FOURTH WORLD NEWS

May 2012

A few words

It has been a long time since we have shared news from Fourth World Action – almost two years! We apologise for not being able to publish the newsletter regularly. In spite of our long silence, the work at Ekta Niketan continues thanks to continued support. Thank you. Without your help it would not be possible to continue the work we do.

Despite various challenges, Ekta Niketan clinic continues to provide health services and support to poor villagers around. During the last two years the project encountered a few setbacks mainly due to staff changes. Gradually it is now taking shape, that is to say, the villagers are beginning to run the work more independently, with little support from outside. Financially the project continues to depend on Fourth World Action funding, the small investment we make is well worth it. Our little help saves lives, builds confidence, and creates an example to the younger generations. Ekta Niketan remains small, and unlike a typical NGO.

The life of the poor in 'shining' India has actually become harder now than it was thirty years ago when we first started our work. Although mobile phones and motorbikes are now common in the villages, villagers are facing new problems – land is being taken over for mining and industrial purposes, often by force, and villagers are having to migrate to different states in search of work. Amidst the many challenges in rural India, a project like Ekta Niketan is unique and maintaining such a project is not an easy task.

In this newsletter we are not going to directly describe life in rural India and the social and economic challenges that the people there face. However the following sections hope to give you some idea of the situation in India and the nature of the challenges that we need to address for a better future. 'Titua's wife', 'Village TB' and 'Health, Development and Rights' aim to shed light on these issues. We hope you will find this newsletter interesting.

News from Ekta Niketan

Returning to where we started

The original Ekta Niketan clinic, a mud house erected beside the banyan tree in the village of Fatepur, was built in 1985 with the support and participation of the local community. The work continued there successfully for many years. In 1999 however, the health workers running the clinic at that time began to encounter difficulties with some local villagers who demanded free treatment. We offer health care and treatment at a low cost price. As a result the health workers moved to a different location within the same village and continued the work there. We have always intended to move back to the original clinic building where the work first began. Not long ago many villagers started to suggest returning to the house by the banyan tree. At the start of 2011, with the problems among the villagers resolved, the work has been able to return to its original location.

New Health Workers at Ekta Niketan

Ekta Niketan has always been run by, and only by, the villagers themselves. Since we moved back to the original building we employed a new female health worker, Sarita. Sadly she died (see 'Titua's wife'). It was a great loss. From the beginning of 2012 we have introduced Patiadevi to the team. She is proving to be very enthusiastic and reliable. Bagloo, who worked for Ekta Niketan many years ago, is back working with us. He is a great character and an asset, taking care of the accounts. Tikla is now responsible for running the clinic and Tutha is playing a more active

Somra trains Tikla

role at the clinic as well as being responsible for the upkeep of the clinic building. Unfortunately Somra has discontinued due to old age, so has Debima.

Patients at Ekta Niketan

A large proportion of patients at Ekta Niketan come for the treatment of tuberculosis. Although the government TB programme is, in theory, supposed to offer free treatment for all, in practice this is not the case. We have now focused on twenty villages around the health centre, encouraging villagers to come for basic treatment rather than spending a fortune elsewhere for an ineffective injection. Patients, particularly those suffering from TB, continue to come from many miles away, highlighting the lack of widespread healthcare facilities in the area.

We have now successfully organised a reliable supply of medicines at very low cost which the village health workers are starting to order and manage independently. This means that patients have access to treatment at a much lower cost. We are also going to organise more training, particularly for Tikla and Patiadevi. Patiadevi is due to attend a Women's Health training programme near Dhanbad, about 150 kilometres away, in May/June of this year. These improvements in medicine provision and training mean that the work at Ekta Niketan can continue more independently offering better and cheaper healthcare to local communities.

Titua's wife

This short piece is about Sarita, a tall, thin, woman in her mid-30s. Not many in her community knew her as Sarita; she was known as Titua's wife or Ugnamya.

Women in the area, once married, are usually known by the names of the villages they are originally from, alternatively called by the name of their husband; and as soon as they become a mother, they are known by the name of

their eldest living child.

Sarita used to live in Titmoh, about 2 km from the village where Ekta Niketan is based. When she first came to Titmoh she soon became Dugnamya, and later Ugnamya; Dugna is Titua's eldest son from his first marriage. Titua's first wife died most probably from malaria. Sarita gave birth to six children – three boys and three girls. But she lost two - her eldest son died after suffering from a fever over a period of 5 days when he was 10 years old; the girl died at the age of 2.

She was a village midwife serving four villages including Titmoh. This meant that she took care of pregnant women in these villages, delivered babies, and looked after both the mother and baby for one week after birth. She learnt all she knew from her mother-in-law Tituamya i.e. Titua's mother who used to be the local midwife in the area. Tituamya died some years ago; she used to work with us at Ekta Niketan.

Early last year Sarita joined Ekta Niketan. She was very committed to her work and enthusiastic to learn. On clinic days she used to come with her youngest daughter in her lap and helped the work in whatever way she could; the rest of the week she was often in the villages around talking to women about health issues and about Ekta Niketan. We had planned to send Sarita to a centre to gain more knowledge on women's health. She was very excited about it. Unfortunately that did not happen; after a short illness Sarita died in October last year. If proper medical investigations and treatment were available, Sarita, Ugnamya or Titua's wife would not have died so prematurely. And, the world would not have lost a resourceful bright young woman who had a lot more to offer to the society.

TB among the poor

Over the years I have learnt a lot about tuberculosis (TB). In fact it was even before I graduated as a doctor that I became aware of the significance/gravity of TB, suffering from it myself as a student. TB can affect anyone - rich or poor, educated or illiterate. There are however, factors that make one more prone to the disease. The lack

of proper nutrition results in a body that is weaker and less able to resist infective agents. Living and working conditions are also significant factors. I think I contracted the infection by visiting slums to provide medical aid during my student days. There are slums in and around most Indian cities; Calcutta (now Kolkata) being no exception! When I started to practice as a doctor, I learnt that TB was equally common in rural areas. Although there is less pollution from cars and factories, unfortunately the same cannot be said for TB.

When I worked at Ekta Niketan about 30 years ago, more and more villagers, often walking for miles, would come for the treatment of tuberculosis. Although there is no trained doctor there now, TB patients continue to come. Even if living in or close to towns many patients choose to travel the distance to the village of Fatepur to receive treatment and TB medicines from Ekta Niketan's health workers. The treatment offered is known to be effective and cheap.

TB patients are supposed to receive free treatment at government health facilities, however this is not always the case, many TB clinics demand money for medicines. For the last few years, the health workers at Ekta Niketan have been keeping a record of the TB patients' treatment prior to arriving at the centre. The majority of TB patients at Ekta Niketan have had previous treatment elsewhere, whether from government facilities or private doctors. They often come to our clinic because their treatment elsewhere has become unaffordable.

The treatment for TB is now shorter than when I received it, but the drugs are more expensive and can be more toxic. The cost of treatment can be a big problem for the poor villagers, compounded by the risk of being cheated by a 'private' doctor.

Rightly so, TB medicine should be dispensed by trained professionals. But problems arise when there are no trained

professionals available, or that if there are, they are often more concerned with making money. Long before the WHO introduced the treatment of TB through community health workers, the health workers at Ekta Niketan were treating TB to provide a cheap and reliable service that is not always available elsewhere.

Completing the course of treatment for TB is crucial to recovering from the disease. If not, patients can become resistant to the treatment available and can infect others with resistant strains of the bacteria. Ekta Niketan's TB initiative, however small, aims to mitigate the situation caused by the failure of the government to provide free TB treatment in the area or by the private doctors who exhaust the poor patients' pockets within a month of treatment (the full course is normally six to eight months). By successfully treating a single TB patient, Ekta Niketan helps to reduce the spread of resistant TB in the area.

The TB programme at Ekta Niketan does not meet certain requirements set by the government such as the permanent presence of a trained

doctor, and is therefore not able to avail resources from the government's TB programme e.g. joining government training programmes or procuring free medicines. For the time being, therefore, the TB programme at Ekta Niketan will continue to run like a 'private' clinic; patients will continue to come from miles away; we will improve the knowledge and skills of the village health workers for the better diagnosis and treatment of patients; and, we will continue to make efforts to receive resources from the government TB programme so that the poor villagers can have access to free treatment.

[Written by Manan Ganguli]

Memorial service

In May 2010 a memorial gathering was organised in the village of Fatepur to mark the first anniversary of Janet Ganguli's death. Janet's family and the trustees of Fourth World Action, Manan, Sushie, Annie, Huboo and Heather were able to stay in Fatepur to be present at the meeting to celebrate Janet's life and work. It was an occasion for all who knew her to commemorate, remember and celebrate her life.

People began arriving mid-morning, by bicycle, motorbike but mostly on foot from surrounding villages and further afield. There were people of all ages, from little children carrying their baby siblings, to the very old and frail. Some had known Janet when she first arrived; some were too young to have known her at all. Among the people gathered were village elders, health workers, current and former, patients and friends. Choudhary from Madupur and Guaria from Jagdishpur were among many who came from the nearby towns. The steady stream of people continued until 3pm when around 300 had assembled outside the house where Janet had lived and worked.

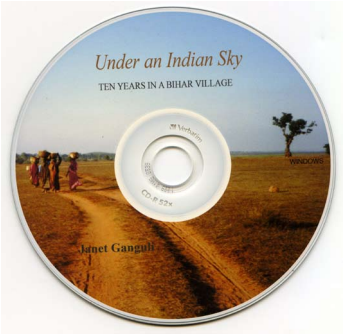
A collection of photos tracing Janet's life in the area were displayed on the outside wall of the house and were studied carefully by those who arrived. Many present recognised themselves and were able to relive happy memories. When the ceremony commenced some were given the chance to share their memories and pay tribute to Janet.

In the prologue to her book, Janet wrote "Through our work together the feeling has grown amongst the villagers over a

wide area that they now have an organisation to help them carry forward their aspirations." The tributes paid to her by a group of the village women proved this to be so, when they said "We would not have been able to stand here and talk in front of so many people if Janet hadn't given us a voice, and the confidence to do so." "She empowered us to take part in decision making for health, wellbeing, and human rights for our people."

As part of the ceremony a memorial, which has been installed in front of the house where Janet lived and worked, was unveiled. The memorial, which was designed with the help of the villagers, shows a tree and an inscription which reads in both English and Hindi: Janet Elizabeth Ganguli. She spent much of her life helping to uplift the people in this area and set up Ekta Niketan. Born: 2 Sept. 1949, Died: 7 May 2009. The memorial now has a structured roof above it and a seating area so that people and patients can sit, wait, relax and meet under the shade. And so the work of Fourth World Action continues, and the memorial provides a special place of remembrance.

'Under an Indian Sky' is now available in CD-rom (both MAC and Windows) as an e-Book.



Please contact us if you would like to have a copy.

Health, Development and Rights in rural Jharkhand - 30 years on

This chapter aims to give readers an idea of the current social issues affecting India, particularly in Jharkhand. In other words, this is not a thoroughly researched paper on the subject. Let me start by identifying a few abbreviations and the names of three individuals that are relevant to the topic, and then I will draw out the connections between them and identify their significance to health, development and rights. I have selected, NREGA (to be precise MGNREGA - MG standing for Mahatma Gandhi), BPL, NRHM, and ASHA. I will also address the significance of the names Jean Dreze, Dr. Binayak Sen and Soni Sori.

Jean Dreze is a naturalised Indian of Belgian origin, renowned development economist and a member of the National Advisory Council of the government of India. Jean Dreze is relevant here because he conceptualised and drafted the first version of the NREGA. In an interview with Tehelka, a weekly magazine published in Delhi, Professor Dreze commented 'I think that the middle class has completely lost track of how poor this country is. We live in a make-believe world that exists only on television and small islands of privilege'. Dreze was commenting in response to the Indian government's ambitious social welfare programmes such as the Food Security Act.

To alleviate poverty, particularly in rural areas and in certain states, during the past seven or eight years the government of India have introduced certain schemes; the abbreviations mentioned above were all introduced during this period. Are these schemes effective enough to alleviate poverty? Will they bring a better future for the population in India? Dreze's comment does not give a very optimistic outlook/evaluation!

As men migrate to different states in search of work, women earn a living by making leafplates and selling in markets.

We all know that the alleviation of poverty is not just making food available to the poor; it is related to a number of factors such as employment, education, health, access to services, equal distribution of resources and ensuring basic rights for all. As for the latter, particularly for the poor, the lower castes and indigenous peoples - the situation in India is worrying. In that sense, poverty alleviation in India is not improving. I will mention about Dr Binayak Sen and Soni Sori in this context.

In terms of employment for all, the National Rural Employment Guarantee Act, in short NREGA, which was introduced in August 2005, should ensure 100 days of wage-employment within a financial year to a household whose adult members are prepared to do unskilled manual work. The minimum wage has been set to a reasonable amount and the scheme is geared to rural developmental activities such as road, irrigation, check dams to control land degradation, tree plantation and so forth. A worthy initiative indeed. However, the impact of NREGA on the life of the poor in rural India is negligible. This has been my understanding

after talking to villagers in Jharkhand. The power still lies in the hands of a small section of society and corruption and the disregard of basic human rights mean that the poor remain poor and do not necessarily benefit from these government schemes. And those who have stood up for the poor and spoken out against the corruption and inefficacy of NREGA have been subjected to harassment or have been charged under false cases. Some have even been killed.

What about BPL? This scheme, also established mid-2000s, aims to identify poor households who are eligible to receive a card if they fulfil the criteria of being Below Poverty Line. The special card entitles the holder to receive essential commodities at a subsidised price or even hospital care free of cost. Indeed another good initiative, and the Indian government has put aside 7.98

billion USD of its 2010-11 budget for this very purpose. However, critics say that the scheme does not truly reach the poor as a large proportion of this money is lost on the way and benefits corrupt officials, politicians or contractors. Recently we sent a villager to a hospital near Calcutta (now Kolkata) as he needed surgery. The hospital offers good care at low cost - a unique establishment set up by a few individuals. His treatment was to be free of charge because he carried a BPL card. The patient was genuinely poor – as are most around Ekta Niketan. Unfortunately he found that his BPL card had expired and needed renewing. He faced the decision to renew his BPL card in order to receive the treatment for free or to pay the hospital fee. The villager explained that he knew the cost of renewing the card would be more expensive than the fee so he opted for the latter. It should not cost to receive or renew the BPL card, thus illustrating the difficulties that the poor villagers face at the hands of corrupt officials.

NRHM, the National Rural Health Mission, was also launched in 2005 as a seven-year programme to improve health care services in rural areas in India. The scheme focuses on eighteen of the poorest states that do not have adequate health care provision in villages. Jharkhand, where Ekta Niketan operates, is part of the scheme; so is Chhattisgarh. Both Jharkhand and Chhattisgarh were created in November 2000 out of the states of Bihar and Madhya Pradesh respectively, to improve administration and services to the populations - the majority of the population in these two states are indigenous/tribals who lack basic services. Both Jharkhand and Chhattisgarh are rich in mineral resources.

The formation of new states and administration generated excitement among tribal leaders and a flicker of hope grew among the poor, but unfortunately it did not last long. ASHA, meaning hope in Hindi, became the frontline workers of the NRHM; ASHA stands for Accredited Social Health Activist. These village women health workers are trained to improve maternal and child health, and dispense medicines for tuberculosis. Indeed this is another good concept aiming to stop women and children

dying so unnecessarily from treatable illnesses. But again in practice, the reality is different. As a result, patients come to Ekta Niketan from miles away for tuberculosis medicines or with simple treatable infections like scabies.

Dr. Binayak Sen and his wife Ilina together started a health project in a remote corner of Chhattisgarh addressing tuberculosis, malaria and women's health issues – similar to Ekta Niketan in many ways. Last year they were forced to close down the project. The reason is not because the NRHM and its ASHA in Chhattisgarh are running so effectively that there is no longer a need for the project! In November 2009 Fourth World News wrote a short piece 'Health, Human Rights and Dr Binayak Sen' – It was at a time when Binayak had been released on bail from prison; in December 2010 he was again imprisoned on false sedition charges for raising his voice against land grabbing for mining, atrocities and the lack of basic rights of the population in rural Chhattisgarh. Sadly the difficult situation faced by Binayak obliged him to shut down the clinic he had founded, Rupantar.

Now we have looked at the relevance of all of the abbreviations except SONI. Soni Sori is an indigenous woman, a school teacher and mother of three young children. She was arrested in October 2011, tortured and sexually abused in police custody in Dantewada of Chhattisgarh in India. She has been falsely accused of being a Maoist (much like the case against Binayak) for refusing to collude with the police. You will find more about Soni Sori at 'India Shining!' and 'Soni Sori' at www.smallsimple.co.uk or visit www.sonisori.wordpress.com.

[Written by Manan Ganguli]

Fundraising

Curry for a charity!

In order to raise funds for Ekta Niketan a take away curry night was organised by Fourth World Action. People local to the village of Bourn placed their orders (out of 14 dishes) and collected their curry which was home cooked by Manan Ganguli and his assistants on 4th Septmeber 2010. We raised £638.21! Here is one of the recipes from the night.

DHAL

To cook dhal you need:

Red lentils - 1 cup
Onion – 1 medium size
Garlic – 1 clove
Lemon juice – ½ a lemon
Cooking Oil – about 2 table spoons
Salt – 1 tsp

Spices
Tumeric powder – about ¼ tsp
Cumin powder – about ¼ tsp
Coriander powder – about ¼ tsp

How to cook
Step 1: Wash the lentils 2-3 times; add water 4 times the amount of the lentils; boil until soft and yellowish in colour.
Step 2: Chop onion and garlic into fine pieces.
Step 3: Heat up oil in a frying pan; add chopped onion and fry for 2-3 minutes (do not fry too long); add chopped garlic and fry 2-3 minutes; then add the spices (Tumeric first) and salt; squeeze lemon on the salt and spices, then stir with a wooden spatula; continue frying on low heat until a 'spicy' smell comes from the pan; add to the boiled lentils.
Step 4: Add salt and lemon to taste.
Step 5: Eat with rice.

A Story of Small Birds

The story, mostly pictures, depicts the condition of people in the state of Jharkhand in India. The small birds represent the people in that poor area; the vulture, crow and fork-tail birds represent the corrupt officials in the government. This short story was originally written in simple Hindi for the children of a village in India.

Available in CD-rom (both MAC and Windows) as an e-Book.

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Within the Third World, there exist two worlds: that of the affluent and the rich, and that of the poor.

We use the term 'Fourth World' to describe the world of the poor.