as plan allocation. No skill inventory was prepared.

The Industrial Policy of 1982 had laid primary emphasis on development of large and medium industries. The Industries Policy of 1990 focused mainly on the development of the small-scale sector. However, the State has not witnessed desired level of industrial activity (Government of Manipur 1996a). A new State Industrial Policy was announced in 1996 (Government of Manipur 1996b). But it was silent on the necessity for earmarked industrial area. It has not declared any Industrial Area. Industrialization attempts existed on paper only. No substantial investment in constant capital for manufacturing industrial take off had been initiated by the government.

Between 1993-94 and 2000-01 the share of industry in Net State Domestic Product had rose from 15.73 percent to 21.75 percent, i.e. 38.27 percent increase. The increase is due to high share of the construction sub-sector in Manipur, e.g., dams, office buildings and beautification projects. However, Manipur has the largest decline in the share of manufacturing in Net State Domestic Product from 4.61 percent in 1980-81 to 3.37 percent in 1995-96. In 1996-97, the state accounted for the lowest share in the Northeast region (Institute for Human Development 2006, 147).

High Level Commission Report to the Prime Minister, Government of India in 1997 has stressed that Northeast (Manipur inclusive) has little or no plan resources but heavily indebted in spite of high per capita Plan outlays and subventions. Huge establishment costs exceed state revenue collections as government service provides the sole and certainly the principal avenue of employment. In terms of per capita state domestic product or other standard development indices such as power, road length or hospital beds, the Northeast ranks well below the national average (Planning Commission 1997). In 2002, out of 2,014 registered factories, 80.3 percent were rice mills, another 10.3 percent were saw-mills and 4.76 percent were oil mills. The situation had not improved as late as 2005. In 2005 most of the State-Owned

corporations have been closed. 30.86 percent of Small Scale Industry units were sick and 90 percent of micro enterprises were in trouble (State of Environment Report Manipur 2009).

#### Marginal Peasants & Workers

Internal dynamics within Manipur between the period 1950 and 2000 has revealed dramatic rise in population, for instance, according to 2001 census, Manipur population had increased from 577,635 in 1951 to 2,388,634 and corresponding rise in the consumption demand. Slow growth in the productive scale, slow scale improvement in the instrument of production and disproportionate investment could not satisfy demands.

In other words, the Indian State has expected private investment when a backward state such as Manipur requires for tremendous investment in the public sector. As a result, productive capacity of Manipur has not been built up over a long period of time and, therefore, its resource base could not be effectively moulded into the development process of Manipur (United Committee Manipur 2002). Food grains, pulses, vegetables, fruits, edible oil, milk and dairy products, medicines, snacks, liquor, poultry products, fish and almost all varieties of consumer goods of day-to-day usage are imported from outside. Effective demand for import leads to export of money that has been largely derived from service sector and New Delhi's grant-in-aids, loan & fund. As a result of comparative decline in local production, heavy reliance on import drains the wealth of the people.

A steady rise in the number of poor has been indicated by the growth of marginal workers. According to the official record the number of marginal workers has increased from 40,469 in 1981; to 66,621 in 1991 and to 285,849 in 2001. During 1991-2001, the growth rate of marginal workers was 329 percent. As far as the incidence of unemployment is concerned, in 1983 the rate of unemployment was 0.4 percent of the total labour force. It was increased to 1.8 percent in 1993-94; further increased to 3.5 percent in 1999-2000. According to the department of Planning, Government of Manipur, 21.58 percent of the total population remained unemployed in 2005 (4.93 lakhs) (State of Environment Report 2009).

The growth in the number of poor is more or less explained by relative decline in landholding and continuous breaking down of household based subsistence economy. According to the report of the Statistics Department, Government of Manipur (Government of Manipur 2002), the actual area under landholding increased by 16734 hectares between the years 1975 and 1990. The increase was due to deforestation and claiming of hitherto unclaimed lands. However, total number of holders increases by 281 only. Analysing the breakup of the statistics reveals that actual area of large holding (above 10 hectares) increased by 45 hectares only and the number of holders by 9 only. The corresponding figure was 4685 hectares and 811 holders in case of medium (between 4 and 9.99 hectares); and 6,082 hectares and 1392 holders in case of semi-medium (between 2 and 3.99 hectares) respectively.

The statistics reveals a different picture in case of both the small (between 1 and 1.99) and marginal (below 1 hectare) holdings. In case of small holding the actual area under this category increased by 6109 hectares but the number of holders was declined by 343 holders.

In case of marginal holding, both the area under this category and number of holders declined by 187 hectares and 1588 holders respectively. The overall area of holding of marginal class in 1990-91 was 37,820 hectares against the overall area under holding, i.e. 174,981. It is likely that a sizable number of the marginal holders completely parted with land but some new holders emerge all of a sudden taking over those parted lands or pre-existing richer holders bought up the parted land. There appeared to be transfer of holdings without causing much affect in the number of holders in that category. A further fall in the number of the holders of the marginal category was rather prevented due to three reasons.

Firstly, in compliance with the customary distribution of property for inheritance among family members, those big holders above the level of marginal produced both small and marginal holders through fragmentation. Secondly, fragmentation by those in the category of marginal produced the category of marginal only. Thirdly, family without any inheritance of holding became better off and started buying up land of that category. An equally alarming situation has been the process of fragmentation of land for the purpose of housing or conversion of household gardens into construction. It creates disequilibrium in the household subsistence economy that relies heavily on it for garden products such as vegetables, firewood, fruits, flowers, pulses, grains, roots, stems and other daily requirements.

In the central valley areas the total area declined between 1985 and 2001 under the category of forest, non-agricultural usage area, barren, pasture or grazing, misc., culturable waste land, fallows was 20760 hectares. Since the area actually used for showing crops during the corresponding period increased by 15305 hectares only it is likely that the rest of the 5454 hectares were used for the purpose of constructing roads, government and private complexes, institutions and settlement areas. There is considerable scale of conversion of household gardens for construction purposes. People could not afford to build multi-storeyed buildings and, therefore, they extended their construction horizontally on ground floor. One then has to increasingly depend on market for everything including those items hitherto available in respective household gardens. And since the opportunity to earn money is always scarce, material interest of the large chunk of poor remains unfulfilled.

#### **Accumulation of Capital**

Bribery, corruption and misappropriation of fund at the superstructure level and service sectors have deprived a large chunk of peasants and workers of positive investment, free and fair resource mobilization, and other economic opportunities. Capital is dominantly accumulated by a microscopic section of the population basically composed of political leaders, bureaucrats, contractors, smugglers, absentee

landlords and professional groups who ran profiteering enterprises and indulge in corruption and misappropriation of fund. The microscopic section is least affected by the economic crisis as long as they are agents and promoter of finance imperialism. The capital they accumulate is not invested for economic growth rather they spend it to meet expenses for imports, extravagant activities and for leading lavish lifestyles.

Capital accumulation also takes place in the market by outsider monopolists. Most of the consumer goods available in Manipur markets are imported through a network of commercial entrepreneurs of outsider who were in control of the Manipur economy. Profit that went into their treasury is repatriated to their respective home state beyond Manipur.

Therefore, in the absence of local production, cosmetic financial incentives or funds that is allocated for Manipur remains under circulation in the market for few days and is siphoned off beyond Manipur through the unfavourable balance of exchange and monopolists. The economy, therefore, is unfavourable to progressive growth. Gradual decline in the economy has corresponding impact on peasants and workers. Economic experience of Manipur since 1949 has been the steady rise in the number of poor and marginalization of large segment of population.

#### FEAR AND HOPE

The Act East Policy is a sum total of multiple neo-liberal projects which are initiated and progressed at various levels and superimposed from above. It is a policy that is being superimposed upon an underdeveloped' and economically dependent' state like Manipur that lives at the bottom of the margin of global economic hierarchy. When big market forces are competing for 'super profits', the policy becomes a fait accompli for Manipur because it lies on the most viable commercial transit route, where India's commodity and military stockades are likely to be firmly established. The policy has been appealing to some sections of the population, particularly those powerful non-industrial-commercial' elite sections who control political power and enjoy dividends through misappropriation and appropriation of public fund and extraction of commission from trade and infrastructure construction projects. Many insurgent groups also believe in quick accumulation of fund through establishment of area control and imposition of taxation (if not, royalty or commission mechanism) on projects within their respective jurisdictions. In the overall, the contour of Act East Policy remains apprehensive for people in the margins of such power dynamics. In the state like Manipur, the apprehension could be located in the neglect of policies that could materialise long term boom in Manipur's primary commodity production such as food and other essential goods.

The fear is that when Act East Policy will primarily serve the super-profit interest of the big market forces and the political regimes erected by them. The sudden boom in the international trade, without some level of economic preparedness to compete with imports, will be at the cost of conducive economic sustenance in the long run. They believe is that the Act East Policy is not their own creation. It is not

a linear economic response as a result of the local capability to directly engage in international free trade. The policy is being perceived as a policy to strengthen free trade regime, which is being superimposed by the profit driven big market forces. They articulate that a long term social benefit from international trade can be accrued, only when there is some level of surplus production for commodity exchange. Without improvement in the modes of production that is, without achieving certain level of qualitative and quantitative surplus production Manipur will remain dependent and vulnerable to domination by the market forces and fluctuation in the supply. Unfavourable balance of payment, as functionally commanded by the free trade regime, will depreciate the gold reserves. As a result, there will be gradual impoverishment, which will in the long run destroy the potential growth of human resources to suit the local needs. In that unfavourable situation, Manipur will merely serve as a transit route of trade. Manipur will remain a mere consumer of imports, supplier of cheap labour, and an uncertain transit route economy' that is being controlled by the outsiders' monopolists. In addition, there are also cultural and political fears that Act East Policy will open up unrestraint inflow of migrants, cultures' and powerful political brokers. Therefore, there has been mixture of hope and fear from the margins' upon whom the policy has been superimposed. Some of the concurrent apprehensions are being summarised as follows:

#### Land and territorial safeguard

There is growing apprehension of systematic expropriation of land by controversial projects and systematic loss of territory. Regarding expropriation of land; large tracts of lands are being grabbed in the most controversial manners for the construction of dams, mines, oil drilling, railways, office infrastructures and military camps. Regarding loss of territory, there persists the nostalgia about the loss of the Kabow valley (above 7,000 square kilometres), which is believed to have been permanently transferred to Myanmar (then Burma) by the then Prime Minister Nehru in 1953. The alleged continuous encroachment by the Myanmar Government on Manipur's territory along the international border is an emotive concern. The alleged silence by the Government of India on this matter is being perceived as India's favourable concession to Myanmar, at the expense of Manipur, to fulfil certain vested trading objectives of the Indian commercial bourgeoisie. Many perceive that the Act East Policy will empower the Indian big market forces and the military to grab more land, extensive expropriation of land by the rich outsiders from the marginalised local' landowners and a threat to the territorial safeguard as well. This fear needs to be addressed by the government. Controversial projects, which had extensive displacement and ecological affects, need to be put on halt, until the concerned issues are being adequately addressed. Land grabbing in the name of projects must neither be at the cost of the sustainable' growth of the peoples nor should it be carried out by violating the exiting legal norms. Border pillars need to be firmly established along the existing disputed areas on the international border, in order to prevent encroachment and to ensure territorial safeguard.

### Population influx

The unregulated migration to Manipur is bitterly felt. The notions of insiders' and outsiders' are socially rooted; more than three dozens of communities inhabiting Manipur identify themselves with the respectively articulated idea of indigenous' vis-à-vis projected outsiders.' Among them, other than the numerically larger communities such as the Meeteis, Meetei Panggals, Thadous and Tangkhuls that constitute the largest communities the rest are numerically small. While each of these communities uphold their idea of indigeneity', at the Manipur level, there persist the fear of domination by the migrant outsiders. The perception is widespread that the outsiders are gradually outnumbering the indigenous' peoples. They are controlling the market, buying up land, and dominating the labour pool and skill reserves. The fear of the outsider increases as the expansion of the Act East Policy, particularly the extension of Railways, is likely to create an unprecedented scale of migration. According to the estimate of the United Committee Manipur, based on the 2001 census, about 32% of the population are migrants. To prevent numerical domination by outsiders, and also to overcome the pressure on land, there has been demand for detection and deportation of outsiders'; which at some points of time had culminated into violent agitations in 1980, 1994 and 2015. In order to address the concern, the Government of Manipur had recently passed three bills, which had become controversial within Manipur for various political reasons. Despite the controversy, there is a common feeling that some kind of protective measures are required to ensure that the international trade do not lead to population invasion'. At present the bills are in the courtyard of the Government of India, who is fully responsible to address this sensitive issue.

### Monopoly trade

There is fear of monopoly in trade by the outsiders. This fear arises from the fact that Manipur trading entrepreneurs, because of their meagre capital resource and inability to ouster the pre-dominating community bonds of the well organised trading guilds of the outsiders, could not compete with the latter. As a result, most of the formers remain dependent on the supply of the latter, who by default become the monopolists. Their fear increases as the opening up of the Trans-Asian Highways would facilitate the entry of giant international business establishments, which will make the competition much more difficult for them. Many questions arise; are the indigenous' traders going to be the losers in all fronts that is, the international, national and home markets? What will be their share in the commodity market? Will they be able to establish profitable hotels, which will obviously be superseded by the higher graded stars level hotels that would be owned by outsiders? Who will promote and protect the local business interests? Will the local enjoy big shares in the upcoming business complexes and malls? What about the local women and other small scale retail trading vendors? Will they be protected? Will they be gradually wiped out because of unregulated migration of prosperous entrepreneurs?

What roles will the government play, to ensure that the interests of the local' are not subverted in the interest of the outsider monopolists?

#### Uneven growth

There is structural inequality in Manipur, which is reflected, among others, in terms of uneven distribution of infrastructural growth. The inequality is being explained in terms of an alleged core-periphery dichotomy (or valley-hills dichotomy or urban-rural dichotomy) that is, measured through quantitative differences in the aggregate accumulation of wealth, opportunities, facilities, and distribution of infrastructures. As mentioned, structural inequality interplay with injustice when controversial projects have forced many into displacement, deprivation and marginalisation. Some sections offered communal interpretation of this overall phenomenon of inequality and injustice. Such interpretations added to the communal mistrust and tensions. In other words, any project, either developmental or destructive, could become a source of communal propaganda and conflict. In this context, the Act East Policy also becomes a matter of communal concern. Many suspected, if it would culminate into further structural inequality along community lines. The fear is; where exactly in Manipur will the infrastructures related to the international trade be constructed and concentrated? Will there be more pressure on some communities because of infrastructural overconcentration, whereas many are being left out because of deliberate neglecting? Will the commercial hub and the allied offices be constructed at the cost of the food producing land in the Manipur Valley? Will it be confined to some strategically advantageous community pockets such as Southern Chandel or Imphal or Tamenglong or combination of all? Will there be even distribution of infrastructures in the remote areas of Churachandpur, Senapati and Ukhrul as well? Will there be development of well furnish connecting routes to ensure that everyone is connected to the main Asian-Highways? Will the policy directly benefit some communities while the rest will be neglected? The demand for an even distribution of growth needs to be adequately addressed.

#### CONCLUSION

The Act East Policy is not an economic response to Manipur's need for a favourable international commodity exchange. This market driven policy, which promote liberal free trade regime, is being superimposed on a backward economy that is largely dependent on the Central funding (grants) for employment generation and other essential economic' schemes. This trend of dependence is logical, as the impact of capitalism in Manipur is marked by perpetuation of a localised pre-industrial modes of wealth accumulation. The elites flourish as a result of accumulation of wealth through misappropriation of public funds and other corrupt means. The majority bulk of the educated class are in the search for respectable' white collar jobs either in the government or private service sectors. There is a general neglect of capital incentives to improve the productive forces and the means of production. The economic condition remains pathetically suffering from dependency syndrome, that is, dependence on imports for economic survival. The

question is, will the free trade regime anchored by the outside forces improve the economy to the level of abundance and structural equality? It remains unknown to many about what will be commodity compositions of free trade under the Act East Policy. The question is; will there be some amount of promotion and protection of local productions? The fear is; will the unrestraint inflow of new commodities create new demands, which will lead to further depreciation of gold reserves? Will cheaper imports of food crops outdo local productions (such as rice, grains, cereals, and vegetables), thereby, forcing upon many to abandon productions? Will there be diversion of food producing land to create commercial hub or a trade transit route, where the locals play subjective role and become vulnerable to capitalist slump and recession in the international trade? Will the negative fallout of free trade regime lead to poverty and the growth of various forms of social crimes, illicit trades and trafficking, and unrests?

There is an organic relation between politics and economy. The material relation between India and Manipur may be understood in terms of the theoretical understanding of Alexander Buzuev (1990) who had argued for Economic inequality of nations. Manipur plays a subjective role under the capitalist economy of India. The forced merger of Manipur in the Dominion of India in 1949 was a threshold in placing both India and Manipur into an economic arrangement instituted and governed by the Indian ruling class. It was a threshold to conditioning interrelated phenomenon: firstly, Indian ruling class creating a military base in Manipur for accumulation of super profit from Northeast region and Southeast Asian Countries; secondly, Manipur's loss of political autonomy and a corresponding loss of control over economy and a vice versa and; thirdly growing impoverishment of a large chunk of the population. The Indian state's aggressive attitude towards imposing finance imperialism explains its failure to respond positively to public yearning for accountability, transparency, compensation, rehabilitation, equitable distribution of profits and a role in the decision making. It becomes crucial factor in shaping the prevailing economic condition in Manipur. Will it bring proportionate development? Will it address the issue of insurgency? Will it resolve communal conflicts? Will it wipe out corruption and inequality? Will it bring peace and stability?

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## Examining the Diversification of Agriculture in North -East

### Abstract

*In this study the author has made attempt to investigate the presence of crop diversification in agriculture the nature and extent of crop diversification in the northeastern state has been analyzed by secondary data. Simple percentage and Harfindahl-Hirschman's Index (HHI) has been used to analyse the nature and extent of crop diversification in the region. The HHI for different crop groups has shown that all the states except Mizoram, Sikkim and Tripura have moved towards crop diversification. Mizoram, Sikkim and Tripura have proceeded towards crop specialisation. The study has revealed that the crop sector in the region has been diversifying towards high-value crops although slowly. Also, there are considerable variations in crop diversification across different states of the region. As a policy prescription the study stresses on importance of more institutional investment and infrastructural development for greater benefits from crop diversification for small and marginal farmers.*

*Key words: Crop Diversification, Harfindahl-Hirschman's Index (HHI)*

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### Introduction

Traditionally, Agriculture was practiced in fundamental way that leads to degrading consequences. Now, impact of modernization brings the situation in the best practices for proper utilization, resisting soil erosion, retarding soil depletion and enhancing good production which will ultimately led to agricultural sustainability. The progress of human civilization mainly depends on agriculture. The most necessary thing in man's life is food which is derived through agriculture. The quality and the culture of the man are the dominating role in the utilization of natural resources in different environmental conditions. The present study is carried out in the Dibrugarh district of Assam which consist of larger proportion of land (3381sq km) and by far the larger proportion of its population are engaged primarily in agriculture. But the district is characterized by a slow growth in agriculture because of adverse environmental consequences like flood and drought, no scope for area expansion and limited technological breakthrough. Environmental factors like terrain, rainfall and soil create disparity in agriculture in the seven circles of the district which hinders the agricultural development of the area. So, there is an urgent need for crop diversification in the study area not only to overcome the adverse environmental consequences but also to provide a boost to agricultural production.

## Objectives

To study the pace of crop diversification and find out the nature of change in cropping pattern during the period lying between 1990-91 and 2008-09 in Northeast states.

## Importance of the study

In relation to agricultural development, "diversification" is probably one of the most frequently used terms in the recent decade. Traditionally, diversification was used more in the context of a subsistence kind of farming, wherein farmers grew many crops on their farm. The household level food security as also risk was an important consideration in diversification. In the recent decade, diversification is increasingly being used to describe increase in area under high value crops. The diversified and accelerated agricultural growth can enhance the food security by improving the purchasing power of the poor in the perplexing situation of shrinkage in agricultural holdings, declining new investments in agriculture and increasing degradation of natural resources. Diversification offers a wider choice in the production of crops in the given area. The shift in cultivation from traditional, less-remunerative crops to higher-value crops leads to higher incomes for the producer. At the same time, cultivation of a variety of crops reduces risk. Several factors can induce a shift in the crops grown. These include government policies that promote specific crops, development of infrastructure like roads and markets, and relative profitability of crops. In essence, the diversification to commercial crops/commodities becomes an essential strategy that can increase incomes in agriculture, minimize risks due to crop failures and above all, earn foreign. This present level of study is focused on the pace of crop diversification and find out the nature of change in cropping pattern during the period lying between 1990-91 and 2008-09 in Northeast states. It will help us to learn from the study if there is any significant shift in agricultural activities in the studied region.

## Review of literature

Malik and Singh (2002) analysed the extent of crop diversification at district level in Haryana using diversification measures namely Crop Diversification Index. The study use Time series data for the period 1980-81 to 1996-97. The analysis concluded that more diversion is found in the districts with the availability of market, increased demand of products and export facilities due to proximity of metropolitan city, Delhi.

Let (2011) analysed crop diversification in a district of West Bengal with the help of a Spatio-temporal assessment. Poor agricultural diversification is found in the study area caused by factors such as hydro-physical, economic barriers, lack of cultural motivation and pro-active and post harvesting technological supports with associated cultivation technologies.

Acharya et al. (2011) studied the nature and extent of crop diversification

in the Karnataka state. The study has suggested that parameters such as the creation of basic infrastructural facilities like sustained supply of irrigation water, markets, fertilizer availability, proper roads and transportation is essential in the process of agricultural development and crop diversification.

#### Methodology

The study is based on secondary data of the eight states of Northeast India. The data is collected from the official website of Ministry of Agriculture and Cooperation, Government of India and also from the Statistical Abstract of India (1991). The magnitude of diversification can be measured by a number of statistical tools which include Index of maximum proportions, Simpson Index, Entropy Index, Modified Entropy Index, Composite Entropy Index, Harfindahl-Hirschman Index etc. Each of these tools has its own advantages and limitations in terms of data requirement, level of sophistication and ease of computation and interpretation. Further, the results obtained through these methods are more or less similar. In this paper, Harfindahl-Hirschman Index, which is the most popular method, is used to measure the extent of diversification. The index provides only the magnitude of diversification, and not its nature or direction. The direction of diversification was seen through the cropping pattern.

To assess the magnitude of crop diversification, Harfindahl-Hirschman's Index (HHI) of the following form has been used,

$$HHI = \sum P_i^2$$

Where,

$P_i$  = Proportion of area under i-th

crop,  $A_i$  = Actual area under i-th

crop

The index is defined as a sum of squares of all proportions. This is a simple measure of concentration. For the case of increase in diversification there is decrease in HHI and vice-versa. Here HHI is bounded by

'0' and '1'. Here we have made some categorical classification of HHI as following: Case-1:  $0.15 < HHI$ : high diversification

Case-2:  $0.15 < HHI \leq 0.30$ : moderate diversification

Case-3:  $0.30 < HHI \leq 0.45$ : low diversification

Case-4:  $0.45 < HHI$ : specialised

## Data and Analysis

Table-1 Area under Crop Categories (in percentage)

States	1990-91			2008-09		
	Food Crops	Commercial Crops	Horticulture and plantation	Food Crops	Commercial Crops	Horticulture and plantation
Arunachal Pradesh	75.62	6.72	18.56	65.76	12.46	29.41
Assam	69.87	10.78	8.33	66.65	7.11	9.11
Manipur	91.53	3.44	16.72	78.64	0.64	25.00
Meghalaya	66.50	7.52	24.32	38.61	5.28	22.91
Mizoram	77.46	5.63	21.55	68.33	4.69	50.52
Nagaland	80.63	6.81	7.02	67.66	16.64	7.34
Sikkim	65.67	5.99	11.42	63.73	8.22	27.12
Tripura	71.08	3.19	19.90	85.19	1.93	23.02

Source: Department of Agriculture and Cooperation, Government of India, 2008-09 and The Statistical Abstract of India (1991).

In our study we have selected 12 crops - Rice, Bajra, Jowar, Maize, Ragi, Wheat, Pulses, Oilseeds, Cotton, Sugarcane, Coconut, other fruits and vegetables. We have grouped those crops into three groups -

1. Food crops
2. Commercial crops
3. Horticulture and Plantation crops.

From the table-1 we can see that for the year 1990-91 the most common feature of all the eight northeast states is that they are found to be food crops dominated or specialised areas and among them for maximum percentage of land engaged in food crops Manipur holds first position followed by Nagaland then Mizoram Arunachal Pradesh, Assam, Meghalaya and Sikkim. Now if we look at the data for the next period that is, 2008-09 we can figure out clear indication of diversification. Arunachal Pradesh witnesses 13% decrease of land use for food crops and 85% increase of area under commercial crops along with 58% increase of area under

Horticulture and plantation. For Assam we can find that it has made shift towards Horticulture and plantation which is indicated by 9% increase of land under it. The more prominent case is of Manipur. Here, we can see very huge decline of area commercial crops of 81% and for food crops it is 14% where it makes a clear shift of 49% increase in area for Horticulture and plantation. For Mizoram there is sharp rise in area of 134% for Horticulture and plantation which and a decrease in area of 11% and 16% for both food crops and commercial crops respectively. Nagaland and Mizoram are having similar case of decrease of area in food crops but in case of Nagaland it shifts towards commercial crops with 144% increase in area and for Mizoram it moves towards Horticulture and plantation with 134% increase in area. For Sikkim it shows increase in area for both commercial crops and Horticulture and plantation. But among all these states Tripura comes out with very different scenario of increase in area of 19% for food crops and also for Horticulture and plantation its 15% with decrease in area for commercial crops.

Table-2 Percentage Increase in Area under Crop Categories

States	Food Crops	Commercial Crops	Horticulture and plantation
Arunachal Pradesh	-13.04	85.42	58.46
Assam	-4.61	-34.04	9.36
Manipur	-14.08	-81.40	49.52
Meghalaya	-41.94	-29.79	-5.80
Mizoram	-11.79	-16.70	134.43
Nagaland	-16.09	144.35	4.56
Sikkim	-2.95	37.23	137.48
Tripura	19.85	-39.50	15.68

Source: Calculated and Compiled by authors from secondary data

Table-3 Harfindahl-Hirschman's Index (HHI) Values for Crops Diversification

States	HHI for 1990-91	HHI for 2008-09
Arunachal Pradesh	0.557	0.528
Assam	0.320	0.281
Manipur	0.978	0.737
Meghalaya	0.463	0.135
Mizoram	0.649	0.929
Nagaland	0.509	0.296
Sikkim	0.286	0.453
Tripura	0.483	0.907

Source: Calculated and Compiled by authors from secondary data

The HHI index of diversification is inversely related to diversification. High index denote specialisation, while lower indices indicate diversification. An attempt has been made to show the changes in the crop diversification regions, during the periods of 1990-1991 and 2008-2009 (in Table-1). In the table-3 the HHI values for all the northeastern states are presented. Based on the changes in rank, we can identify states which are moving towards crop diversification vis-à-vis crop specialisation. From the table we can observe that during 1990-91 to 2008-09 period some of the states have shifted towards diversification and some states towards specialisation.

All the states except Mizoram, Sikkim and Tripura states have moved towards crop diversification. Mizoram, Sikkim and Tripura have proceeded towards crop specialisation. However crops, in which these states are moving towards specialization, are quite different. Sikkim is getting specialised in commercial crops and Horticulture and plantation, where Tripura in food crops and Horticulture and plantation. Mizoram is specialised only in Horticulture and plantation. For crop diversification states only Meghalaya is found to fall under the group of high diversification ( $HHI > 0.150$ ). Assam and Nagaland falls under moderate diversification group ( $0.150 < HHI \leq 0.30$ ) and Sikkim, Arunachal Pradesh, Manipur, Mizoram and Tripura falls under the specialised group ( $HHI > 0.45$ ). Thus our analysis confirms the significant evidence of crop diversification in northeast India.

#### Conclusion

Crop diversification is found to be continuing over the time period and most of the states of India are associated with this process. Though food crop dependency persists strongly, but commercial and horticultural crops are emerging significance. Our investigations show that where in some areas significant change has been observed, some showed limited while others showed negative change. The study has revealed that the crop sector in the region has been diversifying towards high-value crops albeit slowly. Also, there are considerable variations in crop diversification across different states of the region. We have to keep it in mind that in some of the states the environmental constraints owing to geomorphic situation, soils and climate have put the limit on diversified agricultural productivity. Crop diversification comes with the chances of more remuneration and fringe benefits for the farmers are found to be emerging in in northeastern states, though with a very deeming pace. We know that there is a close linkage between crop diversification and urbanisation and also with infrastructural development. Urbanisation, in one way helps in creating better access to market and on the other it provides better storage facilities and processing systems which is necessary for quickly perishable agricultural outputs like fruits and vegetables. With the boiling of multi-brand retail FDI debates our policy makers are needed to put more focus on such issues like crop diversification in a more pragmatic nature so that it can provide more benefits to the small and marginal farmers who can provide high values to the non-food grains directly to private retail chains. Although high-value crops have a significant comparative advantage over

staple food crops, these are prone to higher production and price risks. Most of the high-value crops are perishable and anecdotal assessments significant per cent loss in fruits and vegetables at the post-harvest stage. Accelerated investment in food processing infrastructure along with appropriate regulatory framework can minimise this loss and boost high-value agriculture in the region.

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## Human Rights and Fundamental duties

### Abstract

*Human beings are rational beings. They by virtue of their being human possess certain basic and undeniable rights which are commonly known as human rights. Human rights are inherent in all the individuals irrespective of their caste, creed, religion, sex and nationality. Because of their immense significance to human beings, human rights are also sometimes referred to as fundamental rights, basic rights, inherent rights, natural rights and birth rights. The purpose of the Fundamental Rights is to preserve individual liberty and democratic principles based on equality of all members of the society. Each fundamental right is associated with some duties and responsibilities. We Indian are very sensitive towards our rights but when matter comes about our duties and responsibilities we become ignorant. Without performing duties and responsibilities claiming about rights is a crime. They impact the criminal justice system. Education must undergo a paradigm shift. Old norms and beliefs must be challenged. Educational professionals must help students to understand their duties and responsibilities with Human Rights. There are so many factors which are responsible for violence in our country out of which due to 'lack of proper understanding of human rights and duties' is a major cause of violence. The author tried to focus on "Human Rights and Fundamental duties". Through this paper the author tried to highlight the need of balance between human rights and fundamental duties.*

*Keywords: Human Right, equality, fundamental right, freedom, anti- national, violence.*

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### Introduction

Human rights are essential for all round development of the personality of the individuals in the society. It must be protected and made available to all the individuals. D.D. Basu defines human rights as those minimum rights which every individual must have against the state or other public authority by virtue of his being a member of human family, irrespective of any other consideration. Human rights are based on elementary human needs. Some of these human needs are essential for physical survival and health. Rights being immunities denote that there is a guarantee that certain things cannot or ought not to be done to a person against his will. According to this concept, human beings, by virtue of their humanity, ought to be protected against unjust and degrading treatment. The principle of the protection

of human rights is derived from the concept of man as a person and his relationship with an organised society, which cannot be separated from universal human nature. The Fundamental Duties are defined as the moral obligations of all citizens to help promote a spirit of patriotism and to uphold the unity of India. The place where we live, breath, eat etc., we must be loyal. There are some duties and responsibilities for the place, persons. We human beings always cry for our rights. We are very sensitive towards our rights but when matter comes about our duties and responsibilities with respect to the rights we become ignorant. Without performing duties and responsibilities claiming about rights is a crime.

#### Human Rights

Human rights are inherent in all individuals because of their being human and irrespective of their cast, creed, religion, sex, language, ideology etc. These rights originate with the birth of the individuals and are essential for the proper development of the human personality and for human happiness and progress. Due to their inextricable link with the human beings, these rights are known as human rights. These rights are inalienable because the enlightened conscience of the community would not permit the surrender of these rights by any person, even of his own decision. These rights are inviolable because they are not only vital for the development of human personality, but also because without them man would be reduced to the level of animals. Human rights are the affirmation of a dignified life to each individual. It involves love, mercy, humanness and relationship. Human rights are integral to the concept of justice. Justice means fairness. Dealing fairly to a person is justice. The denial of justice is the denial of human rights.

#### Fundamental Duties

The Fundamental Duties are defined as the moral obligations of all citizens to help in promoting spirit of patriotism and to uphold the unity of India. These duties, set out in Part IV-A of the Constitution, concern individuals and the nation. Like the Directive Principles, they are not enforceable by law. Originally, the constitution of India did not contain any list of fundamental duties. In other words, enjoyment of fundamental rights was not conditional on the performance of fundamental duties. Individuals are born with right. It is on this theory that the Indians before independence raised the slogan that "freedom is our birth right." The socialists on the other hand, make enjoyment or rights conditional on the fulfilment of duties. They claim that "he who does not work, neither shall he eat." The constitution of the world's first socialist country, that of Soviet Union contains a list of fundamental rights immediately followed by a list of fundamental duties. It is clearly asserted that the enjoyment of fundamental rights is conditional on the satisfactory performance of fundamental duties. It was on this Soviet model that fundamental duties were added to the Indian Constitution by 42nd amendment of the constitution in 1976. The fundamental duties are contained in Art. 51A. List of Fundamental Duties specifies duties of the citizens. It says "it shall be the duty of every citizen of India:

### *Human Rights and Fundamental duties*

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1. to abide by the constitution and respect its ideal and institutions; the National flag and the National Anthem;
2. to cherish and follow the noble ideals which inspired our national struggle for freedom;
3. to uphold and protect the sovereignty, unity and integrity of India;
4. to defend the country and render national service when called upon to do so;
5. to promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic and regional diversities, to renounce practices derogatory to the dignity of women;
6. to value and preserve the rich heritage of our composite culture;
7. to protect and improve the natural environment including forests, lakes, rivers, and wild-life and to have compassion for living creatures;
8. to develop the scientific temper, humanism and the spirit of inquiry and reform;
9. to safeguard public property and to abjure violence;
10. to strive towards excellence in all spheres of individual and collective activity, so that the nation constantly rises to higher levels of endeavour and achievement.
11. Parents or guardians provide opportunities for education to their children between the ages of six to fourteen years.

We should all acknowledge our responsibility to perform our fundamental duties. The importance of fundamental duties is as below:

- The fundamental duties enumerated in Article 51A constitute a constant reminder to the citizens that they have duties in building up a free, egalitarian, healthy and responsible society.
- India is a multi-racial and multi-religion country. Such a vast democratic country like India can prosper only when the citizens of this country respect its integrity and promote cultural harmony.
- Environmental pollution has become a great cause of concern, not only for Indian, but for the entire humanity. Unless, we all take the pledge to keep our environment free from pollutants, there remains the threat of undesirable consequences.
- The inclusion of providing opportunity for education for children as a Fundamental duty is a big step towards safeguard of human-rights and abolition of social injustices.

The fundamental duties however are non-enforceable and non-justifiable in character. This means that no citizen can be punished by a court for violation of a

fundamental duty. In this respect the fundamental duties are like the directive principles of the constitution in part IV. The directive principles lay down some high ideals to be followed by the state. Similarly, the fundamental duties in Art 51A lay down some high ideals to be followed by the citizens. In both cases, violation does not invite any punishment.

#### Human rights versus fundamental duties

The human rights and fundamental duties of a citizen of any nation are the two sides of a coin. The Fundamental Rights, embodied in Part III of the Constitution, guarantees civil rights to all Indians, and prevent the State from encroaching on individual liberty while simultaneously placing upon it an obligation to protect the citizens' rights from encroachment. The purpose of the Fundamental Rights is to preserve individual liberty and democratic principles based on equality of all members of the society. Each fundamental right is associated with some duties and responsibilities. Without performing duties and responsibilities claiming about rights is a crime. There must be proper balance between human rights and fundamental duties. Unfortunately, the Indian politico-economic system has failed to look into the basic needs of the people from this perspective. Instead it has defined basic needs of the people from a limited notion which includes only shelter, clothing, food, education and health. Such an understanding is devoid of an environmental consideration because it does not assure pure oxygen, pure water and fertile top soil as an essential for the human society.

Over the centuries human communities in India have proved their tremendous power and capacity to advance in science and technology. Yet, people have enabled themselves to grow along with a preservation of natural resources and society. Due to this reason, an increasing number of people at the grass-roots have started resisting India's present development model. True, they do not have many success stories so far. But, through each of their attempts to prevent this growth model, they have renewed their strength and power to protect their right to life and livelihood. More importantly, they have understood the problems not from any specific ideology. It is their own experiences that have given them the theory for sustenance and human rights. Human rights, therefore, can become instrumental in changing society if it integrates itself with the people's way of transforming individual rights into new collective and community rights. This will not only strengthen an indigenous development process but will translate the sustainable development into practice and will thus safeguard human rights in its true spirit.

#### Conclusion

These fundamental duties are not mere expressions of pious platitudes. Courts will certainly take cognizance of laws seeking to give effect to fundamental duties. No duties of the Citizen were incorporated in the original constitution of India at the time of its commencement in 1950. These duties were inserted subsequently by amending the constitution in 1976 (42nd Amendment Act.) to regulate the behaviour

of the citizens and to bring about excellence in all the spheres of the citizens. Just as the directive Principle of State Policy lay down guidelines for the various governments, similarly the fundamental duties are calculated to draw the attention of the citizens towards the duties they owe to the nation and to one another. These duties figure in the constitution, keeps the door open for the duties to be given higher constitutional status in future through constitutional amendments. The duties prescribed, embody some of the highest ideals preached by our great saints, philosophers, social reformers and political leaders. These duties are essential to have integrity and solidarity for a nation like India. In our country peoples having different cast, creed, religions, culture etc. Several incidents are occurring in our country in the name of religion, casts, culture, freedom of expression etc., resulting to violence also. The place where we live, breath, eat etc., we must be loyal. There are some duties and responsibilities for the place & persons. We human beings always cry for our rights. Without performing duties and responsibilities claiming about rights is a crime. The freedom of speech and expression does not permit us to create violence and become anti-national. It should have limit. Our education system must respond properly in this regard. The issue of Mr. Kanhaiya Kumar, Ex- student leader of JNU, the issue of Ramjas college (New Delhi), day to day statement of Akbaruddin Owaisi about Hindu god and goddess, the statement of BJP leader about Mayawati (former chief minister UP), paintings of Maqbool Fida Husain about Hindu god and goddess, we find that how much tolerance in our country we have. Human rights are meaningless unless it has space to breathe.

But the Indian constitution does not provide for the enforcement of the duties. There is no provision in the constitution for direct enforcement of any of the above duties. Neither has there a provision in the constitution for any sanction to prevent the violation of duties, nor any to enforce fundamental duties by issuing writs. However, since these Fundamental Duties are mentioned in the constitution, there is scope for further constitutional amendments. In the way of conclusion it must be said that in a vast country like India, made of the people of different races, castes, religious, languages, communities, etc. the need for maintaining national unity and integrity is of primary importance. It in this context that the Fundamental Duties of the citizens and, particularly, the duty to uphold and protect the sovereignty, unity and integrity of our country [Article 51A (c)] assumes paramount importance. It reminds the citizens that the rights cannot exist without duties.

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## **Community Based Rehabilitation: A Strategy in the field of Disability Rehabilitation**

### *Abstract*

*Community based rehabilitation model paved way for the association of the disabled persons to lead a life of collective self-reliance. This study analyses the socio-economic conditions, medical intervention, and rehabilitation of the persons with disabilities (PWDs) and the attitudes of the PWDs towards the CBR components promoted in their locality. Moreover it also focuses upon the relationship among themselves, with their family members and the society at large. Finally the effectiveness of the community based rehabilitation (CBR) programme on PWDs is envisaged. Descriptive research design was adopted. Using proportionate random sampling method, 121 disabled persons, who are covered in the CBR programme in Tiruvannamalai district of Tamil Nadu, were the primary respondents. Based on the outcomes, it is suggested to strengthen the community based rehabilitation programme for providing more equitable opportunities and for promoting human rights of the disabled people.*

*Key words: Community based rehabilitation, Persons with disability*

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### **Introduction**

Centuries, the disabled persons are categorized in the social order of caste, creed, race, etc., these people in the many families have seen as burden or fate, the society isolates them, some malefactors tease and abuse them. Indeed, these persons with disabilities (PWDs) due to poverty trap had been forced into begging. They are one of the socially excluded groups of Indian society. Chronologically it was the charity missions who had served them through their social service activities but did not provide solid solution for their self-sustenance and self-sustained way of life. Moreover, they had been rehabilitated through institution based care but which isolated the PWDs from their families and immediate societies. They were rather considered as object displayed in a zoo.

Four decades have crossed since the evolution of community based rehabilitation (CBR) programme, a welcoming approach developed at West and spreading all over the developing and under developed countries. In India the concept of CBR is catching up just a decade only but the government had not taken serious consideration in taking up the concept which is implemented by some NGOs at

various parts except the pilot programme in some districts by the government - National Programme for Rehabilitation of Persons with Disabilities (NPRPD).

#### **CBR as a Strategy for Disability Rehabilitation**

Community Based Rehabilitation (CBR) for Persons with disability is a strategy for empowerment and inclusion of persons with disabilities in the community. It is an inclusive practice and collective response of persons with disabilities, their family members, neighborhood, community based organizations, networking partners and government for the continuous education and rehabilitation of persons with disabilities.

Community Based Rehabilitation (CBR) focuses on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation. CBR was initiated in the mid-1980s but has evolved to become a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other services (World Health Organization, 2014). The aim of community-based rehabilitation (CBR) is to help people with disabilities, by establishing community-based programs for social integration, equalization of opportunities, and rehabilitation programs for the disabled. The strength of CBR programs is that they can be made available in rural areas with limited infrastructure, as program leadership is not restricted to professionals in health care, education, vocational or social services. Rather, CBR programs involve the people with disabilities themselves, their families and communities, as well as appropriate professionals.

CBR may be defined, according to United Nation Agencies such as ILO, UNESCO, and WHO as; "a strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services" (ILO, UNESCO, WHO, 1994, p.1).

According to Miles (1996), the goal of CBR programmes should be to empower disabled people to control their own lives and play a key role in services for themselves.

Crishna (2007) argues that unless community-based rehabilitation (CBR) programmes acknowledge the complexities of working in diverse communities with their unique cultural, religious, social and economic conditions, they will not be able to meet the needs of service provision for people in developing countries. An examination of some of the main aspects that form the essential components of CBR, the realities of the manner in which they interact, and the way they should interact is presented from experiences of CBR services initiated by the Spastics

Society of Eastern India, in West Bengal, India.

In the last decade, the growth of community based rehabilitation in many developing countries was observable, along with changes and adjustments in the concepts and practices related to the field. In the 1970s and the early 1980s, community based rehabilitation was promoted by the world bodies as an approach that was suitable for developing countries with limited resources to provide wider coverage of services. A key element of this approach was the transfer of minimum rehabilitation skills and responsibility to minimally trained family members and other volunteers in the community (Thomas, 1999).

S.Chatterjee, Patel, A.Chatterjee, & Weiss (2003) jointly conducted a study to compare the CBR with out-patient care for schizophrenia in a resource-poor setting in India. Altogether, 207 participants entered the study, 127 in the CBR group and 80 in the OPC group. Among the 117 fully compliant participants the CBR model was more effective in reducing disability, especially in men. Within the CBR group, compliant participants had significantly better outcomes compared with partially compliant or non-complaint participants ( $P < 0.001$ ). Although the subjects in the CBR group were more socially disadvantaged, they had significantly better retention in treatment. In the study the research team concluded that the CBR model is a feasible model of care for chronic schizophrenia in resource-poor settings.

Parasuram (2003) investigated whether variable background characteristics such as age, gender, income level, education levels, years of teaching experience, acquaintance with a person with a disability, having a family member with a disability, frequency of contact and closeness to a person with disability affect the attitudes of teachers towards people with disabilities and towards inclusion of students with disabilities into regular schools. The analyses revealed that while some of the variables of interest did affect teachers' attitudes towards disabilities, the only variable that affected teachers' attitudes towards inclusion was prior acquaintance with a person with a disability.

#### Need of Community Based Rehabilitation

(Census of India, 2011) The total population of India is 1.21 billion and the latest figures on disabilities have shown only a marginal increase in the number of disabled in the country with the figure rising from 21.9 million in 2001 to 26.8 million in 10 years. In percentage terms, it has risen from 2.13 per cent to 2.21 per cent. There are 14.9 million men with disabilities as compared to 11.8 million women in the country with the total number of disabled people over 18 million in the rural areas and just 8.1 million enumerated in the urban settings. The percentage of men with disabilities is 2.41 as against 2.01 in women.

The census gives a vivid picture that most of the PWDs are living in Rural India. The Institution based programmes will not reach the nook and corner of all the places since we are lacking rehabilitation professionals, fiancé, NGOs, and commitment. CBR is a low cost and effective programme and it includes community's participation in all the level. (Werner, 1985) The rural disabled are at a disadvantage

when compared with their access to resources, employment opportunities and rehabilitation is severely restricted. They often comprise the most neglected, marginalized and unlettered of their community. They are usually denied education and the right to enjoy normal social interactions and relationships. Families rarely take the trouble to educate their disabled daughters and disabled women are not given a chance to find fulfillment in marriage and motherhood. Employment opportunities for the uneducated and untrained disabled are so limited that the disabled person is considered a burden on the family, a drain on their meager finances. (Wikipedia, 2014) The aim of community-based rehabilitation (CBR) is to help people with disabilities, by establishing community-based programs for social integration, equalization of opportunities, and rehabilitation programs for the disabled. The strength of CBR programs is that they can be made available in rural areas with limited infrastructure, as program leadership is not restricted to professionals in health care, education, vocational or social services. Rather, CBR programs involve the people with disabilities themselves, their families and communities, as well as appropriate professionals.

#### Plight of Persons with disabilities in Tiruvannamalai District

Persons with disability in Tiruvannamalai district, Tamilnadu State; is the most dejected communities, who have been either denied or inaccessible to procure their asserted rights. At the moment of birth deformities most of the children are not given medical care and due to which the deformities aggravates with improper immunization except in the case of polio. Persons with disability are isolated from kin and kith and total societal relationships are shunned to them. These children except children with loco motor disability - have neither entered into school nor allowed to go to school. The grown up children and the adult persons with disability face cynicism that lead to trauma in life, and hinder their future growth. Persons with severe disabilities are more vulnerable who live in a life without zeal and care; their parents and relatives treat them as a burden and deem a punishment given by God. Disabled children are often dejected in schools because of either their physical or cognitive disabilities. Further, poor political inertia and feeble implementation of legitimate rights of the disabled persons put a miserable state in the life of the persons with disability. Even educational institutions, hospitals and government departments have denied the layout of having a ramp and toilet in their campus for accommodating the disabled persons. So, often the disabled persons are in hardships when they are out of home. Disabled persons in Tiruvannamalai district are unnoticed and the Government least bothers for promotion and protection of disability rights, this project aims to educate the rural communities of Tiruvannamalai district for restoring and protecting the rights of the disabled persons.

#### Methodology

The purpose of the study is to analyse the socio-economic condition, medical intervention, rehabilitation of the persons with disabilities (PWDs), the attitudes of the PWDs towards the CBR components promoted in their areas, relationship existing

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between them and their family members and society and effectiveness of the community based rehabilitation (CBR) programme.

In this study, descriptive research design was adopted. The samples were picked from all the 18 blocks of the Tiruvannamalai district with the consent of the CBR worker in each block. Those persons with disabilities, who were covered under CBR programme were picked as samples, based on proportionate random sampling technique. Total samples of the study selected were 121, these samples were chosen based on three criteria - persons with disabilities, who are covered or benefited through CBR programme and above the age of 15 years. Through key persons and with the support of the CBR workers these 121 disabled persons were selected.

Major observations of the study are:

- ★ A majority of the disabled persons (28.10%) are in the middle ages of 46 to 55 years.
- ★ Many disabled persons (46%) are schedule castes.
- ★ More than half of the disabled persons (55.37%) are orthopedic handicapped.
- ★ Many disabled persons (55.37%) had deformities at the time of birth.
- ★ Most of the disabled persons (57.03%) are unemployed.
- ★ Many disabled persons (48.8%) are not supported by the NGOs working in CBR programme for collective action for empowerment.
- ★ A majority of the disabled persons (64.5%) had more participation in the CBR programme.
- ★ Most of the disabled persons (52.9%) are empathy toward their fellow disabled persons.
- ★ More than half (54.6%) of the disabled persons are supported by their families in their careers.
- ★ Many of the disabled persons (48.7) affirm that their families through CBR programme have been capacitated to cope up in mobilising their own resources and building their own strengthens.
- ★ Almost two third of the disabled persons (65.3%) feel that the physical and psychological barriers are eliminated at workplace to a moderate extent.
- ★ Most of the disabled persons (52.1%) do not have enabling environment like the one enjoyed by the normal persons.
- ★ Majority (60.3%) of the disabled persons have availed moderate services through CBR programme.
- ★ A quite number of the disabled persons (56.2%) are dissatisfied with the

government services.

★ More than half of the disabled persons (56.2%) have medical interventions of the NGOs at a better extent.

★ A majority (59.5%) of the disabled persons are not convenient with the aids and appliances supplied by the NGOs.

★ More than half of the sampled disabled persons have dissatisfaction with the roles of CBR workers in their frequent visits, addressing the needs, mobilising resources, providing medical interventions, education intervention, facilitating in vocational training, creating self-help groups, enabling the PWDs to be self-reliant and self-sustenance, imparting training to family members and volunteers and encouraging the community in carrying out the CBR events.

★ More than half of the disabled persons deny the following statements - adequate training imparted create abilities of PWDs, adequate training provided to disseminate knowledge on the causes and types of disabilities, adequate training imparted to sensitise on the rights of the disabled persons, training creates adequate cadres for rehabilitation process, training builds confidence among the trainees and training creates ripple effect in the community.

★ Most of the disabled persons (57.8%) are not in a state to exercise their legitimate rights.

★ A majority of the disabled persons (49.5%) have collaborative learning atmosphere through the CBR initiatives.

★ Most of the disabled persons (53.8%) have the opportunities through CBR in exposing their knowledge and skills.

It is suggested to strengthen the community based rehabilitation programme for providing more equitable opportunities and for promoting human rights of the disabled people. The government has to make a separate policy on CBR programme and has to initiate it in joint venture with NGOs. The NGOs have to further activate the CBR that imbibe the local values and traditions and enhancing the social inclusion of the persons with disabilities. Furthermore, ensuring participation of disabled persons in CBR programme and forming as an association might lead to solidarity and empathy that could guarantee their right to participation in CBR programme and ownership of community resources for their development.

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## **Promoting Sustainable Livelihood through Skill Development among the Rural Youth in Manipur**

### *Abstract*

*The purpose of the present study was to examine sustainable livelihood through skill development among the rural youth in Manipur. Skill development is demanded for economic growth and inclusive development; hence rural youth population cannot be overlooked. About 50 percent of the labour force is currently self-employed (Labour Report, 2014); besides, youth are the most important and dynamic segment of the population which contribute about 34 percent of India's Gross National Income (NYP, 2014). The study discuss the existing Government skill development programs with reference to sustainable livelihood in rural areas. The study revealed that skill development among the rural youth will fetch self-employment opportunity and consequently it will result to sustainable livelihood. Further, revealed that in order to promote sustainable livelihood through skill development the rural youth need practicable updated knowledge rather than traditional training with dull lectures or thick manuals. The study suggested state youth policy shall be implemented in letter and in spirit incorporating agro-based skill training; centre and state shall more invest on program like 'start-up' schemes for SC and ST in remote rural areas; finally market shall be look after by the Government.*

*Key words: sustainable livelihood, skill development, rural youth, rural Manipur.*

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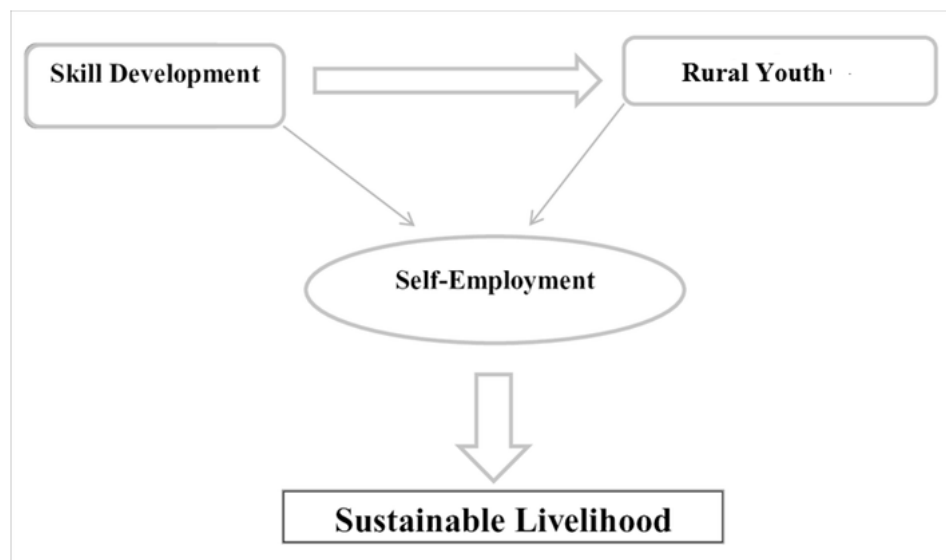
### **INTRODUCTION**

As Gandhi said "If the Indian village is developed the nation is developed" is true even today. India is an agrarian society where more than 70 percent of population are living in rural area. The rural population mainly depend on agriculture and associated sectors of agriculture for their livelihood. The ability of the individuals in any society is necessity to vest them for social alteration, economic growth, contribution in development process. Therefore a nation progressing towards development requires institutions, entrepreneurship and skill development, to initiate and achieve the course of change and the changing societal structure and livelihood profiles (Singh, 2016). India is rich in human resources, what is needed now is a long term policy for development of human resources through education, training,

skill development, empowerment and creation of congenial socio-economic, institutional and political environment for the fullest possible utilisation of the vast, untapped reservoirs of human power and ingenuity' (Singh, 2004).

In order to promote self-employment among the rural youth, Government of India has taken a two-pronged approach, namely, (i) enabling skill development and (ii) implementing direct employment programmes for lower skilled individuals (NYP, 2014). To create an institutional base for skill development in India in 2009, Government launched the National Skill Development Policy (NSDP) with a target for skilling 500 million people by 2020. With the creation of National Skill Development Agency (NSDA) in June, 2013, the NCSD, the NSDCB, and the Office of the Adviser to Prime Minister on Skill Development have now been subsumed in NSDA. Ministry of Labour and Employment has taken a number of initiatives in the field of skill development and employment. For instance, training of trainers is being conducted by Advanced Training Institutes and Regional Vocation Training Institutes run by the Ministry. Similarly, the Ministry of Rural Development also runs a Scheme called Himayat under which 3 months' skill training is imparted to the youth in Jammu & Kashmir in sector where there is high employer demand, followed by job placement and post-placement support. As shown in the figure 1 it was assume that through these skills development among the rural youth, it will enhance self-employment and consequently it will result to sustainable livelihood.

Figure 1: Framework on Skill Development of Rural youth for sustainable Livelihood



Source: Researcher conceptual framework

In earlier days most of the rural youth are comfortable with seasonal plantation jobs, no specified skill and education was needed; besides parents do not want to send youth to far-off urban and semi-urban areas for livelihood. But recent

trends showed youth were attract on skill development for their livelihood (Satyaseelan, 2014). The study suggested the need for Public Private Partnership (PPP) model for skill development of unemployed rural youth. Based on this PPP model skill development for rural youth in various skill developments will improve self-employment, then more employment opportunity will enhance sustainable livelihood among the rural youth in Manipur.

### 1. OBJECTIVES OF THE STUDY

(i) To analyse the features of sustainable livelihood through skill developments for rural youth,

(ii) To understand the perception of youth towards problems and possible remedies of skill development for sustainable livelihood,

(iii) To propose suggestion for strengthening skill development for sustainable livelihood.

### 2. METHODOLOGY

Area of the Study is in rural (hill) districts of Manipur. The universe of the study is youth who are in the age group of 15 - 29 and living in hill districts of Manipur. The study was descriptive and analytical using mix method qualitative and quantitative. The size of the sample was approximately 270 respondents 46.3 percent female and 55.7 percent male.

Table No. 1: Age Wise Distribution of Sample Size

Sex	Respondents' Age by Sex			
	15 - 19 Early Youth	20 - 24 Middle Youth	25 - 29 Senior Youth	Total
Male	21.1%	14.0%	18.6%	53.7 %
Female	24.5%	18.6%	5.7%	46.3 %
Total	45.3%	30.3%	24.3%	100 %

Simple random sampling was used and collected information from village youth, and purposive from students' organization leaders. The sources of data are from primary and secondary source. The questionnaire was collected through Likert Scale's questionnaire Finally, after coding the data was process and analyze by using descriptive SPSS and express in the form of table, figure and chart.

### 3. SUSTAINABLE LIVELIHOOD THROUGH SKILL DEVELOPMENT

Aajeevika - National Rural Livelihoods Mission (NRLM) was launched by the Ministry of Rural Development (MoRD), Government of India in June 2011. The mandate of the Ministry is rural poverty alleviation through programmes directly targeted at the rural poor households. The major programmes of this Ministry that

directly targeted poor families for creation of assets, skill development and self-employment started with Integrated Rural Development Programme (IRDP) in the year 1980 and included several other programmes like the Training of Rural Youth for Self Employment (TRYSEM), Development of Women and Children in Rural Areas (DWCRA), Supply of Improved Toolkits to Rural Artisans (SITRA), Ganga Kalyan Yojana (GKY). On account of multiplicity of programmes, which were viewed as separate programmes in themselves, the desired linkages among these programmes were not established effectively. These were more concerned with achieving individual programme targets rather than focusing on the substantive issue of sustainable income generation (Singh, 2016). The Planning Commission set up a committee under the chairmanship of Prof S R Hashim in 1997, to review and rationalize various Centrally Sponsored Schemes for Poverty Alleviation and Employment Generation. The Committee recommended the integration of allied programmes with IRDP for better linkages. The report formed the base for shifting from an individual beneficiary approach to a group approach for poverty alleviation. Based on the recommendations of the Planning Commission, the schemes of TRYSEM, SITRA, GKY, and DWCRA were merged into a single self-employment programme namely Swarnjayanti Gram Swarozgar Yojana (SGSY), implemented by the States government. These self-employment programs aim at work opportunity for rural people special focus on poverty alleviation.

In case of Manipur implementation of National Rural Livelihood Mission is very complicated, more than 90 percent of Manipur is in the rural areas (hill district) while only 9 percent are urban (valley) region. The rural areas (hill district) covered an area about 20,082 sq. km (about 91 %) and the centrally located valley area of the state cover an area of about 2,238 sq.km (around 9 %) accounting for only one tenth of the total area of the state as shown in Table 2. The tribal groups are distributed in all the ten hill districts (rural areas) of Manipur. Scattered pockets are also found in the valley and urban areas. The oval shape small valley area is its targeted place for all section of the people in the state for any purposes e.g. dwelling agriculture, business, industry but the rural. Thus, for effective implementation of rural livelihood mission, youth cantered skill training was one of the options.

**Table No. 2: Areas and population of rural and urban in Manipur**

	District/ Region	Area (in sq km)	Person Rural	Urban	Total	Density (per sq.km)
<b>Hill Districts (rural)</b>						
1	Senapati Kangpokpi	3,721 *	4,71,627 *	7,476 *	4,79,148 *	146 *
2	Tamenglong Noney	4,391 *	1,21,288 *	19,367 *	1,40,651 *	32 *
3	Churachandpur Pherzawl	4,570 *	2,55,786 *	18,357 *	2,74,143 *	60 *

4	Chandel Tengnoupal	3,313 *	1,27,335 *	16,847 *	1,44,182 *	44 *
5	Ukhrul Kamjong	4,544 *	1,56,811 *	27,187 *	1,83,998 *	40 *
Sub total		20,089	11,32,897	89,230	12,22,122	61
<b>Valley District (urban)</b>						
6	Imphal East Jiribam	703 *	2,72,906 *	1,83,207 *	4,56,113 *	643 *
7	Imphal West	519	1,95,113	3,22,873	5,17,992	998
8	Bishnupur	496	1,49,894	87,505	2,37,399	479
9	Thoubal Kakching	514 *	2,70,835 *	1,51,333 *	4,22,168 *	821 *
		2,238	8,88,748	7,44,924	16,33,672	730
Grand Total		22,327	20,21,640	8,34,154	28,55,794	128

\* Newly created district in December, 2016 (data not available)

Source: Statistical Yearbook of Manipur, 2016

Manipur Society for Skill Development (MSSD) is an initiative of the Government of Manipur under National Skill Development Corporation and State Skill Development Mission (SSDM) to enable youths to be skilled and to get employment opportunities in a holistic manner. The mission aims that the youths would be trained in skills as per their capabilities & merit to make them employable. About 40 percent of population in Manipur are in the age group of 15 - 29 years. They can act as agents of transformation, by being empowered with various employable skills which will enable them to make impact not only on their lives but also on the lives of other individuals.

The recently approved Pradhan Mantri Kaushal Vikas Yojana (PMKVY), a flagship scheme for imparting skill training to youth, focussing on improved curricula, better pedagogy and trained instructors. The training includes soft skills, personal grooming, behavioural change at all. Prime Minister Narendra Modi launched Skill India Mission on 15th July 2015, on World Skill Day. While launching the Mission he said, it is aimed at providing vocational training to youth across the country. Through the skill India Mission, the Government is aiming at providing vocational skills to over 40.02 crore people in the country by 2022. National Skill Development Mission which seeks to coverage, coordinate, implement and monitor skilling activities on all India basis. It initiates to make network for creating skill man power in India with all ministries government of India, corporations and private sector. . The salient features of National Skill Development Corporation (NSDC) are:

- (i) Upgrade skills of work force through significant industry involvement

especially for under privileged sections and backward regions of the country.

(ii) Enhance, support and coordinate private sector initiatives for skill development through public-private partnership (PPP) model.

(iii) NSDC will play a significant role in some of the essential support services like curriculum, faculty and their training, standards and quality assurances, technology platforms, student placement mechanisms and setting up standards and accreditation systems in partnership with industry associations.

#### **4. PERCEPTION OF YOUTH TOWARDS SKILL DEVELOPMENT FOR SUSTAINABLE LIVELIHOOD**

The formation of the National Skill Development Mission (NSDM) has necessitated the need to re-examine the need for skill development in relation to rural livelihood in Manipur. This is felt more in a State like Manipur where the challenge emanating from the demographic dividend rural and urban set up. By 2020, India is set to become the world's youngest country with 64 per cent of its population in the working age group. As of 2016-17, youth unemployment (for the age group 15-35 years) in Manipur stood nearly 40 per cent. Skill development can, therefore, be seen as the need of the hour for promoting rural livelihood in Manipur. Manipur is one of the highest unemployment in India which mostly belong to youth in the age group of 15 - 29. Besides, according to Young Entrepreneurs Summit (G20 YES) 2011, India has an extremely strong skill and entrepreneurial culture. 98 percent of Indian entrepreneurs agreed that Indian culture encourages entrepreneurship, as compared to 80 percent for the rapid growth markets and 72 percent for the mature economies. But the case was different in rural areas of India especially in Manipur. Though youth have the zeal to do something new and innovative due to lack of training opportunity, lack of skilled, financial support they become frustrated sometime drug addict or join insurgent groups.

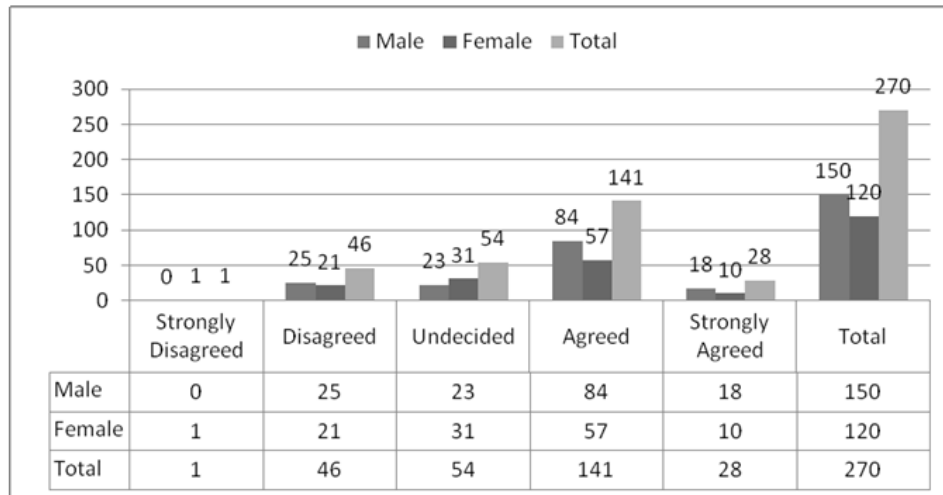
Nearly 7 lakhs are seeking for job in Manipur of which mostly belong to youth in the age group of 15-29 years. Highest number of unemployed is found in matriculate with 33.36 percent, closely followed by under matric with 31.08 percent. Intermediate or Class XII account 18.82 percent, Graduate 2.96 percent, post graduate 2.28 percent and diploma and engineering with 1.50 percent. The highest number of unemployment (matric and under-matric) show that youth belong to the highest number of unemployment. Thus in order to improve self-employment opportunities through skill development for sustainable development the question was asked to the respondent on three aspects as follows:

##### **Aspect of Skill training Institutes for Sustainable Livelihood**

Absence of professional training Institution is one of hindrance to accessing skill training in rural (hill districts) of Manipur. Due to absence or lack of skill training institution in rural areas many youth are searching for gainful job in other states. In order to validate the above statement question was administered to the respondents as "absence of skill training Institutions consequence unemployment

among the rural youth".

**Figure No. 2: Perception of youth towards Skill development Institutions for sustainable livelihood**



Source: Fieldwork survey result, 2017

The above figure 2 gives a vivid picture of the youth's perception about the need for skill and entrepreneurship training centre in rural areas. The majority 141 (52.2 %) are in favour of the while 46 (17.0%) were disagreed to the above statement. Within the gender group 84 (31.1%) of male were agreed and 57 (21.1%) are were female. The table can be broadly groups into Favourable (Strongly agree and Agree) with 169 (62.5%), Unfavourable (Strongly disagreed, disagreed) with 47 and Neutral (Undecided) with 54. The table shows that majority 62.6 percent of the respondents were agreed that absence of training centres on entrepreneurship is one of the results for unemployment in rural area. It is evident from the above figure that opening of skill training centre will enhance self-employment opportunity for rural youth.

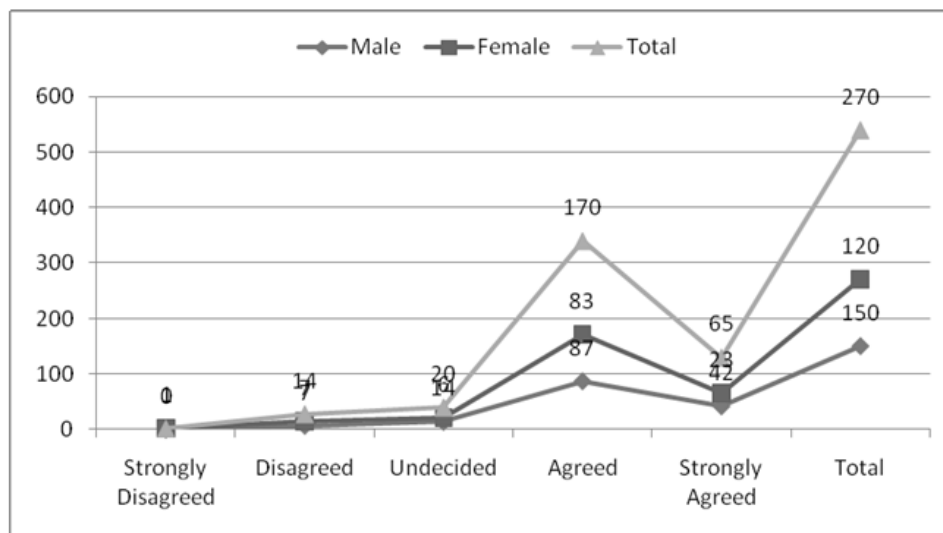
In support of the above statement, Satyaseelan (2014) cited that 'in earlier days most of the rural youth are comfortable with seasonal plantations jobs, no specialized skill and education was needed, but the present showed the need for institutional skill development of unemployed rural youth'. Further, suggested the need for PPP model of skill development institution. Further, Kumar and Ajay (2014) revealed that rural youth agricultural labourer migrated to urban for construction works, industry/ factory workers. Thus the Institutionalised skill development will enhance sustainable livelihood among the rural youth in Manipur.

#### Aspect of Agro-based skill for Sustainable Livelihood

In search of fitting the problems on lack of skill on green skill for sustainable livelihood the researcher administered a question to the respondents on 'Training on agro-based farming, will enhance self employment'. Since, rural Manipur have a

vast resource on agriculture and forest product. More than 70 percent of rural people are depend on agriculture and allied product for their livelihood (Census, 2011).

**Figure No. 3: Perceptions of youth towards agro-based skill for self employment**



Source: Fieldwork survey result, 2017

Figure 3 showed that majority 170(63 percent) of the youth agreed training of youth on local resources like agro-based farming will enhance youth employment. Among these 32.2 percent of youth are male and 30.7 percent are female. 24.1 percent of the youth are strongly agreed with 15.6 percent are male and 8.5 percent are female. Training on agro-based farming like cardamom, lemon grass, bamboo, cane, medicinal plants will enhance self-employment. Like the recent initiatives on plantation of cardamom (local name alaichi) and lemon grass in a bid to wean away people from poppy cultivation and provide them an alternative source of income (Sangai Express, July 2 2016). Since the hill district of Manipur has vast space for cultivation, its forest and agriculture resources are not yet used productively.

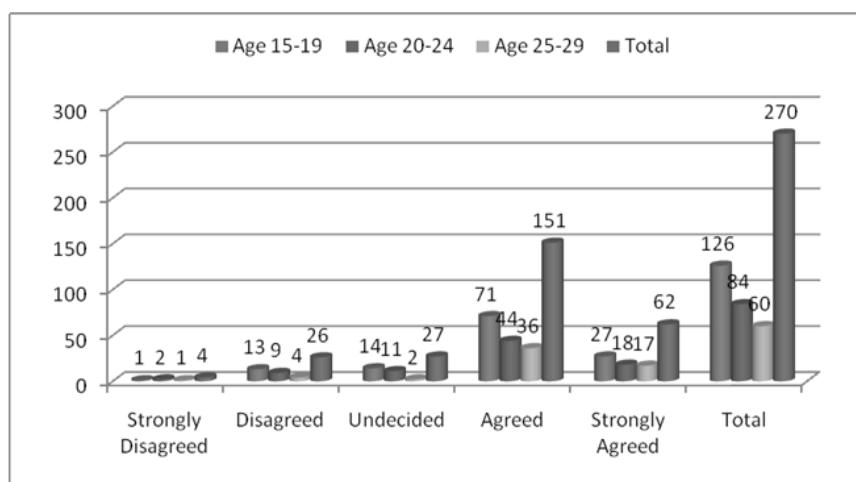
Singaravelu and Kavitha (2014), suggested encouragement of cottage and household industries like basket making, carpentry, carpentry since these are easily available in rural areas. Secondly encouragement for growing commercial crops like coffee, tea, ginger, cardamom, ground nut, vegetables and fruits etc. can bring good income to the farmers. Thirdly attractive programme and projects will be launched so that young people of the area get new opportunities to use their talents and energy for the developmental programmes. Prasain (2014) suggested that apart from agro-based entrepreneurship the other possible solution like self-employment through micro finance will able to combat youth unemployment. The above three aspect of youth perception towards skill development showd that three skill i.e. skill institution, training courses and agro-based skill will improved sustainable livelihood

among the rural youth in Manipur.

#### Aspect of Technical skill for sustainable livelihood

Lack of skill is one of the obstacle for employability among the rural youth in Manipur. In response to youth unemployment due to technical/unskilled (not posses required skills) the question was put to the respondents on how far 'Training on skill and social entrepreneurship among the youth may enhance employment', to fixed the problem on unskilled for sustainable livelihood among the rural youth

**Table No. 4: Perceptions of youth towards lack of entrepreneurship**



Source: Fieldwork survey result, 2017

The above figure no 4 revealed that 23 percent of youth are strongly agree and 55.9 percent of the felt the need for entrepreneurship and vocational training to enhance employment. The much need for job-oriented vocational training and entrepreneurship courses have been stressed by the respondents. As of the age group of the highest respondents, 54.4 percent in the age group of 15-10 felt the need for the above statement. Here, social entrepreneurs means "individuals with innovative solutions to society's most pressing social problems" who "find what is not working and solve the problem by changing the system, spreading the solution, and persuading entire societies to move in different directions."

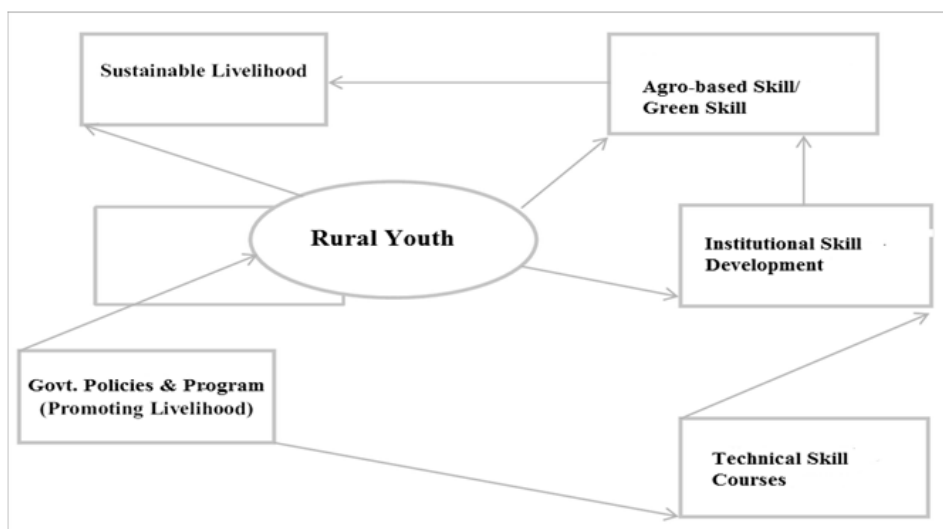
The success of skill entrepreneurship and vocational training depend on hard and soft skills, and contents of the courses. Few studies suggest the way out for unskilled unemployment, Nandi E (2013) found that entrepreneurs need new emerging 'E' equity, expansion and excellence. According to Che Omar and Rajoo (2016) soft skill like communication skills, problem solving skills, speaking, writing English language are the core of finding job-related task among the youth. In rural areas, majority of the labour force are engaged in agriculture sector. The youth are looking for job and on the other hand industry is suffereing from availability of skilled workers. This mismatch makes youth unemployable (Sunita, 2014). Youth perceieved

about the training on skill development was supported by the earlier study showed that skill development for rural youth will improve sustainable livelihood in Manipur.

## 5. CONCLUSION AND SUGGESTIONS

To promote a sustainable livelihood through skill development the rural youth need practicable updated knowledge rather than some traditional training with dull lectures or thick manuals. The need arises for long terms measures for sustainable livelihood among the rural youth through skill development. First, Manipur State Youth policy shall be implement in letter and spirit incorporating 'Skill and Entrepreneurship as one of the priority areas as per National Youth Policy 2014. Secondly, the government shall explore the vast unexplored land and forest resources which can used for agro based entrepreneurship. Like the recent initiatives on plantation of cardamom (local name alaichi) and lemon grass in a bid to wean away people from poppy cultivation and provide them an alternative source of income (Sangai Express, July 2 2016). Thirdly, both central and state government should take more invest in promoting the growth of entrepreneurship. Ensure that skill trainers have access to 'Smart capital" like start-up scheme for SC and ST. Strong and durable linkage of young trainers with NABARD, Rural Innovation funding for young talented innovators. Fourthly, local young skill trainers/entrepreneurs shall work for maximum number of product and the market shall be look after by the Government. Since one of the main problems is marketing of the products. Thus, Government, NGOs, shall work together and exchange their knowledge for gainful employment of rural youth through skill development for sustainable livelihood as shown in figure 5.

**Figure 5: Framework on Youth cantered skill development for sustainable Livelihood**



Source: Research conceptual framework

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## Digital India in rural health care of North East India

### *Abstract:*

*Digital indicates electronic technology which generates stores and processes data. While digital health it literally means the convergence of digital and genomic technologies with health, healthcare that enhance the efficiency of health care and create medicine personalized. Digital India programme launched in 2015 aims to transform India into a digitally empowered society and knowledge economy. The digital India programme is focus on three important vision areas for every citizen that is digital infrastructure as a utility, governance and services on demand and digital empowerment. The rural health care is one of the main areas to keep the rural people healthy and the nation healthy. Technology for health-e-health which is one of the areas of e-Kranti project that provides electronic delivery to every citizens of India. With this e-healthcare it will cover online consultation, online medical records, online medicines supply, and pan-India exchange for patient information. The main objective of this research paper is to study how digitalization will have positive impact in rural health care of north eastern states, it also attempts to study and identify the role of digital India programme and its impact on empowerment of rural population especially rural women in health care services.*

*Key words: Digital India, Digital Health, Rural healthcare, e-Kranti, Rural women.*

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### **Introduction :**

North East India is one of the parts of India comprising of eight states such as Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. It is one of the largest reservoirs of biodiversity not of only the nation but also of the whole world. Demographically it is a home to various communities having its own historical culture and custom that creates the beauties of north eastern states. As per the 2011 census it has a population of 45,587,982 covering an area of 262,179 km. It has a total literary rate of 74.48 percent. Total no. of ASHAs 55420, 810 PHCs functioning on 24/7, 209 CHCs functioning on 24/7, 117 centres operational as First referral units (FRU), 1.47 Lakhs institutional deliveries have been conducted, 36.52 lakhs beneficiaries of JSY, 1.84 Lakhs fully immunized and 21891 cataract surgeries done (up to 17/11/2014 (Annual Health Report 2014-15).

**Objectives:**

1. To study the role of digital India in rural health care of north east India.
2. To examine the scope of digitalization in rural health care.
3. To find out how digital India will empower the rural population in health care services in north eastern states of India.

**Methodology:**

This study attempts to explain how digitization will have quality impact in rural health care services in the north eastern states of India. The study is based on secondary data collected from various authentic sources such as internet, newspaper and Journal and government websites.

**Digital India Vision & Scope:**

Digital India programme was launched by our honorable Prime Minister Shri. Narendra Modi on 1st July, 2015. That aims to transform India into a digitally empowered society and knowledge economy. The digital India programme is focus on three important vision areas for every citizen that is digital infrastructure as a utility, governance and services on demand and digital empowerment. The motive behind the programme is to build participative, transparent and responsive in which 2, 50,000 villages will be connected with broadband connection.

**Vision Areas of Digital India :**

1. Infrastructure as utility to every citizen
2. Governance and services on demand
3. Digital empowerment of citizens

**Scope of Digital India:**

1. Prepare the nation for future knowledge
2. To realize IT (Indian Talent) + IT ( Information Technology) = IT ( India Tomorrow)
3. Technology as a central point for change
4. An umbrella programme covering various departments

**Nine pillars of digital India :**

1. Broadband Highway
2. Universal access to mobile connectivity
3. Public internet access programme
4. e-Governance: reforming govt. through Technology
5. e-Kranti-electronic delivery of services

6. Information for all
7. Electronics manufacturing
8. IT for Jobs
9. Early Harvest Programmes

Since, the launched of digital India programme the following are the achievement:

- Digitization of all department post office
- Set up of CSCs ( common service centres)
- Currently it has 3,000 wifi hotspots
- 1 million users for mygov app and swachh bharaat app
- 4 million users under digilocker, cloud storage service
- Smart cities
- Jandhan

#### **Rural Health Care system in India :**

The health care expenditure in India is very low it comes to 4.2 % of GDP while the government expends about one-fifth only while 70 % comes from the out of pocket expenditure. In the preamble of the World Health Organization (WHO) constitution Health is defined as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. It is one of the fundamental rights of every human being to attain the highest standard of health and healthcare services and the government being the responsible agent for the provision of adequate health and social care to their respective citizens without any discrimination and exploitation. Millions of rural people constantly battle for basic health care services. The Indian government has taken up several national health policies and remedies to keep India a healthy nation such as National Health Policy, National Population policy, various Committees that stressed on the provision of prevention, Promotive and rehabilitative health care services to the people. India being an ample signatory to the Alma Ata Declaration of 1978 and was committed to attaining the goal of "Health for All" through the provision of universal primary health care services (GoI. 1983). However it could not achieve reproductive health related goals (Srinivasan, 2000 and Sood, 2000) nor could develop a good health care infrastructure for rural population (Majumdar, 1999). Recognizing the role of health in development and its importance on health infrastructure the government of India enacted National Health policy in 2002 and launched NRHM (now NHM) in 2005. Indian Health care system is divided into three tier levels such as Primary Health care, Secondary Health Care and Tertiary Health care. The primary health care consists of Sub-

Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs). Primary Health Sub Centre is the first Contact point between the health workers and village community; it covers a population of 5000 in plain areas and 2000 in hilly/desert/difficult areas. Manned by one Auxiliary Nurse Midwife (ANM) and male health worker, it is expected to provide health services in relation to Maternal and Child health, Family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. Primary Health Centre is the cornerstone of the rural health services; it is a first contact point between the community and the qualified Medical officer. It covers a total population of 30000 in plain areas and 20000 in hilly/desert/tribal/difficult areas, with 4-6 indoor or observational beds, acts as a referral unit for six sub-centres to community health centres, district hospitals and higher order of public health institution located across the district. Community Health Centre serves as a referral unit for 4 PHCs, manned by four medical specialist and 21 paramedical and other staffs. It has 30 in-door beds with one operation theatre, x-ray, labour Room and Laboratory facilities. It provides obstetric care and specialist consultations. Secondary tier is comprised of Sub-Divisional Hospital and District Hospital as referral units where comparatively complex curative services are provided with basic specialist facilities while Tertiary layer is where specialist and super specialist care are provided. It includes the state level Hospitals and regional health institutions.

**SNAPSHOT OF ICT CONNECTIVITY OF NORTH EAST REGION:**

State	Household	Computers	%	With internet	%	Without internet	%
AP	261614	21452	8.2	5232	2	16220	6.2
Assam	6367295	592158	9.3	101877	1.6	490282	7.7
Manipur	507152	45644	9	10650	2.1	34993	6.9
Meghalaya	538299	40911	7.6	8074	1.5	32836	6.1
Mizoram	221077	33604	15.2	5527	2.5	28077	12.7
Nagaland	399965	35597	8.9	6799	1.7	28797	7.2
Sikkim	128131	14735	11.5	4228	3.3	10507	8.2
Tripura	842781	60680	7.2	8428	1	53095	6.3
India	246692667	23189111	9.4	7647473	3.1	15541638	6.3

As per the 2011 census the average household with internet is 1.9 in NER is below overall average of 3.1 % while Assam with highest population in north east has the lowest % of household with internet.

State	Household	Phone user	%	Landline	%	Mobile	%	Both	%
AP	261614	126360	48.3	7587	2.9	104122	39.8	14650	5.6
Assam	6367295	3049934	47.9	140080	2.2	2763406	43.4	146448	2.3
Manipur	507152	291612	57.5	15215	3	265240	52.3	11157	2.2
Meghalaya	538299	231469	43	8074	1.5	210475	39.1	12919	2.4
Mizoram	221077	160944	72.8	3758	1.7	141268	63.9	15918	7.2
Nagaland	399965	212381	53.1	5200	1.3	194383	48.6	12799	3.2
Sikkim	128131	93536	73	2306	1.8	86745	67.7	4485	3.5
Tripura	842781	405378	48.1	17698	2.1	359867	42.7	27812	3.3
India	246692667	155909766	63.2	9867707	4	131240	53.2	14801560	6

Source: Census of India 2011

According to the figure of 2011 census India percentage of share of household having a telephone (only mobile) is highest in Sikkim & Mizoram (above 60.1) while the rest falls below Indian average.

### **Impact of digitization in rural health care :**

*Information technology in rural health care:* Evidence from the national and international data shows that effective use of information communication and technology in health care will improve access to better quality services that will reduce cost and empower medical practitioners as well as the patients.

*Mobile based primary health care management system:* it is initiated by CDAC, electronic city Bangalore for deployment in primary health centres for better management in urban slums and rural India. It will capture the complete information of the patient. The software components are patient database management, interaction between doctors and patients, gathered medical data like ECG, images of lungs, heart, eyes etc and manage schedules. Mobile based primary health care management system will find to achieve the following areas; enhance quality primary health care, efficient services with adequate referral services and remote consultation system, better primary care registration and management, and reduce maternal and prenatal mortality and morbidity.

*Connect rural health through new initiatives Digital mhealth technologies:* it is one of the new initiatives taken to utilize the village health workers (VHW) to provide health care supports to various remote areas of India. It is a new creation of a mobile platform to collect, streamlines, analyze, and provide medical advice. Under the national rural health mission now National Health Mission trial basis has been conducted and documented. This will enhance a positive impact to both health care and rural income which is also an opportunity for rural women to connect to the world with internet.

e-Hospital: this is one of the new initiatives taken up by the government that aims to reduce the heavy burden of patients by making online services available round the clock. Through this ehospital services like appointment, accessing diagnostic reports, payment of fees and enquiring blood availability etc., are provided at the patients disposal. This is also one of the steps taken for accountability, accessibility and affordability for the rural health care delivery

Increase in employment opportunities, improvement of standard of living, reduction in risk, save lives during disasters and increase in e-literacy in rural areas. eHospital programme enables patients to register, book appointments, pay fees, avail diagnostic reports and seek availability of blood types online in premier medical government institutes like AIIMS, RML hospital, NIMHANS, sport injury centres(SICs) and other hospitals.

***Impact of ehospital service :***

- Provides wider accessibility to citizens
- Better patient experience
- Management and monitoring of appointments
- Accessibility of reports through digitization

**Impact of e-Health in North Eastern states of India :**

1. 108 emergency response services
2. Development of telemedicine technology by establishing telemedicine.
3. Telemedicine Consultation centres (TCC) at Barak valley in association with NIT Silchar
4. ICT solution including real time monitoring using mobile cell phones to address health care system shortfalls in Assam.
  - GVK emergency management and research institute that aims to attend 30 millions emergencies and saving million lives per year. It is one of the PPP with Andra Pradesh government in 2005 covering 15 states and 2 union territories. 108 is a symbol of hope, trust and reassurance. GVK EMRI is implemented in two north eastern states Assam and Meghalaya and has saved 1, 26,387 and 15,166 lives since inception respectively. (GVK EMRI physical report, 2016)
  - NIT Silchar and CDAC mohali collaboration is a project of web based application for state finance commission cell, Assam it is developed for all urban local bodies of Assam. It provides specialized health care services using telemedicine technology by capturing EMR of the patient and enabling expert reports advise or consultation. People residing at remote and rural areas of lala bazaar and karimganj can visit TCC for medical consultations. It has served OPD of 300-400.
  - Under the call to action for child survival and development MoHFW

identified 184 for high priority district across the India based on a composite health index and regulated development partner support in implementing. It is a digitized android version developed by UNICEF. Assam and Bihar have created history by becoming first two states to have done a paperless task. Through this intervention effective vaccine management have been implemented in two states.

#### **Issues and challenges in rural health care:**

Slow speed of development in health infrastructure and adoption of digital services

- Non availability of digital infrastructures in rural health care
- Partial or less utilization of existing infrastructure in rural health care
- Lack of digital awareness in rural areas
- To provide connectivity to 100000 gram panchayats by march 2017 is lower than the original target
- Rural connectivity: 55,000 villages are deprived of mobile connectivity which means majority of the rural population will be denied of digital services that will leads to poor utilization or availing health care facilities.
- Digital Literacy: non availability of local languages
- The impact of digital services in healthcare has become a showcase

#### **Conclusion:**

Digitization in rural healthcare services in north eastern part of India will have a positive impact in rural areas. The digital India programme will bring an immense impact by providing an employment opportunities and entrepreneurship among the rural youths and women; it will improve the living standard of the rural community, reduce risk and uncertainty, save lives during natural calamities and disasters, and increase in e-literacy in rural areas. However the term digitization in the field of health cares it has become a showcase especially in remote and underserved areas of north east. The present situation in the field of development in rural north east is still lagging behind from other states of India due to poor governance, weak infrastructure, poor mass communication, lack of quality education, weak electricity connection or supply which is one of the drawbacks that pulls down the digitization, educated youths being still unemployed which is also a brain drain for the country, practice of corruptions, nepotism, politicize and identity crisis etc., leads to slow and delay in development especially in rural and far flung areas of north east, India. The impact of digitization in rural areas of north-east in terms of health care services will take a time to achieve the set goals and objectives until and unless certain developments are being truthfully implemented and the facilities provided in urban and metros are provided to the rural population of India as more than 70 percent of Indian population lives in rural areas.

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## **HIV Policies: Analysis from Manipur's perspective**

### *Abstract*

*Policies, Programmes and strategic plans on HIV/AIDS are the foundations for any meaningful and sustained response to the epidemic. A policy provides an operating framework for people whose jobs entail prevention, treatment, care, support and generally reducing the impact of the epidemic on the population. Policies can include principles on Human Rights for all and, specifically, the rights of persons living with HIV/AIDS. They can also include strategies for reducing vulnerability to HIV/AIDS for specific groups. A country's policy on HIV/AIDS is a useful guide to domestic and international resource allocation to support specific programs. Without a policy, those managing the response to HIV/AIDS have no sense of national direction. The policy directs the creation of strategic plans and the allocation of funds to activities aimed at achieving the stated objectives of the management of the HIV/AIDS situation. This paper analyses policies and programmes of different countries from the west, European countries, south East Asian countries and finally in the Indian context to draw the final conclusion from one of the highest prevalence state Manipur.*

*Key words: HIV/AIDS Policies, Programmes and Strategies, Rapid Intervention and Care, Needle and Syringe Exchange Program*

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### **Introduction**

The Acquired Immunodeficiency syndrome (AIDS) pandemic has become part of the contemporary global problems after its detection in the latter half of the 20th century. It is affecting the individual psycho-socio and political economy of all countries

Manipur is a small state with a population of only 27.21 lakhs (2011 Census) and a land area of 22,327 Sq. Km. having an international boundary of 358 Km. with Myanmar. Manipur with hardly 0.2% of India's population is contributing nearly 8% of India's total HIV positive cases. Trapped in an insurgent-affected zone together with the poor health delivery systems, Manipur needs to perceive the epidemic as an impending disaster of colossal proportion. Manipuri people and society are apparently sitting in a time bomb ready to explode. The present study will examine HIV and AIDS policy from Global, National, and Regional perspective.

### **Global context**

Policies, Programmes and Strategies from the United States, European

Union, African countries to South east Asian countries talks about unfettered services regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, which will have unfettered access to high quality, life-extending care, free from stigma and discrimination. Notably United States could be commended of their commitment towards people living with HIV/AIDS prevention, care and after care services which other countries focussed mostly on prevention. The European Commission gave priority to policies on political commitment of European Countries and involvement of various civil societies, stakeholders not only on policy formulation but also on program monitoring and implementation. The commission could well be praised of their commitment in funding for NGO's and private sector cooperation. South African countries could be praised for integration of sexual and reproductive health, easy access to relevant information, bottom up governance, accountability, transparency and meaningful involvement of PLHA, effective communication, monitoring and evaluation and dedicated research has been attributed for their success. Jamaican success of the policy is based on the guiding principles of Political commitment, Transparency, accountability, Multisectoral approach and partnership, participation and protection of PLHA. The Thailand optimization and consolidation of mother to child transmission, condom programming, prevention among the young and the youths, blood safety, stigma and discrimination and its success is due to its government commitment and the ability to create a sense of ownership to all its citizens even to the local level who are unreached otherwise. Asian countries success can be attributed to government giving prioritised interventions to control the epidemic in injection drug users, sex workers, men who have sex with men, harm minimization and additionally focuses on primary and secondary prevention, providing an enabling environment, redressing health inequities, ensuring effectiveness in achieving health outcomes, promoting good practice, etc.

### ***National context***

The HIV since its detection in 1981 in the United States of America, it continues to baffle professionals from different fields. One by one it has engulfed populations in all countries of the world. HIV and AIDS have been widely recognized as the single greatest threat to sustainable development

Attention must be paid to HIV/AIDS related activities as part of overall development policy. It is essential to have impact on the factors that sustain the HIV epidemic and contribute to its progress and to integrate the social and health policy goals and resource requirement that the epidemic calls for more clearly into development policy. Factors that give rise to the epidemic accelerate its spread and makes its effect worse like lack of institutional capacity, poverty, low level of education, social inequality, conflicts, discrimination, gender inequality and both sex trade and sexual violence. HIV/AIDS has its widespread effects on society, culture, individuals and families.

The National AIDS Control Program in India was prepared by the Ministry of Health and family welfare, Government of India under the aegis of National AIDS Control Organisation (NACO). During the span of time it has undergone several changes since its inception in the year 1992. The 1st NACP was initially designed for five year 1992-1997 but due to various difficulties in program, planning and implementation it was extended for another two years till 1999 when the 2nd NACP finally rolls out. The main focus of the 1st NACP was mass campaign on awareness. Likewise the 2nd NACP was also designed for five years 1999-2004 and it has undergone dramatic changes focusing on prevention intervention among targeted populations, institutional strengthening and inter sectoral collaboration. The 2nd NACP was also extended initially for two years till 2006 and was further again extended for one more year till 2007. Finally the 3rd NACP rolls out for another five years 2007-2012 with the main focus of halting and reversing the HIV/AIDS epidemic in India by the year 2012 following the strategy of unified three ones, one Agreed Action Framework, one National HIV/AIDS Coordinating Authority and one agreed National M&E System. The National AIDS Control Program Phase- IV (2002-2017) aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next five years. It continues to give emphasis on Unified three ones with additionally focusing on Quality, Innovation and Integration, partnership with comprehensive care, support and treatment.

#### ***North east Context***

The North Eastern Region, comprising the seven States of Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura, is an extensive area, (about 7.8% of India's land area) with 3.7% of total population. It is strategically located, bound by Chinese occupied Tibet and Bhutan to the North and West, Myanmar to the East and Bangladesh to the West and South, connected to mainland India by a narrow corridor in North Bengal. Specifically, the States of Mizoram, Manipur, Nagaland and Arunachal Pradesh share long borders with Myanmar to the East, across hilly, forested, thinly populated terrain. This critical location has had major implications for HIV/AIDS problem in the North Eastern Region.

HIV surveillance was initiated first at Guwahati Medical College and thereafter at Regional Medical College, Imphal, and other places in 1986. Beginning with the first case of HIV detected in Manipur, there has been a steep rise in number of cases detected and prevalence of HIV among specific risk groups in certain States of the Region. The startling escalation in number of HIV cases led to the discovery of IV drug abuse as the chief cause of the HIV problem in the Region.

#### ***Manipur Context***

As the first few cases of HIV infection of the country were reported in 1986, the Manipur State Government also took serious note of the problem and initiated a series of important measures to tackle the epidemic. The first HIV/AIDS

cases in Manipur were detected in 1989 from a blood samples collected from among IDU's in 1988. With the formation of the high-powered National AIDS Committee in 1986, Government of India launched National AIDS Control Program in 1987. In the year 1989 with the support of WHO, many other activities were initiated which were mainly focused on the reinforcement of program management capacities as well as targeted IEC and Surveillance activities. Actual preventive activities like implementation of IDU focused prevention intervention, education and awareness program, blood safety measures, control of hospital infection, condom promotion to prevent HIV/AIDS, strengthening of clinical services for both STD and HIV/AIDS gained momentum only in 1992.

#### ***Objectives of Manipur state AIDS policy 1996***

The various objectives of Manipur state AIDS policy includes:

- a) Reducing the spread of HIV infection in the state
- b) Increase the state capacity to deal with the epidemic in the long term.
- c) To prevent the spread of HIV infection, both at the community at large and in the health care environment.
- d) To promote better understanding of HIV infection in order to protect and support those who are at risk of or vulnerable to infection.
- e) To ensure that treatment and support services both for those infected with HIV and for their family are easily available and accessible.
- f) To ensure that services are efficient, effective and evaluated.
- g) To mobilize and unify inter-sectoral action, community initiatives and NGO/CBO support network for better co-operation among the participating agencies against AIDS.

#### ***Policies, Programmes and Strategies***

The Manipur state AIDS Policy has policies on various dimensions such as a) Policies on Information Education and Communication, b) Policy on school AIDS education. c) Policy on Blood Safety, d) Policy On Medical Care, e) Policy on Std And Reproductive Health, f) Policy On Drug Abuse Treatment Service, g) Policy On Hospital Infection Control, h) Policy On Intervention Measures, i) Policy On Employment, j) Policy On Antibody Testing, k) Policy on Confidentiality, l) Policy In The Prisons/Jails, m) Policy On Social Service Research, n) Policy On Non Discrimination Provision, o) Policy On Training And p) Policy On Appropriate Legal Framework. In order to facilitate speedy and proper implementation of the AIDS control programme, the State Government created appropriate bodies such as State AIDS Committee (SAC) with State Empowered Committee (SEC), and State Level AIDS Co-ordination Committee (SCC). It also created grass root infrastructure by creating District AIDS Committee (DAC).

***Positive development in the new revised Manipur State AIDS policy 1996 includes:***

1. Manipur state government will now allow utilization of MLA Local area Development Program (MLA LADP) fund;
2. Introduction of District AIDS Prevention Control Unit (DAPCU);
3. Inclusion of one male and female PLWHA in MSACS Committees;
4. Policy for involvement of CBO, FBO, Social Organization only for IEC Programs;
5. Compulsory training for student for two days to be eligible to appear for Xth and XIIth exam and teacher for three days to enter into state service;
6. Provision of free travel for PLWHA;
7. Provision of Opportunistic Infection drugs;
8. Monitoring and Evaluation once in every year

Some of the activities under prevention strategies include:

1. Saturating quality HIV prevention services to all HRG groups, based on emerging behaviour patterns and evidence
2. Strengthening Needle and Syringe exchange programme, drug substitution programme and providing Opioid Substitution Therapy (OST)
3. Reaching out to MSM and Transgender communities
4. Addressing the issues related to coverage and management of rural interventions
5. Providing quality STI/RTI services.
6. Expand the ICTC services and strengthening of referral linkages
7. Strengthening Rapid Intervention and Care project (RIAC)

***Analysis and conclusion***

Manipur stands out to be a state which has a specific policy on HIV and AIDS since 1996, and the direction it has given to AIDS programming in the state could well be analyzed out of Secondary data sources like Annual Report of Manipur State Aids control Society (MSACS) News Papers etc. Of the many program activities being carried out by MSACS, Targeted Intervention program for Injectible drug users called Rapid Intervention and Care project has been one of the most successful. The number of HIV positive who are Injectible drug user has come down to around 16% in the state (MSACS). Maximum number of reported cases shows that the number of IDU has drastically come down since the inception of Manipur state AIDS policy. Certain aspects of the report showed that though the policy has a great impact especially for the IDU's but there are loopholes as response from the politician

shows "there are many programs, but I am afraid it didn't reach the specific targets at the hills". The policy has given a new direction and new strategy in the control of HIV and AIDS as political respondent says "It has given us a new impetus in the fight against HIV and AIDS". But notwithstanding the positive impact it gave in the control of HIV and AIDS the policy needs a serious relook.

Policy on framing appropriate legal framework though finds its place in the policy document, it has not been elaborated. The international law of human rights declares human rights as a set of universal entitlements that individuals enjoy irrespective of their sex, nationality, religion, culture or other status, that are inherent to human beings and that are proclaimed and protected by international law. Human rights have major relevance for shaping appropriate responses to the HIV epidemic and other global health challenges, including offering system-wide public health responses and identifying deficiencies in public health research agendas. A finding from the study reveals that basic health infrastructures and necessities are not being able to reach the beneficiaries of the state due to various reasons. The state needs to address HIV/AIDS and human rights, legal barriers in relation to HIV Status and needs to ensure equal access and quality of testing, prevention, treatment and after care services.

People living with HIV in general know little of their rights and those in the legal and judicial systems know little about HIV. People with HIV often forms a group which experience significant discrimination within the legal system, for example injecting drug users and sex workers. They have little or no recourse to funds for legal action and have great difficulty accessing legal aid. There are also relatively few NGOs with experience in either litigating on behalf of people living with HIV, or of supporting individuals with HIV through the legal system. A particular and significant barrier for people with HIV to accessing the judicial system is the loss of confidentiality of HIV positive status and possible public and media attention proposition.

Criminalization is one of the tools employed by governments to regulate sex and sexuality. Other types of regulation can equally have an impact on health and well-being and thus merit consideration. Restrictive laws related to sexuality are often driven by moral argumentation, public health evidence and human rights norms highlight the need for supportive legal and policy environments. People living with HIV in general know little of their rights and those in the legal and judicial systems know little about HIV. People with HIV often forms a group which experience significant discrimination within the legal system, for example injecting drug users and sex workers. They have little or no recourse to funds for legal action and have great difficulty accessing legal aid. There are relatively few NGOs with experience in either litigating on behalf of people living with HIV, or of supporting individuals with HIV through the legal system. A particular and significant barrier for people with HIV to accessing the judicial system is the loss of confidentiality of HIV positive status and possible public and media attention proposition.

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## **The Role of NGOs in HIV and AIDS Mitigation in Manipur**

### *Abstract*

*Soon after the discovery of HIV and AIDS in India during the year 1986, NGOs and CBOs have been at the centre of response, providing a lead role in many states in building effective strategies for HIV and AIDS prevention care and impact mitigation. The importance of NGOs and CBOs in response to HIV and AIDS has been recognised but the capacities of these organisations and the quality of their programmes may be variable.*

*HIV and AIDS have caused widespread negative socio-economic impacts in Manipur. There has been an increase trends in the number of NGO's working for the causes of HIV and AIDS but the rate of prevalence is still high.*

*Keywords: NGO's, HIV/AIDS, Mitigation.*

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### **Introduction**

Manipur is a small state with a population of only 27.21 lakhs (2011 Census) and a land area of 22,327 Sq. Km. having an international boundary of 358 Km. with Myanmar. Manipur with hardly 0.2% of India's population is contributing nearly 8% of India's total HIV positive cases.

There is a lingering political conflict and HIV/AIDS in the North Eastern states of India especially in Manipur. For the ordinary people and communities living in this area every new day comes up with fresh agenda for survival negotiations. Coping and management of fear is the most important concern cutting across class region in this area. In a scenario where even the press has its mouths regulated by the might of the barrel, or where every scheme and sanction has to first pass through the filter of the revolutionary groups. It's about time the civil societies roll up its sleeves and show genuine concern for real issues. "Governments in most conflict-affected Zones are not responding adequately to the threat of HIV/AIDS, for want of commitment and capacity building". (Subramanian K. S, 2002)

Soon after the discovery of HIV and AIDS in India during the year 1986, NGOs and CBOs have been at the centre of response, providing a lead role in many states in building effective strategies for HIV and AIDS prevention care and impact mitigation. In districts and state that have turned around major epidemics, such as

Manipur, Maharashtra, Tamilnadu, Nagaland, Karnataka and Andhra Pradesh, non-governmental and community-based responses have played a long-standing and crucial part in the success to HIV and AIDS mitigation. NGOs and CBOs are recognized as being innovative and uniquely placed to access communities affected by HIV and AIDS directly, particularly the most marginalised and vulnerable. The importance of NGOs and CBOs in response to HIV and AIDS has been recognised but the capacities of these organisations and the quality of their programmes may be variable. In view of these, it is imminent that there is a clear need for the funding of NGOs and CBOs to be matched by support to develop and strengthen their organisational and technical capacity. This has been necessitated to maximise their potential and achieve sustainability and scale-up of effective responses to HIV prevention, AIDS care and impact mitigation.

**Objective:** The present study was conducted to highlight and understand different strategies and techniques used by NGOs in mitigation of HIV and AIDS in the state of Manipur.

**Methodology:** A cross-sectional descriptive research design which employs a survey method was used. A sample of 36 respondents was picked randomly among 12 NGOs which has been in existent for the last five years and having good track record in mitigation services. Purposive sampling was used to select heads of the organisation and two functionaries each were selected from an organisation giving due preference to any professional social workers as respondents. Also for impact evaluation of the services provided by the NGO's and Government, a total of 60 beneficiaries all of whom were HIV positive were interviewed using snow ball sampling.

**Tools:** Data was collected using semi structure interview schedule giving space for further prompting if need be. Quantitative data were analysed using a Statistical Package for Social Sciences program. To determine the effectiveness of NGOs, descriptive and inferential statistics were employed. Structural and content analysis was used to analyse data from key informants.

The present study converse the role of Non Governmental Organisation in the mitigation of HIV and AIDS by segregating them into four different consortiums.

1. Brief Profiles of NGO's
2. Strategies adopted by NGO's in HIV and AID Mitigation
3. Evaluation of ongoing programme activities
4. Impact Evaluation

#### 1) Brief Profiles of NGO's

The term NGO includes many different types of organizations, from small local groups operating in a largely voluntary and informal basis, to large private development agencies with multimillion dollar budgets and thousands of paid

professional staff. The present study was conducted among twelve NGO's which has been established at least five years. A brief descriptions of the NGO's is given below as discussed according to Sukai,T.B, 2010

Table: Brief profiles of 12 NGO'S

Sl. No.	Name of the organisation	Year of estd.	Main objectives	Challenges
1	Integrated Women and Child Development (I.W)	1998	Outreach work for PLWHA to different communities, HIV/AIDS awareness, condom promotion etc.	Stigma and Discrimination
2	Indian AIDS Consortium (I.E)	1998	NSEP, Home based care, condom promotion, referral services, DOT service at drop in centre	Mobilizing the community, to make the program interesting and successful becomes the most challenging task
3	Manipur Network of Positive People (I.W)	1997	Coordinating various positive people, awareness campaign on HIV/AIDS, Advocacy, Helping children orphaned by HIV/AIDS, SHG formation for PLWHA	Problems of law and order, stigma & discrimination and condom promotion among the Muslim communities
4	Meetei Leimarol Sinnai Sang (I.W)	1989	Women Empowerment, eradication of illiteracy, HIV/AIDS intervention programmes among C.S.W	most of their clients are commercial sex worker and non brothel based; it is difficult to locate them and talk freely about sex and sexuality in general and HIV/AIDS in particular
5	Lifeline Foundation (I.W)	1992	HIV/AIDS mitigation among HRG, Condom promotion, SHG formation, B.C.C and bringing about society with drugs free life.	Prevailing law and order problem, resource constraint and non state actors having a stake.
6	Social Action and Service Organisation (I.W)	1997	IDU intervention, intervention among MSM, Condom promotion, HIV/AIDS awareness program in the communities	Behaviour change, dealing with various distinct groups and prevailing law and order situation
7	Rural Upliftment and Service Agency (I.E)	2001	Prevention of HIV/AIDS among IDU's and other HRG, SHG formation for income generation among the spouses and condom promotion, etc.	lack of sufficient funds to organise a community meetings, seminars, workshops etc on timely basis, which in turn tends to lose our clients who can be changed
8	Wide angle social development (I.W)	1994	Strengthening harm reduction measures and minimizing the spread of HIV/AIDS, develop strategies for effective implementation of child rights especially of HIV/AIDS infected and affected	seeking support from the community for tackling stigma and discrimination
9	People's Welfare Association (I.E)	2005	Making a better society free from social diseases like HIV/AIDS, T.B, etc	lack of voluntarism among the people and especially among the peer group
10	LEWS Community care centre (I.W)	1999	care and support services for HIV infected and affected people	lack of financial support, poor manpower, fear of stigma and discrimination, law and order situation, low level of acceptance in the remote areas
11	Manipur Voluntary Health Association (I.E)	1998	one to one interaction, outreach services, OPD program, mobile health check up, advocacy program, network meeting, condom promotion, peer education training, focus group discussion.	to convince the client and the community for change
12	KRIPA Society (I.W)	1998	prevention of HIV among IDU's, their spouses, children, care and support services. According to the organization peer education and HIV/AIDS awareness in the community has been most successful among other strategies.	Irregularity of funds has been their major challenge

In order to minimize any biasness in selecting the sample, records and data's were first verified of the performance of the organisations for the last five years. The organizations have been in existent for the past 5 years or more. Some of the main objectives of the 12 NGO's have been elaborated below: Outreach work to different communities, HIV and AIDS awareness program, condom promotion, Needle and syringe exchange program, Home based care, referral services, DOT service at drop in centre, Coordination between various positive people, Advocacy, Helping children orphaned by HIV and AIDS, SHG formation for PLWHA, Women Empowerment, eradication of illiteracy by taking up various educational programmes, HIV and AIDS intervention programmes among C.S.W, IDU, MSM, developing a strategies for effective implementation of child rights especially of HIV and AIDS infected and affected etc.

## 2) Strategies

Some of the main strategies adopted by NGOs in HIV and AIDS mitigation interventions are peer-group approach, capacity building of the project personnel, condom promotion strategies, accessibility of IEC materials, STD diagnosis and treatment, outreach work strategies and intervention at the community levels.

**a) Peer-group approach** - It is the involvement of peer groups in designing and implementing HIV and AIDS messages which make sure that the messages are more relevant to the community and acceptable by the high risk population. They often played a key role in gathering the beneficiaries for awareness camps and also building rapport among the staff and the beneficiaries. Peer educators in these projects are seen as facilitators and key influencers of the community.

**b) Capacity building** - Capacity building of the staff by regular training is one of the strategies implemented by most of the NGOs. Issues related to HIV and AIDS prevention, condom promotion, STD diagnosis, treatment and behavioral change communications, training programmes for the outreach staff included topics on approach and initiation of talk with the clients, and in understanding the clients' behaviour.

**c) Condom promotion Activities** - Condom promotion though not an established strategies in Manipur but are available in the chemist shops and various designated outlets. Besides free supply of condoms at the offices of the non-governmental organizations and the health centre's of the Government, it could be purchased in areas such as chemist shops, Pan shops, dhabas, hotels, transport offices, petrol pumps and the project offices.

**d) Accessibility of IEC Materials** - The IEC campaign which has been designed to create awareness and influence individual behaviour. Street plays, leela, cinema halls, pamphlets and posters were used as media in the interventions. IEC materials have been focusing on to communicate to the illiterate, low-income high-risk populations and most importantly the ignorant ones.

**e) STD Treatment and Counseling** - Almost all the NGO's gave importance for the diagnosis of STD through Syndromic recognition and the laboratory testing facilities. Counseling as such has been given utmost importance before testing and post testing.

**f) Outreach Work Strategies** - The outreach workers involve individuals both from high-risk population and general population. Outreach workers were given training in a specific manner with a set of specific education messages, devices and implemented by members of the community. The trained outreach workers know when, where and how to engage high-risk populations in the AIDS prevention campaigns. Outreach workers were trained to establish rapport building, and are also responsible for IEC materials distribution, dissemination of information about condom and STD diagnosis and treatment.

g) Community Level Interventions - Promotion of safe sex behaviour and eliminating stigma and discrimination about HIV and AIDS have been considered to be important indicators of behavioural change. As a communication strategy, materials have been printed in local languages and also with multilingual capacity. Some of the other main activities of the NGOs also include behavioral change through group educational session, providing information related to sex and sexuality, providing quality STD care, outreach services like home based care, helping community members to develop prevention strategies etc. Apart from these they also focus on building leadership at community level on different issues such as savings and credit, formation of women self help groups etc. However, with HIV infection and AIDS continuing to spread in India, a new and better approach for prevention and control is needed.

### **3. Evaluation of ongoing programme activities**

In order to understand the ongoing program activities of the governmental and non-governmental organizations, two (2) functionaries each from twelve (12) NGO's and two (2) counselors from government ICTC centre were interviewed. Of the (12) organizations, 8 were from Imphal west and 4 were from Imphal east. Apart from the functionaries, one (1) Administrative head from each (12) organizations were also interviewed as they would be instrumental when critically analyzing the ongoing program activities.

There are varieties of programs being carried out by the non-governmental sectors in India. In the context of HIV and AIDS mention may be made of the ongoing program activities in Manipur like Rapid Intervention and Care program (RIAC), Drug rehabilitation programs, Men who has Sex with Men program (MSM Program), Needles and Syringes Exchange Programs (NSEP) etc. The integrated RIAC program was launched on 7th November 1998. It is being implemented, at present, in collaboration with 45 NGOs covering all the 9 districts of Manipur. The objectives of the programme are: (i) To minimize the spread of HIV infection among injecting drug users by making the IDUs accessible to clean needles, syringes and other injection works; education, counseling, skill development and referral network to drug treatment and other social support networks. (ii) To minimize the spread of HIV infection from IDUs to female sex partners through condom promotion, education and counseling. (iii) To monitor and evaluate the change in the behavioral pattern of the IDUs. (iv) To help and support the people living with HIV and AIDS and to initiate community mobilization so that the families and community can take responsibility for care of people living with HIV and AIDS. (v) To ensure effective linkage between community and hospital through formation of "Thoudang Marup" (community action groups) at the community level and Layengshangee Marup (hospital action groups) at the hospital or Community Health Centres and Primary Health Centres. (vi) To provide home based care services for the needy patients and to produce a "Home Care handbook".

Making injecting safer for people who use drugs by providing sterile equipment is relatively easy and inexpensive and can significantly reduce levels of HIV transmission (UNAIDS Global Report 2010). The impetus for the creation and maintenance of Needle and Syringe Exchange Program (NSEP) emerged from the philosophy of harm reduction, an approach that assumes the probability of contracting or spreading HIV and AIDS is minimized by providing IDUs with clean needles at little or no cost. The establishment and maintenance of NSEP reduce the risk of spreading HIV and AIDS between IDUs as well as to their sexual partners.

The government ICTC centre where the counsellors were interviewed is in the heart of the capital. The centre is located in the building of Regional Institute of Medical Sciences (RIMS) a premier medical institute being funded by the Ministry of Development of the North Eastern Region (MDONER) Government of India.

Intervention programs for the sex workers both brothel based and non brothel based like spreading awareness on HIV and AIDS and condom use has a positive impact. In the present study Meeitei Leimarol Sinai Sang is the only organisation working with female sex workers. At present there are no brothel based sex workers in Manipur who are working in the industry. They function through different channels. Since there is no designated district at present like G.B Road in Delhi, Sonagachi in Kolkata and Kamathipura in Mumbai, female sex workers are unnecessarily harassed by the police commando's and other social organization, reported the head of the organizations. Apart from the harassment they got from these organizations they are in the very high risk groups as they cannot be intervened since they go underground. But to a great extent where ever organizations function they are able to change the behavior of the female sex workers. They educate them, provided them vocational training for income generating programmes and it can be said that it has greatly shaped their behavior to leads a normal life, according reports the head of the organizations. Similar success stories could be seen in a study conducted by Singh IP 1998 on STD-HIV intervention programme: the Sonagachi model. The study shows that sex workers awareness on HIV and AIDS increases from 30.7% at baseline in 1992 to 96.2% in 1995. The percentage of sex workers who always use condoms increased from 1.1% at baseline to 50.1% in 1995. The program has enhanced the self-respect and professional identity of the sex workers. As a result, sex workers are better equipped with the requisite knowledge and the courage to negotiate condom use with clients and to turn away men who refuse.

Manipur as is known by one and all in India, it is famous for its sporting talents and represented India internationally on many occasions. Sports have become a popular tool for HIV prevention, based on claims that it can foster life skills that are necessary to translate knowledge, attitudes and behavioural intentions into actual behaviour. Many of the NGO's make use of the popularity of sports in the state of Manipur and the Manipuri's passion for it to spread awareness about it. Almost 90% of the total NGO's n=12 conducted their half yearly recreational activity by

organizing a one day sports meet and going for outdoor picnic. According to heads of these organizations it has a positive impact to the service providers' i.e their staffs. It boosted their morale, increased their confidence level and productivity. It reduces their stress level and enables them to become friendlier with the clients. Similar kind of impact of sports in HIV prevention programs could be seen in a study conducted by Delva W., et al 2010 on HIV prevention through sport

Details of the ongoing programs were obtained from the respondents in the context of their organizations. Different program activities such as prevention education in educational institution, awareness programs in the communities, dissemination of I.E.C materials, provision counselling services and condom distribution activities were all discussed. Their opinion was also sought on the use of folk media such as Drama or Leela in their programs. Their responses are as discussed below.

The respondents were asked on whether their organizations gave HIV and AIDS prevention education in schools and colleges. Out of the total respondents, 76.9% of them state that their organizations have such programs. All of the functionaries reported of having programs such as counselling services, condom promotions and distributions and peer education. On the other hand only 38.5% reported the use of folk media in reaching out to the people. Probably their programs and strategies are so structured that there is little scope and may be timed for experimenting with creative methods using media such as drama or leela. Another 23.1% felt that peer education also to be one of the most successful among the many intervention programs. This can be substantiated by a study conducted by Van Rompay KK et al 2008, on development of an HIV peer education model for low literacy rural communities in India.

Further detail discussion with the respondents showed that 61.5% felt that HIV and AIDS awareness programmes in the communities seem to be the most effective of all prevention programmes. Interestingly some of the respondents also report that peer education is a successful intervention strategy in their organization. This is quite obvious because at the community level outreach programs are for a larger audience. The success of community involvement and peer education could be substantiated by a study conducted by Maticka-Tyndale E and Barnett JP (2010) results shows that such programs have demonstrated success in effecting positive change in knowledge and condom use and have demonstrated some success in changing community attitudes and norms.

There are different challenges faced by the functionaries while implementing HIV and AIDS prevention programmes discussed. Some of the most common challenges of the respondents were that they did not get full support of the communities due to stigma and discrimination attached to HIV and AIDS virus. According to some respondent discussion on the issue of sex and sexuality are taboo and not many people come forward to utilize their services. Another respondent mention

that in his opinion the youth are also not very easy to reach out to. On the whole mobilizing the community to take part in awareness program is a big challenge. Not only this, a lot of creativity is needed in terms of use of appropriate media to make the program interesting and reachable to the masses.

Problems of law and order like the insurgency in North east and Manipur in particular which has been widely accepted as political and economic problem, frequent Bandhs and blockages called by various organizations fuelled by stigma and discrimination also create a great hindrance in HIV and AIDS intervention programmes that being carried out by various organizations. One of the organization in which one functionary were interviewed said that most of their clients are commercial sex workers and non brothel based; it is difficult to locate them and talk freely about sex and sexuality in general and HIV and AIDS in particular. The reason behind sex workers being underground has been due to unnecessary harassment by police commandoes and certain social organizations state head of one organization.

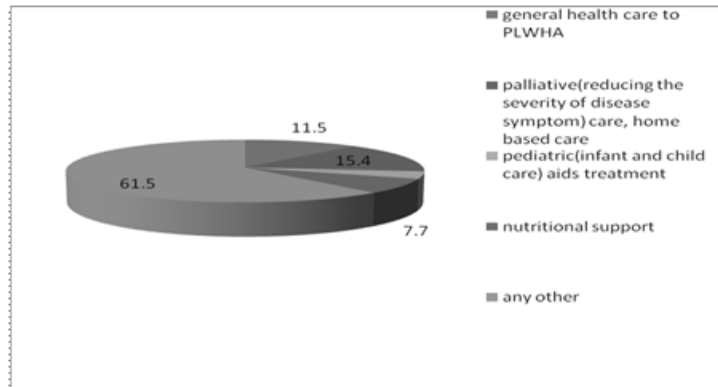
Among the 12 NGO's, 4 organizations received funding from foreign donors like Catholic Relief Services, Child Rights and You, Clinton Foundation and Childline. According to them funds from foreign donors has greater flexibility compared to funding from national and state government. The remaining 8 organization are being funded by NACO through the State AIDS Control Society.

Organizations which are not so well established, the administrative head had to shell out money from their own pockets to continue with their work when funds did not reach them on time. In response to a query on the success of alternative sources of fund raising conducted by these 12 organizations; selling of seasoned lottery tickets, organizing a Tambola game and charity shows are one of the most popular form. Charity shows though once a very popular one amongst the Manipuri's, it has not been successful during the present times where cheap video CD's are available in the market coming from Myanmar.

Irregularity of the funds being released by the state government hampers the continuity of the intervention programmes. Out of the total respondents 10 respondents did mention about lack of sufficient funds to organize community meetings and awareness program on timely basis. Most of the organization provides general health care to PLWHA, referral services; home based care and STI treatment and management.

Another 12 respondents said their organizations provide HIV-TB co-infection management, 16 respondents said they provide Palliative (reducing the severity of disease symptom) care and 18 respondents said they provide Paediatric (infant and child care) aids treatment. The entire organizations have collaboration with other NGO's and care centre and they provide Nutritional support for people living with HIV and AIDS.

Picture Pie: Percentages of challenges in providing care and support services

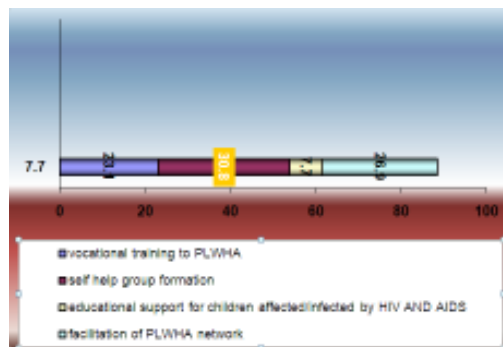


In the above chart, it can be seen that various challenges faced by the respondents in providing care and support services to the people are different. Out of the total respondents 11.5% said that they provide general health care to PLWHA, 15.4% said they provide palliative care and 7.7% said they provide nutritional support.

There are different types of services provided by the nongovernmental organizations. Out of the total respondents 38.5% said they provide financial support, 7.7% said they provide financial support for ration or clothes, 61.5% provide vocational training to PLWHA. Most of the beneficiaries are not employed, so the organization gave training to the beneficiaries. Out of the total respondents 38.5% gave assistance in job Placement, 76.9% said they help the beneficiaries in self help group formation, 61.5% gave educational support for children affected or infected by HIV and AIDS and 92.3% of the respondents shared they facilitate formation of PLWHA network .

Tube Chart below shows that SHG for economic empowerment draws the maximum number of response and it is the most effective services provided by the functionaries according to them. Vocational training to PLWHA and facilitation of PLHA network draws huge response from the beneficiaries and the functionaries, and attributed 23.1% and 26.9% each respectively in popularity.

Tube Chart: Services provided and its effectiveness

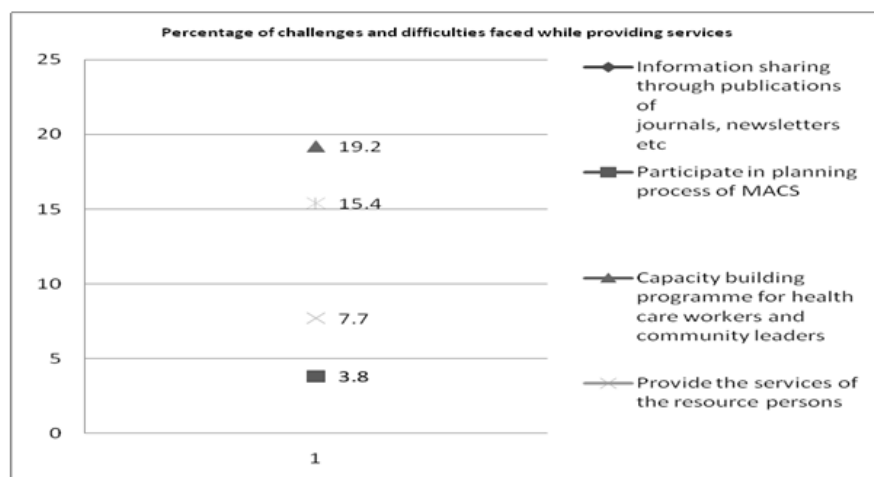


Out of the total respondent 7.7% each said that they provide financial support for ration or clothes and educational support for children affected or infected by HIV and AIDS.

Different organizations provide different programme management services to the beneficiaries. The different types of programme management services provided by the organizations are Information sharing through publication of journals, newsletter etc, Participation in planning process of MACS, capacity building programme for health care workers and community leaders, provide the services of resource persons.

Line Chart:

Percentage of Challenges and difficulties faced while providing services



Interpretation of the above line chart shows varying percentage levels of challenges and difficulties faced by the respondents. Of the total respondents 19.2% said they faced difficulty in capacity building program of health care workers and community leaders. As told, capacity building for the community leaders involved in-depth information, education and communication and behaviour change communication process so that they are fully empowered.

Out of the total respondents 15.4% said they have difficulties in carrying out their research work, due to non cooperation from the public, law and order situation of the state like constant strikes and blockades. Providing a regular well known resource persons for seminars, workshops etc involve a huge amount of money, so 7.7% of the total respondents say they have difficulty in it.

One of the most successful stories for HIV prevention programs in Thailand has been the distribution of condom and a wide spread message about it. Condom promotion and distribution model used by Thailand has been one of the world most

successful stories. In the context of India and Manipur in particular, are they really successful in the prevention of HIV and AIDS? There are no social marketing programs of condom adopted by the said 12 organizations head being interviewed. There are various factors associated with it. Some of the main issues pointed out by these twelve heads includes: Social stigma attached to it, cost of the condom, societal values, ethics and norms etc. In one of the interview to administrative head of one organization pointed out that, if condom vending machine is installed then people won't go for it as it has social stigma attached to it. But he suggested that if Chocolate and eatables are also included in the vending machine then it will reduce stigma as anyone can go and get eatables and the condoms together.

The above cited problems in condom use and availability could be substantiated by a study conducted by Sarkar N.N., 2008 on barriers on condom use. He pointed out that several factors were associated with non-use of a condom during sexual intercourse. Their cost often posed a barrier to condom use for the poor, even in developed countries. In many communities, moral values, ethnic and religious factors also played a role. Among other social factors, gender inequality, lack of a dialogue among partners with regard to condom use, and the stigma attached to the condom could all lead to unprotected sexual intercourse. Personal factors such as aversion to the condom, consumption of alcohol or use of drugs prior to sexual intercourse, and anxiety and depression all were negatively associated with condom use.

#### 4. Impact evaluation:

Out of the total 60 beneficiaries 23.3% feel that the services they received from the government are not adequate. Their discontentment ranges from supply of opportunistic drugs to provision of essential commodities as they could not procure their daily needs with their meagre income. However on the other side an overwhelming 76.7% feels that the government has done enough for them. Out of the total respondent 95% feels that the NGO they are attached with provided them with their necessary requirement and are content with it.

Regarding condom availability, STI diagnosis and treatment facilities (Mobile Clinics), ICTC's centre, IEC Materials, Required number of hospital beds, officials from State AIDS control Society, ICMR, Notable person and 12 administrative heads of the organization gave their opinion upon it.

Officials from the state AIDS control Society were of the opinion that the state has sufficient services among the above listed services through their departments and various NGO's associated with them. However officials from the state ICMR Unit were of the opinion that the state requires more STI diagnosis and treatment facilities like the mobile clinics. Though the state had introduced Mobile clinics but it requires more number to cover the interior parts of the state. They also voiced their opinion about the requirement of more hospital beds apart from the existing one.

All of the 12 administrative heads agreed to the fact that condoms are available but interestingly one administrative head pointed out that the quality of the condoms being supplied through MSACS are of poor quality complains beneficiaries. One administrative heads pointed out that clients prefer to take condoms which have beautiful and attractive girls picture printed on it. All the 12 heads are of the opinion that the introduction of mobile clinics is a welcome note but the number should be increased. They said IEC materials should be printed in different dialects of Manipur so that the people have better understanding of the intricacies of HIV and AIDS. The two notable person interviewed supplement the opinions of the 12 administrative heads saying that the number of mobile clinics should be increased, ICTC centre should be set up in the remote far flung areas, IEC materials be printed in every dialects of Manipur and the number of Hospital beds, care centre should be increased.

Regarding the RIAC program being launched by MSACS the administrative heads of the 12 NGO's were affirmative that due to the introduction of RIAC program the rate of infection amongst the IDU has come down drastically. One administrative head pointed out the need to include more care and support services.

After careful evaluation of their programmes it has been highlighted that stigma and discrimination still prevails in the society though not openly. Opinions of the 12 administrative heads show that instances of stigma and discrimination towards PLWHA are few but it still prevails among the general population. Two administrative heads goes to the extent in giving example about stigmatized client. A woman widowed by PLHA husband - Now the in-laws don't like her as they think that she is going to claim the ancestral property. When she goes back to her parental house her brother's and sister don't like her because of her Sero status and also they think that she will have a claim in the family properties. Another administrative head said one woman (widow) came for admission in our center. Her in-laws don't want her anymore. It compels her to come forward to our center. One little girl who lost both her parents, she had a grandmother who use to take care of her. After the grandmother expired there were no willing relatives to take care of her. She (the child) was taken to our center and we supported her in any way we can. We administered ARV drugs and has been taking shelter in our care home.

The ground reality still prevails, one administrative head said to tackle the problem of stigma and discrimination there should be an in-depth research and studies upon it and showed to the policy makers about the ground reality. One administrative head was of the opinion that there should be moral policing and the culprit should be punished. Other heads of the remaining organization were of the opinion to raise in-depth awareness among the general population. Of all the ongoing program activities NSEP a part of the RIAC program has been the most successful and they hinted the need to introduce a specific program for women, children and the orphan in line with RIAC program. One of the administrative head said to tackle the problem of stigma and discrimination there should be a committee like crisis management group.

The study revealed challenges constraining the performance of NGOs which include; operating under meagre funds and donor dependency, incompetent staff, inappropriate approaches on HIV/AIDS message delivery, and poor networking. The study concludes that, NGOs are very important for mitigating HIV/AIDS despite the shortcomings revealed.

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## **Entrepreneurial Challenges in Manipur with special reference to Tamenglong district**

### *Abstract*

*The north eastern region of India has diverse topography, climatic condition, ethnicity and language. Although the region is endowed with abundant resources, the unavailability of infrastructure and lack of financial institutions creates huge problems for the people to start an entrepreneurship. There is a huge capacity of hydro-electric generation and immense potentiality to generate employment opportunities if the resources are being utilized by encouraging micro, small and medium enterprises, and rural entrepreneurs. However, the region is emerging in terms of small entrepreneurship run by sole proprietors supported by government and non-governmental organisations yet still remains backward or lagging behind as compared to the other parts of the country. Entrepreneurship development in the context of Manipur state is rising at a very low rate despite various measures taken by the government to promote entrepreneurship. Among all the districts of Manipur, Tamenglong is the most backward and underdeveloped district in the state. There are various challenges such as lack of - infrastructure; road connectivity; industry; educational facilities; financial institutions and few others. Thus, this paper is an attempt to understand the several problems and challenges faced by the entrepreneurs in Manipur, particularly in Tamenglong district.*

*Keywords: Entrepreneurship, infrastructure; communication and road connectivity; industry; educational facilities; financial institutions, problems and challenges*

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### **Introduction**

The north east region of India has diverse topography, climatic conditions, ethnicity and language. The region consists of 8 states, namely; Assam, Meghalaya, Nagaland, Manipur, Arunachal Pradesh, Tripura and Sikkim. This region has been facing myriads developmental challenges such as infrastructure, employment, identity crisis, insurgency, etc. The region is not only known for its richness in biodiversity but also for its ethnic diversity.

The north east topography is characteristically a combination of hills and plains. Although, the region is endowed with abundant natural resources, the unavailability of infrastructure creates huge problems for the people living in the region to start an entrepreneurship. There is also huge capacity of hydro-electric

generation, it can meet one-third of power requirement, if utilize. This region has abundant resources such as coals, petroleum and natural gas. There is huge potential to generate employment opportunities if the resources are being utilized by encouraging micro small and medium enterprises and rural entrepreneurs. However, the region still remains backward and has been lagging behind in comparison with the rest of the country.

Business enterprise advancement with regards to Manipur state is ascending at low rate in spite of different measures taken by the government to promote entrepreneurship. The issue of unemployment among the young people is a major concern for the general population living in Manipur. There are various difficulties, for example, lack of infrastructure, bad road connectivity, backwardness in terms of industries, lack of educational facilities and few others.

In this paper, an attempt has been made to understand the problems and challenges by the entrepreneurs in Manipur, particularly in Tamenglong district.

### ***Entrepreneurship Development in North East India and Manipur***

The North Eastern Council (NEC) plays an important role in promoting entrepreneurship and industrial development in the region. The National Institute for Small Industries Extension Training (NISIET) is one of the most notable initiatives of NEC for promoting entrepreneurs in North East Region (NER). There are many other financial institutions/organisations that focus on promoting entrepreneurship development such as Industrial Development Bank of India (IDBI), Industrial Finance Corporation of India (IFCI), Industrial Credit and Investment Corporation of India (ICICI), Khadi and Village Industries Commission (KVIC), NABARD and few others.

The government has taken up so many initiative measures to promote and develop Micro, Small and Medium Enterprises (MSMEs) in north east India through implementation of various programmes/schemes such as Performance and Credit Rating Scheme, Credit Guarantee Scheme, Prime Minister's Employment Generation Programme, Credit Linked Capital Subsidy, and National Manufacturing Competitiveness Programme among others. Besides, the government is assisting in Skill Development in the region through establishment of various institutions such as, Entrepreneurship Development Institute of India, Guwahati, MSME-Development Institute (in Guwahati, Agartala, Gangtok and Imphal) and MSME Tool Room (Training Centre), Guwahati. Such initiatives from the government are meant for entrepreneurship development in NER.

Recently, the Ministry of MSME launched various initiatives to improve the ease of doing business; to make MSMEs more competitive and for entrepreneurship development. These initiatives of ease of doing business are Udyog Aadhar Memorandum (UAM), A Scheme for Promotion of Innovation, Rural Industry and Entrepreneurship (ASPHIRE), Scheme of Fund for Regeneration of Traditional Industries (SFURTI), Credit Linked Capital Subsidy Scheme (CLCSS) for

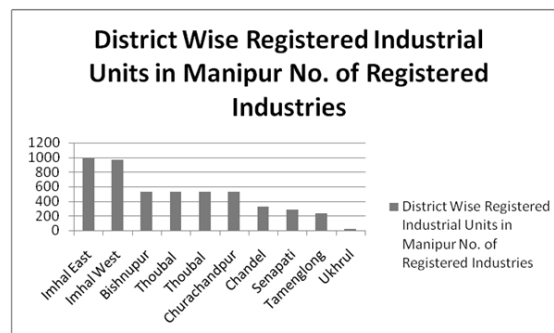
Technology Upgradation and Credit Guarantee Trust Fund for Micro and Small Enterprise (CGTMSE) scheme.

Albeit the various measures and initiatives taken up by the government to develop the NER region, the region remained underdeveloped. As per the report of Fourth Census of MSMEs 2006-2007, the North East Region (NER) represents for 2.19 percent (34295 Enterprises) of total enterprises in the country. Among the eight states, Assam has the highest number of enterprises (19864), followed by Manipur (4492) whereas, Sikkim state has the least number of MSMEs (122). The North East Region (NER) accounts for 1.78 percent of total gross output of India from MSMEs. Further, the report demonstrates that 2.17 percent of total sick/Incipient Sick Units were found in NER. Thus, it may be said that, the NER has many non-functioning MSMEs.

The Micro, Small and Medium Enterprises (MSME), Imphal was set up in 1971 to provide consultancy services and support to MSMEs in the state of Manipur. Since its beginning till today, the institute is committed to give different help in administrations like Technical directing, Plant and Machinery, selection of Products, Managerial consultancy and so on. Further, the institute helps to develop and promote Micro, Small and Medium Enterprises by creating awareness on modernization, Technology Upgradation, acquiring of ISO and Energy Conservation. In addition, the institute also implement various schemes and programmes to develop entrepreneurs and industrial development.

The MSME, Imphal is conducting various activities such as Skill Development Programme, Entrepreneurship Development Programme Training, Economic Information Services, Industrial Motivational Campaign and various training programmes/workshops to promote, develop and foster the growth of Micro & Small sector for socio-economic growth in the State of Manipur. There are total 4492 Enterprises under MSMEs in Manipur, out of which 152 are Sick/Incipient Sick Units (Source, Fourth Census MSME 2006-07).

The district wise industrial units that are registered under MSME, Manipur is shown in the graph below:



Source: DIP- Manipur Districts Report (2012-13)

From the above graph, it is clearly shown that the number of industrial units which are registered under MSME, Manipur till 2012-13. The data given above are based on the DIP- district reports. Among all the districts of Manipur, Imphal East has the highest number of registered industries (987), followed by Imphal West (968) and lowest number of industries is Ukhrul (16) and Tamengong (234). As we draw the comparison between the hills and valley based districts, the valley based districts (Imphal East, Imphal West, Bishnupur and Thoubal) have total 2488 which nearly doubled the hills districts industries (Churachandpur, Senapati, Tamenglong, Chandel and Ukhrul), 1384.

### ***Tamenglong District***

Tamenglong district is located at an altitude of 1,290 m above sea level and it covers a total area of 4,391 sq. km. Out of total area 4,391 sq. km, forest covers an area of 2,504 sq. km. Tamenglong district is inhabited by majority of Zeliangrong Naga (Zeme, Laingmai, Rongmei and Puimei tribes of Naga) and Kukis, and also few population of Hmar Chiru, Khasi are settled. The Zeliangrong Naga is racially, physically and linguistically belonging to Tibeto-Burman of Sino-Tibetan family of the Mongoloid race. The district is known for its richness in bio-diversity, natural resources, flora and fauna. Albeit, the district has abundant resources, the district remained most backward and underdeveloped among all the districts of Manipur. The challenges/problems encountered by the entrepreneurs in Tamenglong district are discussed below:

### ***Challenges faced by entrepreneurs in Tamenglong District***

#### ***Lack of infrastructure***

In spite of tremendous potential of MSMEs in the Tamenglong District like the rest of the North East Region, the region largely remained underdeveloped. The main factor for the slackness of the growth can be attributed to poor infrastructures and deplorable condition of connectivity (of roads, of telecommunications and of power supply), both within the region as well as with the rest of the country. The region, connected to the rest of India by a narrow stretch of land called the 'Siliguri Corridor' or 'Chicken's Neck', needs infrastructure to support and ensure significant investments and developmental aids.

#### ***Poor road connectivity***

Good road connectivity is of prime importance for development. But the fact remains that the road condition in Tamenglong District is in dilapidated condition. An instance to demonstrate such condition is, road connecting Khongsang and Tamenglong District Headquarters which is a stretch of 39 Km is full of potholes, landslides and mudslides at every few meters causing the road accident prone not to mention the worse condition of road connecting from Tamenglong headquarters to the villages. Thus, owing to bad road condition, plying of vehicles carrying commodities towards Tamenglong District becomes nearly impossible which subsequently leads to skyrocketing of price which is clearly an example of

unfavourable condition for entrepreneurship development. However, the concerned authorities are not keen to improve the road conditions as against the efforts of the government to promote and develop entrepreneurship in the region.

#### ***Lack of communication***

As mentioned above, communication in respect to road connectivity is quite backward and in severely deplorable condition. Other areas of communication such as telecommunication, telegram and post services, and ICT are even worse. In these aspects of communication, the facilities are a distance dream for many of the populace. Only few villages have telephone landline connection and Government post office. All the villages do not have access to broadband or landline Internet facility and cable networks. Though cell phones are nowadays popularly in use, most often than not network are accessible only at some places within the villages. The lack of proper communication and access to media also become a prime factor for the lack of dialogue between the people and the government in development. Information disseminated through media such as newspapers or televisions are not received sufficiently thus the know-hows and initiatives for development especially that of entrepreneurship is hugely deprived among the people.

#### ***Lack of industry***

Tamenglong district in terms of industry is far behind from other parts of the country or the state of Manipur in particular. For example, out of the total 4492 enterprises under MSMEs, Manipur, Tamenglong District accounts for a meagre no. of 234 enterprises among the 9 districts. It is also worth mentioning that there is no medium and large unit enterprise. In all of these enterprises in Tamenglong District only 500 daily workers are employed in small scale industries which is quite a low proportion in terms of employment.

#### ***Poor educational facilities***

It is a well known fact that education is a key to development. But Tamenglong District is severely deprived of proper educational facilities. For example, the District has only 3 secondary and senior secondary schools, 2 colleges and there are no proper vocational training institutes or professional training institutes. Although some of the institutes such as ITI are established in the district, they are not properly functioned or administered. Apart from these, due to unavailability of schools and the topographical characteristics such as difficult terrain the tribal school goers who are in most cases the first generation learners resort to traditional agricultural activities. The occupation based on primitive traditional agricultural activities proves to be low in terms of productiveness. Due to these reasons innovativeness and entrepreneurship development become a far cry for these people.

#### ***Lack of awareness***

Lack of consciousness among the people of various government schemes, initiatives, motivation, propagations, policies and availability of funds hugely inhibits the growth of entrepreneurs. Circumstantially the ability to create an opportunity

with various government schemes and efforts for entrepreneurial development could not be materialised. The subsequent fact is that entrepreneurial zeal and innovativeness are seldom among the people in the region.

***Lack of marketing facilities***

For MSMEs, adequate marketing facilities are inherently significant in order for them to sell their products and services. Due to lack of proper marketing facilities, MSMEs in the region are often ambiguous or rather indecisive of their target markets. Their businesses and marketing strategies are adversely affected due to unavailability of favourable and ample market in their operating environment and the pathetic road connectivity even if they want to go beyond these local markets.

***Absence of financial institutions***

One of the biggest deterrents in entrepreneurship development in Tamenglong District is the unavailability of financial institutions. Various government schemes and loans for encouraging MSMEs are present though, availing and accessibility to such schemes is a big question. Timely disbursement of the fund and providing adequate credit to entrepreneur aspirants is something far from reality. Due to absence of financial institutions, the entrepreneurs have to solely depend on borrowed funds.

People are forced to depend on non-institutional finance, due to lack of adequate help from banks and financial institutions. As per oral reporting, bank officials are hesitant to go to field for review and field visit which is a pre-essential of regulated credit to MSMEs. The vast majority of the monetary help originates from individual or personal savings and the funds are gathered from close acquaintances. One has to have a decent record to acquire monetary help from financial institutions which sadly is not the situation with the people in Tamenglong District. Venture capitalists are rare to be found in the region as they are not interested to set up new ventures in this region.

Another major factor that hinders the development of entrepreneurship in Tamenglong District is the entrenchment of the people in the traditional economic activities and the family pressure to stick to such activities alone. Most often, the youths are not encouraged to venture into business or to start own enterprise owing to two prime reasons - risk factor and the societal pressure.

***Conclusion***

The North Eastern Region particularly, the Tamenglong district has immense opportunities for entrepreneurship development in areas such as Agro-based industries, Bamboo-based industries, horticulture, medicinal plant industries, food processing industries, handicraft sectors, forest based industries and tea based industries. Almost half of the Tamenglong district is covered with forests. The district has abundant natural resources such as bamboo, timber, medicinal plants, variety of fruits (mango, banana, orange, litchi, guava, and many others) and chillies, etc. All these resources found in the district are put only to traditional use. Besides, there are many different species of medical and aromatic plants found in the district.

There is a need to explore and conduct a scientific research in this region. About 76 percent of workforce in the district is engaged in agriculture and allied activities. There is a need to spread awareness on start up entrepreneurship to the cultivator.

Despite the fact that the North East Council (NEC) and Ministry of Micro, Medium and Small Enterprises (MSMEs) have been taking up many initiatives to develop entrepreneurship in the region, the region has largely remained underdeveloped. The challenges such as lack of- infrastructure, proper road connectivity, telecommunication, awareness, financial institutions, educational facilities, etc. are the major concerns for the people living in the region in general and entrepreneurs in particular. More efforts are still required to promote entrepreneurship in the region, particularly in Tamenglong district. In any approach to entrepreneurship development in Tamenglong district, due care has to be given to eradicate the challenges faced by the entrepreneurs. This will mean making successful strides for making of awareness to entrepreneurial opportunities among the youth, building up their insight and ability and raising their level of inspiration for entrepreneurial profession. Likewise, endeavors are additionally required for production of an entrepreneurial domain in the emotionally supportive network and social condition.

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## **Book Review**

Siddiqui, H.Y. (2008). Group Work: Theories and Practices, Jaipur, India: Rawat Publications.

Group Work: Theories and Practices is the first group work text book written by an Indian author. This book is meant for the students, academicians and practitioners in India, Pakistan, Bangladesh and Sri Lanka.

The book contains eleven chapters. The First chapter " Introduction to group work", discusses the historical development of group work, various definitions of group work and explains how the group work practice and its objectives are different in India and other developing countries from the west. It further discusses the current use of group work for children and youth, women, elderly, workers, communities and computer based group work in India. This chapter ends with the conclusion that future of group work is very bright in India as the popularity of self-help groups indicate.

The second chapter deals with social science research on groups. It elaborates on social science attempts to understand, explain and define group and various types of groups. It also describes the social science research findings on the effect of group experience on individuals, Task group for problem solving and how group can be used to bring about change in the system. These are valuable for students and practitioners.

The third chapter focuses on theories which are important for working with groups. The theories covered in this chapter are Psychoanalytic theory, Learning theory, Field theory, systems theory, conflict theory and exchange theory. It also discusses the power dependence relations and human capital and social capital. These aspects are not found in the books written by western authors. One limitation of this chapter is that the coverage of each theory is limited.

The fourth chapter discusses the group processes signifying the major events in the life of group. It explains group dynamics and discusses interaction, communication, cohesiveness, group conflict, structuring, leadership, decision making, norming and group culture, social control and stages of group development.

The fifth chapter deals with the principles of working with groups in a historical perspective to provide an idea of the thinking that went into conceptualizing these principles. It also highlights how the use of groups for treatment purposes is becoming very popular in USA and particularly discusses the principles of group work given by Sharry in his book Solution focused group work. The author has also discussed the generic principles and specific principles of group work.

The sixth chapter deals with the process of working with groups giving a detailed account of the different stages involved. It discusses pre-group planning in detail and provides a format for monitoring the progress of individuals and group, format for recording the happenings in each session and format for feedback from members which will be quite useful for students and practitioners. It also provides specific guidelines of activities in the Indian context.

The seventh chapter highlights group work skills which every practitioner of group work should learn and possess. It discusses skills like communication, Listening, observation and analytical thinking, empathy, self-control and leadership.

The Eighth chapter discusses the techniques of working with groups. It describes techniques like group counseling and provides group counseling model in detail, group discussion, group decision making, role play, programme media and individual sessions. This chapter discusses each technique in detail and simplifies the understanding of each technique which is quite useful for students, academicians and practitioners.

The ninth chapter focuses on group work with children, adolescents and elderly. It discusses the group work with normal children, group work with street and working children and group work with children in the residential institutions. It discusses the entire group work process by giving references of work of other authors in working with children. Under group work with youth section, it discusses the objectives, group work for out of school youth and youth in residential institution. For group work with elderly it discusses the importance of support group, recreational groups and health group in Indian context and it will be quite useful for practitioners of group work in India.

The tenth chapter describes group work with women. It discusses the entire group work process in working with women and particularly it focuses on self-help groups. It also highlights the objectives of group work with women particularly educational, support, livelihood and legal aid. In this chapter some documented examples and case studies of successful self-help groups of women would have made it more interesting.

The eleventh chapter deals with self-Help groups. It discusses the concept of self-help group, use of self-help group, planning these groups and gives example of NABARD project of linking SHGs with banks for credit needs in India. It discusses the entire process of development of self-help groups by giving examples. It also highlights the case study of SHGs done in Karnataka, Tamil Nadu and Andhra Pradesh. It further discusses the case studies of saving and credit groups and its impact on empowerment of women. This chapter also discusses by giving examples of case studies of self-help groups in Bangladesh, Pakistan and Sri Lanka.

Finally this book is an important contribution to Group work, one of the key methods of social work practice by an Indian author. In fact it is the first book on group work written by an Indian author. This book is written keeping in mind

*Book Review*

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Indian context makes it more useful .some of the chapters and sections like group work in India , social science research on groups and assumptions and theories for working with groups are not found in books on group work written by western authors. Some case studies and documented examples of working with groups in sections on children, elderly and women would have made it more interesting. This book will be very useful for students and practitioners of group work in Indian sub-continent and developing countries.

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2. Spellings: Use British spellings in all cases rather than American spellings (hence, 'programme' not 'program', 'labour' not 'labor', and 'centre' not 'center').

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5. Numbers: Write numbers in figures (rather than words) for exact measurements and series of quantities, including percentages. In more general description, numbers below 10 should be spelt out in words. Use thousands, millions, billions, and not lakhs and crores.

In the text use 'per cent'; in tables the symbol '%'. Write '0.8' rather than '.8', except for levels of probability. Use lower-case *Italic* for *p* (probability) and *n* (number). Use fuller forms for numbers and dates - e.g., 1980-88, and pp. 200-202

6. References: References should be embedded in the text in the APA style - for example '(Moon 1994)' or '(Moon 1994: 45)' (Note: Page numbers in the text are necessary only if the cited portion is a direct quote). Citations should be first alphabetical and then chronological-for example, '(Moon 1994; Sandee 1995, 1997; Zander 1993)'. More than one reference of the same date for one author should be cited as '(Moon 1994a, 1994b)'. All in-text citations must be in the list of References (to appear at the end of the article in an alphabetical form).Papers must follow APA referencing style.

