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**80**

**EMPOWERMENT OF  
GRASSROOTS LEADERSHIP  
IN HEALTH AND POPULATION:  
A TRAINING EXPERIMENT IN  
KARNATAKA**

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• The Institute for Social and Economic Change,  
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# EMPOWERMENT OF GRASSROOTS LEADERSHIP IN HEALTH AND POPULATION: A TRAINING EXPERIMENT IN KARNATAKA\*

T V Sekher\*\*

## **Abstract**

*To empower the Gram Panchayat members on issues related to population and health, a pilot training project was carried out by ISEC in 1998 in one district of Karnataka state using locally available resource persons, and with the help of modules and video documentary. The training methodology developed in this project is found to be appropriate, participatory and less time-consuming. A post-training evaluation revealed that the training contributed significantly not only towards enhancing the level of awareness and self-confidence of local leaders, but also towards improving their performance with regard to the provision of basic health facilities.*

## **Introduction**

In recent times, much emphasis is being placed on devolution of authority to the grass-roots level elected bodies for local self-governance as these have been accepted as the micro-level instruments of change and social development. This decentralisation of governance was encoded within the Indian set-up under the 73rd Constitution Amendment Act which decentralises rural governance. As part of this decentralisation process, Panchayats have been constituted at the district, intermediary/block and village levels. At the district level there is the zilla Panchayat; at the block level there is the Panchayat Samiti, and at

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the Village level the Gram Panchayat. Members at all the three levels are directly elected. The institution of Panchayati Raj, in its rejuvenated form following the 73rd Amendment Act, seeks to realise the goal of people-centred governance in order to accelerate socio-economic development and bring about equity and social justice. The re-emergence of Panchayati Raj Institutions (PRIs) in India is, thus, an organised response to compulsions and preferences of locals in rural society.

## **Need for Training**

Panchayat elections are regular and there are around three million elected members in Panchayats (Rural Self-Governments) and Nagarpalikas (Urban Municipal Bodies) in India. Among them, one-third of the elected members are women and another one-third belong to the weaker sections. Most of these members would be taking up the role of decision-makers for the first time and they need to be educated, motivated and trained about their rights and responsibilities. Considering the wide divergences and the element of heterogeneity in their social, economic and educational backgrounds, it may turn out to be a difficult task. The policy of reservation has provided a unique opportunity for the weaker sections, particularly women, for political participation and decision-making in the local governance process. Given the relatively lower educational qualifications of members, lack of any kind of exposure outside (overwhelming majority of the women members are housewives and belong to deprived communities), and their lack of political experience, their participation in the PRI system of local governance and their ability to discharge their responsibilities are not very effective. Therefore, in order to make decentralised democratic planning effective and functional, it is imperative to empower these grass-roots level leaders through motivation and education. Thus, there is a need to train these local leaders in fulfilling their new roles and responsibilities.

The devolution of authority has placed a great responsibility on the panchayats as planning, prioritising or implementing the social development programmes call for a certain level of expertise and skills, which the new members may not possess. On the other hand, the task of training and reorienting the large number of panchayat members may require innovative approaches to be able to reach all of them.

In 1993, the Government of India appointed an expert group, under the chairmanship of Dr M S Swaminathan, to draft a national population policy. It suggested a paradigm shift and conceptualised population policies within the context of overall social and economic development, with greater devolution of authority and responsibilities to the panchayats. The expert group pointed out that development strategies must address the totality of the way people live, work and think. People must have a central role in deciding how they live. Population policies should therefore be viewed in the broader context of social development. The Expert Group suggested that it is necessary to adopt the principle of 'think, plan and act locally and support nationally'. The new National Population Policy (2000) reiterates the crucial role of panchayats in planning and implementation of health and family welfare programmes.

The planning tool recommended by the Expert Group for grass-roots level social development is a Socio-Demographic Charter (SDC) to be used at the village, town or city level, which helps the elected members of local governments to prioritise their unmet minimum needs and develop a feasible strategy to meet the needs within a stipulated time. The local-level socio-demographic charter was to be based on a 'Pro-nature, Pro-poor, Pro-women and Pro-democratic choice' orientation to developmental planning. The major aim of the socio-demographic charter is to assist local communities to develop an action plan that will help to achieve a continuous improvement in the quality of life, while living within the carrying capacity of the supporting eco-systems (MSSRF, 1997). The Group also felt that particular attention should be provided to the unmet minimum needs in the areas of primary education, primary health care, reproductive health, environmental hygiene, safe drinking water and household nutrition security.

In India, there exist significant inequities between states and regions with regard to health care facilities. To overcome these imbalances, the Government of India has established national health norms and directly funds many health and family welfare programmes. Despite the existence of an extensive rural health infrastructure, the vast majority of the rural population in India have no access to basic health care facilities. In this context, decentralised planning assumes importance in addressing issues

like regional disparities in health care facilities (World Bank, 1993). Health care cannot be achieved only through the Department of Medical Service. Experiences all over the world suggest that one pre-condition for enhancing health status is community participation. This, to a great extent, can be ensured through the active involvement of locally elected leaders in health programmes. The involvement of Panchayati Raj Institutions in implementation and management of health services (see Appendix - A) would facilitate focussed attention on vulnerable social groups, more emphasis on preventive measures and the programmes can be reoriented to meet specific local needs. Any meaningful involvement of grass-roots level leaders can only be possible by creating health awareness and imparting training on their duties and responsibilities in the provision of primary health care for the communities.

The ICSSR / ICMR report of 1981 categorically states that the overall improvement in health conditions is possible only under the Panchayati Raj Institutions. This would rightly return the health and illness care to the people to whom it rightly belongs. Based on Karnataka's experience in the '80s, it was observed that an overall improvement in mobilising local resources for strengthening the health infrastructure and greater accountability of health workers under the decentralised set-up (Satish Chandran, 1993). By analysing the decentralised health planning in two districts, Murthy (1998) argued that even within the existing administrative structures, the district health planning can be made meaningful by focussing on the implementation constraints of service delivery and meeting client needs. Women and children comprise over 70 per cent of our population and the problems of health and nutrition primarily affect this segment of society. In fact, most of the health problems can be solved at the local level by imparting health education and provision of primary health care, at a relatively low cost which people can afford (Antia and Bhatia, 1993). The major pillars of health care are education, water supply, sanitation, hygiene, environment and availability of nutritious food. There is, therefore, a need to develop an integrated action plan at the local level on health, nutrition, hygiene, environment and education with sensitivity to gender and population issues. Accordingly, the elected members have to be trained so as to promote their participation in the process of social development. This training will help the elected members to prepare a socio-demographic

charter for their villages, like the Five Year Plan at the central and state levels. This charter will help the elected members of local bodies to prioritise their unmet minimum needs and develop a feasible strategy for meeting them within a stipulated time frame.

Considering these factors, a need was felt to evolve suitable strategies and methodologies for training of the panchayat members, including development of training materials. Reportedly, all the state governments have set up training institutes for panchayat members. Presumably, their number, capacity to handle a large group, training content, methodologies and professional competence would be inadequate to undertake such a task. Training institutions under the Government generally got bureaucratised, whereas the need would be to be innovative and flexible. Moreover, the number of panchayat members in every state would be far greater than any network of training institutions in any state can effectively handle. In a situation like this, where we have to train a large number of elected representatives in each district (preferably during the first three months of their tenure), the government alone cannot handle this task. It is, therefore, imperative to look for more effective, acceptable, participatory and less time consuming training methodologies at the grass-roots level.

## **Project Design and Methodology**

Considering the above-mentioned factors and the necessity to train grass-roots level leaders, there is an urgent need to evolve suitable strategies and methodologies for training Gram Panchayat members. It may be pertinent to mention at this stage that the primary focus of the training programmes has to be on empowerment of the Panchayati Raj Institutions, to enable them to perform their role effectively rather than on training of the individuals. Besides, the methods of training need to ensure long-term sustainability of the programme which can be achieved with an effective follow-up and evaluation system. But, more specifically, there is an urgent need to inform, train and motivate the members of panchayats on issues related to female literacy, public health, water supply, sanitation, nutrition, family planning, women's status, resource management for rational utilisation, preservation of natural resources and generation of resources (MSSRF, 1997).

In this context, the Population Foundation of India, New Delhi, requested the Institute for Social and Economic Change (ISEC), Bangalore, to undertake a pilot training project for Gram Panchayat members in one district of Karnataka.

## **Objectives of the Project**

- To train the Gram Panchayat members on issues related to reproductive health, family planning, population and environment, nutrition, hygiene and sanitation, education and gender equity.
- To demonstrate the efficacy of the methodology of training Panchayat members through training a number of local-level volunteers by a non-governmental organization with the support and guidance of a major consulting organisation.
- To develop training materials like modules and video documentaries, appropriate for panchayat members/local leaders, which can be used elsewhere.

**Methodology.** In order to reach the Gram Panchayat members effectively, a new training methodology was evolved in this pilot project. As a first step, a consulting organisation (ISEC) at the state level was identified. This organisation then identified a prominent NGO from the selected district. ISEC prepared the training materials (modules, video documentary and charts) in the local language. Each module depicts the existing situation, the schemes/programmes available and the roles and responsibilities of the elected members. The video documentary also portrays similar contents effectively. Then an orientation programme was conducted by ISEC for the NGO staff on the implementation of the training programme. The NGO then selects the local volunteers (resource persons) who will conduct the training of panchayat members in their own villages. They were given orientation at the taluk level. Then, under the supervision of the NGO staff, these local volunteers conduct the training in each Gram Panchayat area. A mid-term evaluation was carried out by ISEC to identify the problems and constraints; necessary modifications were suggested. A final evaluation was carried out by ISEC after the completion of training, to examine the efficacy of the training methodology and training materials, which was then discussed at a state-level workshop.



Even though this broad methodology was developed, it was felt that appropriate modifications can be incorporated based on the field situations in each area to accomplish the stated objectives. This methodology has the following inherent advantages:

- It would ensure training of all the Panchayat members in their own village situation which, in a way, means empowerment of the Panchayat Raj Institutions.
- A cadre of trained resource persons (local volunteers) would be available for continuous interactions.
- It would help to upgrade the capabilities of the NGO to undertake similar training programmes on other responsibilities of the Panchayati Raj Institutions.
- It would help to leave behind a group of trained resource persons who can always be depended upon by the Panchayats, even when the project is withdrawn from the area.
- All the Panchayat members in a district can be trained in three or four months, adopting this methodology.
- The training programme will help to build confidence, courage and capabilities for participatory decision-making, and also positively influence the attitudes and perceptions of the elected leaders at the grass-roots level.

As a first step, ISEC identified one district to carry out this training project. Chitradurga district was selected after consultation with officials and others. This district can be considered as a typical Karnataka district in terms of many socio-economic and demographic indicators. It is located in the central part of the state and lies in between the old Mysore and Northern Karnataka regions. The district has a higher concentration of Scheduled Caste and Scheduled Tribe population. The district comprises ten town/urban agglomerations and 1,266 inhabited villages, with a total population of 2,180,443 as per the 1991 census (later the district was bifurcated in 1997 - Chitradurga and Davangere). It was decided to carry out the project in four out of the six taluks of the present Chitradurga district - Holalkere, Challakere, Chitradurga and Hosadurga.

As per the training methodology of the project, the training programme for panchayat members should be carried out by a lead voluntary organisation working in the district. This has many advantages. In general, NGOs work and live closely with the people and they are able to perceive and internalise the felt needs, interests and attitudes of the people. Based on the experience, innovations and flexibility, NGOs can evolve an appropriate training methodology as well as ensure the participation of all concerned. Their expertise in conducting training programmes and their familiarity with local conditions, are the positive aspects of this type of methodology.

Accordingly, MYRADA, a prominent voluntary organisation was approached and they expressed their willingness to collaborate with ISEC. MYRADA was started in 1968 and during 1968 -78, it was involved with the government in resettling 15,000 Tibetan refugees in the state of Karnataka. From 1978 onwards they have been involved in various rural development programmes in the backward districts of Karnataka, Andhra Pradesh and Tamil Nadu. MYRADA has also been providing regular training and exposure visits in participatory methodologies, formation of self-help groups and local area development. It is working directly with about 75,000 families. In Chitradurga district, MYRADA has been involved in various developmental programmes for the last two decades. MYRADA took the responsibility of training Gram Panchayat members and volunteers in three taluks. Another local voluntary organisation, GRAMA, under the guidance of MYRADA, carried out the training programme in one taluk. GRAMA started in 1989, is mainly involved in forming self-help groups in backward villages of the two taluks of Chitradurga district.

## **Preparation of Training Materials**

It was the responsibility of the Consulting Organisation (ISEC) to develop appropriate training materials for Gram Panchayat members. The training materials developed include modules and video documentary. A booklet consisting of eight modules was developed for distribution amongst panchayat members and local volunteers. The topics covered are primary health care, reproductive health, population and family welfare, nutrition, hygiene and sanitation, education, environment and gender issues. Preparation of these modules involved a lot of

thinking, consultation, group discussion, collection of information and data from various sources, illustrations and editing. Each module contains the problems, the solutions and also the programmes/ schemes implemented by the government. The responsibilities of elected members to address various social and health issues were emphasised in the modules. The draft modules were thoroughly discussed during the orientation programme for NGO staff. Their suggestions as well as the opinions of the experts from the medical, government and voluntary sector were considered while finalising the modules. Sufficient number of booklets containing the eight modules were printed in the local language, Kannada.

A video documentary was also prepared highlighting the issues and problems raised in the eight modules. The film depicted the conditions in rural areas and explained the ongoing government programmes in the related topics. Appropriate posters for use during training were also collected from various agencies, including the government.

***Orientation Programme for NGO Staff.*** ISEC organised an Orientation Workshop for the Master Trainers at Bangalore. Twelve Master Trainers belonging to MYRADA and GRAMA working in Chitradurga district participated in the Orientation Programme. They were informed about the evolution of Panchayati Raj System, the present decentralisation set up in Karnataka (Government of Karnataka, 1997 and 1998) and the issues and problems with regard to health and social development. Sufficient orientation was given to them so as to equip them to undertake the task of organising the training for local volunteers and supervising the training of panchayat members. Apart from the ISEC faculty, NGO functionaries, administrators, and experts from different fields were invited as resource persons during this Workshop. The contents of the training modules and video documentary were thoroughly discussed and the suggestions given by the participants were incorporated before finalising them. Later, the required number of training module, video films and posters were handed over to the implementing agency (MYRADA) for their use in Chitradurga district. Once the training material was ready and the Orientation Workshop was completed, all activities were shifted to the Chitradurga district.

## **Training of Trainers (TOT)**

Resource persons (local volunteers) are the most important link persons in this training programme. The success or failure of this type of a training programme depends on their ability, involvement, leadership skills, communication capacity and above all, their willingness to work and help others. So the selection of resource persons is a very crucial aspect of this pilot project. The volunteers were identified and recruited from the selected taluks, which ensures that they are familiar with the local situations. The criteria adopted for selecting volunteers included their willingness, educational background, capability to organise and undertake training and familiarity with the local conditions. They should have excellent skills in communicating to and organising local people. Retired and experienced persons were given some preference, wherever they are available. Young and energetic rural youths who are interested and volunteered to undertake this task, form a major chunk of our resource persons. They have the time and capability for transferring knowledge and skills.

Four-days residential training programmes were organised in each taluk to provide orientation to the participants, not only in the selected topics, but also in the organisational and methodological aspects of training.

The methodology adopted for training resource persons included classroom session, group discussion, brainstorming, audio, video, posters and charts, special guest lectures, role play, experience sharing and mock training sessions. Pre- and post-training evaluation were conducted to gauge the capabilities and awareness of the volunteers and the effect of the TOT. It was found that after the TOT, the volunteers were sufficiently equipped to carry out the prescribed task of training GP members by using the materials prepared. TOT was useful to motivate these resource persons to carry out the training on a voluntary basis with commitment and conviction.

In all, 74 volunteers were trained and among them 16 were women. About 80 per cent of the volunteers were Graduates (Appendix - B). During this project they played different roles as trainer, organizer, counsellor, facilitator and guide to panchayat members. Many felt that the TOT was useful not only in training panchayat members but also for their own personality

development. This training programme has made them more sensitive towards others' needs and expectations. Before the TOT, some of them were not very confident about carrying out the task - organising the training programme for panchayat members. But after TOT, they gained confidence and skills to become successful trainers.

## **Training of Gram Panchayat Members**

One aim of this training was to develop the cognitive, emotional and behavioural aspects of the panchayat members' personalities by making them aware of their potentials and strengthening their ability to work for their community. To facilitate behavioural, attitudinal and perceptual changes in elected leaders, it was necessary to develop their skills in such areas as communication, group dynamics, problem solving and conflict resolution, planning and monitoring. The training programme needs to be empowerment-oriented, providing the trainees enough space to develop self-confidence and facilitating their participation in the decision-making process. The training should result in boosting the self-image and self-esteem, and the ability to listen, articulate, communicate, respond and comprehend (SEARCH, 1996).

Apart from empowering these grass-roots level leaders on the panchayati raj set-up, it is important to orient them on rural health care. The Alma-Ata Declaration on Primary Health care recognised that the role of information and education is not restricted to bringing about 'desirable' changes in people's health behaviour. Health education should develop consciousness about not only healthcare activities but also overall improvement in living standards. The role of health education is to initiate a positive change towards the betterment of health of our people, irrespective of their socio-economic and cultural status. We should also keep in mind that health is not an isolated concept but is determined by the surrounding socio-economic and political milieu.

The volunteers were given the responsibility of organising and conducting programmes in their respective areas. The volunteers were responsible for making the necessary arrangements, conveying the training dates to panchayat members, distributing the modules, showing the video documentary and ensuring food arrangements during training.

The training was a continuous four-day programme, supervised by MYRADA staff and monitored by ISEC. All the 138 gram panchayats were covered between April and June 1998, and 81 per cent of panchayat members were trained under this pilot project (Appendix - C). Most of the members actively participated in the training programme. They expressed their opinions freely and frankly and also were very keen to discuss about problems faced by their people. Some of them, particularly women, were nervous and shy at the beginning of the training, but gradually developed the courage and confidence to express their views and impressions.

As a follow-up for the training, cluster-level (Hobli) meets of panchayats were organised in July - August 1998. The purpose was to get feedback from the panchayat members about the training and also to clarify their doubts, and apprise them of the latest government schemes and programmes. This also provided an opportunity for members belonging to two to three Gram Panchayats to come together and interact. This was also a rare opportunity for the district/taluk level officials (who were invited to attend the cluster meetings) and the elected members to meet each other and discuss their problems and difficulties. During the meet, the members shared their experiences regarding training, and designed action plans for their respective villages.

## **Evaluation of Training Programme**

After the completion of the training, the next step was to evaluate the effectiveness of the training methodology and impact of training. The main objectives of the end-of-project evaluation are:

- To assess the efficacy of the strategy adopted for the project (which was different from the training of panchayat members being implemented in different parts of the country).
- To assess the effectiveness of the training modules and video documentary in creating awareness and motivation and developing skills.
- To assess the performance of local volunteers (resource persons).

- To assess the Panchayat members' views about the training programme and its effectiveness.
- To identify the strengths and weaknesses of the project and lessons learnt.

It was felt that the insights drawn from the evaluation exercise would provide useful inputs for formulating training programmes in future and its successful replication elsewhere. As the consulting organisation for the project, ISEC took the responsibility of conducting the evaluation. For the purpose of evaluation, information was gathered from the trained Panchayat members, Gram Panchayat (GP) Officials, local volunteers, NGO staff, government officials and others. Information was collected from 147 trained GP members and 50 local volunteers in September-October 1998. Based on this evaluation, an attempt was made to identify the strengths and weaknesses of this project and make necessary recommendations for extending the training programme in other districts (for details, see Sekher and Rayappa, 1998).

The evaluation of the effectiveness of the training programme was studied on the basis of three important factors - attitudinal changes, behavioural changes and performance changes of local volunteers (resource persons) and trained gram panchayat members.

**(a) Local Volunteers.** The project was able to create a pool of trained volunteers who are willing to help the panchayat members and are available in local areas. These volunteers were able to acquire the requisite training and organising skills and most of them expressed happiness about their performance in training the local leaders. In this case, a good number of the volunteers had some previous experience and this helped them to undertake the prescribed task in a relatively easy manner. It was found that their knowledge and awareness of the Panchayati Raj set-up and health issues has improved tremendously. In some villages, they have initiated changes, together with the panchayats, for development of the villages. They were constantly in touch with the panchayat members in their areas and were also invited to participate in many functions. One local volunteer stated that this training experience helped him to understand the needs and strengths of elected leaders, particularly women members.

It was an interesting experience for many young volunteers to take classes for very senior persons and convince them on many issues. They stated that the modules were very helpful in explaining many health problems. During the training, they also made use of local examples, folk songs, etc. Many volunteers were apprehensive about the ability of local leaders to grasp and understand health issues. To their surprise, they learned that many panchayat members had a good understanding of health problems and actively participated in discussions. In one village, one young panchayat member voluntarily offered to take the classes on education and environment. Earlier he was involved in the total literacy campaign in his taluk. Now the majority of the local volunteers are confident of handling similar training programmes for Taluk and Zilla (district) Panchayat members. Surely, this is an indication that they have gained confidence and that their services would be available in future.

**(b) Panchayat Members.** Nearly 81 per cent of the Panchayat members attended the first round of the training programme, while 56 per cent attended the Hobli-level meets. All literate members have read the training modules and found them useful and interesting. Some of the Panchayat members have already started using the knowledge gained through training. The panchayat members felt that the training programme would help them to address health and related issues while planning developmental programmes for their villages.

This training undoubtedly had some impact on the attitudinal and behavioural pattern of elected members. It was really a learning experience since this was the first training for the majority of them. They acquired knowledge on various health issues and developmental schemes, irrespective of their educational and occupational backgrounds. Many expressed the opinion that this kind of training at the beginning of their tenure would have been much more useful. Apart from health and other developmental issues, they were very particular about getting training on the concept and functioning of the Panchayati Raj system and the roles and responsibilities of elected members in preparing plans for providing primary health care, drinking water and sanitation in their areas.

Evaluation carried out after the training indicates that awareness regarding the functioning of Gram Panchayats and



responsibilities of elected members has increased significantly. Some of the panchayat members have started putting their newly acquired knowledge into practice. Some of the success stories are mentioned below:

- The Karnataka Government has a scheme called 'Nirmala Karnataka', under which free latrines are provided to the needy. Most of the Panchayat members did not know about this scheme and came to know about it during the training programme.

In the village of Sanehally in Hosadurga taluk, the panchayat members approached the Block Development Officer (BDO), who in turn sanctioned the construction of 100 toilets. The Panchayat members motivated the villagers to provide labour, while the government provided the latrines.

- During the training programme, the Panchayat members learnt that oral rehydration salt (ORS) packets could be acquired and stored by them for distribution. Several members have collected ORS packets from the health centres and have started distributing them to their community members.
- The Panchayat members have become aware of the fact that Auxiliary Nurse-Midwives (ANMs) are supposed to visit each village regularly. In case the ANMs do not visit the villages, the Panchayat members have started sending complaints to Medical Officers of the Primary Health Centres (PHCs). They have also started monitoring the functioning of the Anganwadi Centres (ICDS).
- The Karnataka Government has a *Dai* Training Programme. The Panchayat members have started motivating the untrained *dais* in their villages to undergo the training at the PHCs.
- The training had a positive impact on attendance in schools, especially girl children. Panchayat members are also monitoring the attendance of teachers in schools.

**Perceptions of Women Members.** Women panchayat members expressed more interest and willingness to participate in the training. They were very particular about attending the training for all the four days, including watching video. Many of

them felt that in the process of employment generation and development issues, most of the health problems of women and children are neglected. After the training, they started visiting Anganwadi Centres more frequently and also asked the Health Worker to visit their villages regularly. Many argued for regular health education classes for women in their villages. During the training, a number of practices related to superstitions and beliefs about health behaviour were discussed. In rural areas, it is a well-known fact that women and children are the main victims of lack of food, nutrition and health care. During the course of training, many women members realised that in most cases, the health needs of women get neglected and are attended to only when it becomes a crisis.

In general, the training helped the women members in more than one way. It increased their awareness and participation, brought a change in the attitude and thought process, enhanced self-confidence and self-esteem, and exposed them to group discussions.

**Training Materials.** In this programme, training modules, video documentaries and posters were used for training. The majority of the Panchayat members felt that the modules were very useful and informative. However, during evaluation, they offered many suggestions to improve the module. One suggestion was to include the chapter on Gram Panchayat set-up to explain the roles and responsibilities of elected members. They also suggested inclusion of a detailed description of all ongoing government programmes (both state and central) in the modules.

The video documentary was found to be an effective medium of communication. In many places, it was shown to the entire village. But the power failures created some problems in some areas. Interestingly, local cable operators also expressed keen interest in showing this documentary through their cable networks in many places and this was a very encouraging development.

### **Advantages of this Methodology**

Even though there were few operational difficulties during the implementation of this training programme, the methodology evolved is found to be more effective and acceptable to Gram Panchayat members. The training arranged in their own villages

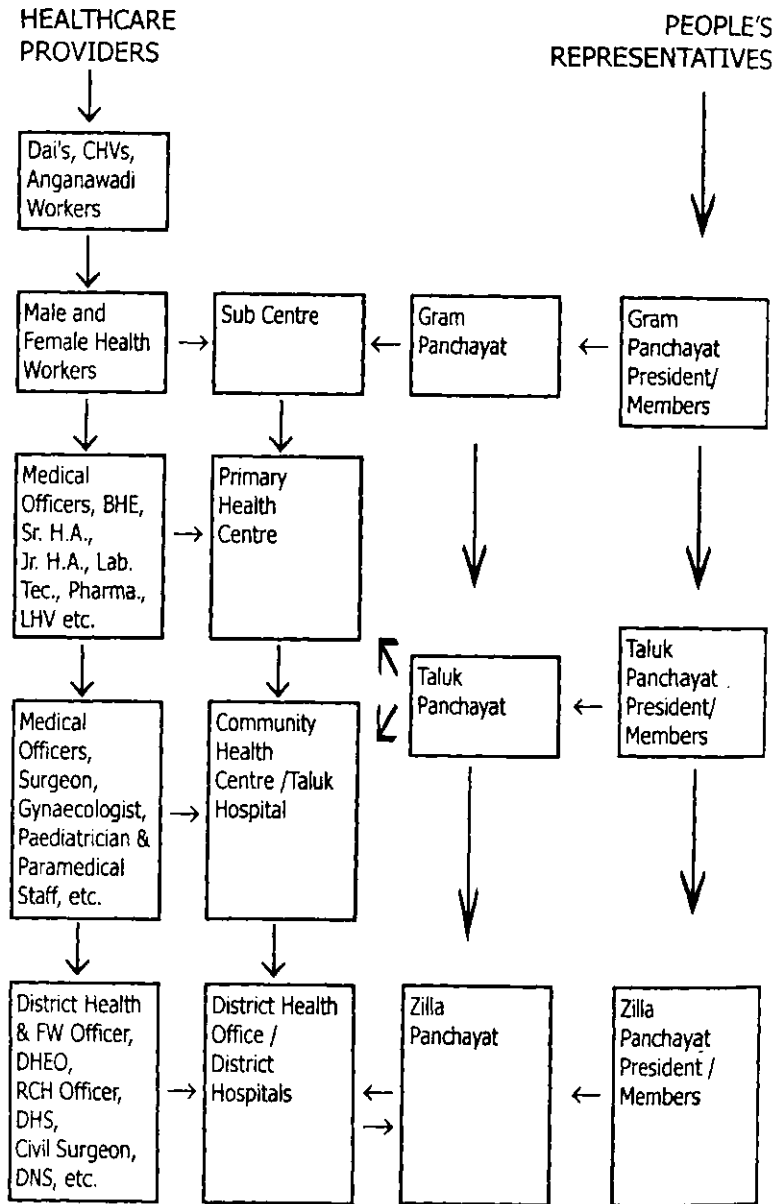
facilitated their participation in a big way. The training was done in a most informal atmosphere which also generated lot of discussions. The training modules and video documentary were prepared in simple language and with pictorial presentations. As a result, it was observed that the contents and the messages were grasped without much difficulty.

However, it is essential to actively involve the government officials in this programme. The staff of the Primary Health Centre (PHC) can extend support to the local NGO to undertake this task. The Block Development Officers can get the Gram Sevikas to extend support to the Gram Panchayats and local volunteers during the training programme. Panchayat members should be trained immediately after they are elected into office and refresher training should be organised every year. This will facilitate their using the acquired knowledge and skills for the maximum possible time. An alternative training methodology may have to be designed for illiterate panchayat members, for whom the modules are of no use.

The local volunteers who imparted the training were from the same area and their familiarity with the local situations gave an added advantage to the training exercise and ensured that their services would also be available to the elected members any time in future. The involvement of voluntary organisations ensured better participation and innovativeness for the training programme, apart from bringing a convergence of expertise and skills of government and non-governmental sectors for better and more effective training at the grass-roots level. With this methodology, the training can be done simultaneously in many places and can be completed within a short period. The state government may take up this methodology, after making the necessary adaptations, while planning their future training programmes. Given the available infrastructure and other resources with the government, this methodology may be more effective, acceptable and less time consuming (as training takes place simultaneously in the various villages/clusters). In a situation like ours, where we have to train large number of elected representatives in each district (preferably during the first three months of their tenure), the government alone cannot handle this task. It is, therefore, imperative to look for more effective, acceptable and participatory training methodologies at the grass-roots level. This pilot training project in Chitradurga is an innovative effort in that direction.

## APPENDIX - A

### Linkages Between Panchayati Raj and Health Care Delivery System (District Level); Karnataka



## APPENDIX - B

### 1: VOLUNTEERS (RESOURCE PERSONS) INVOLVED IN THE TRAINING PROGRAMME

TALUK	MEN	WOMEN	TOTAL
CHALLAKERE	18	3	21
HOSADURGA	6	3	9
HOLALKERE	19	1	20
CHITRADURGA	15	9	24
TOTAL	58	16	74

### 2: EDUCATIONAL BACKGROUND OF VOLUNTEERS

Educational level	Number	Percentage
SSLC	6	8.10
Pre - University	8	10.82
Graduation	22	29.73
Post - Graduation	38	51.35
TOTAL	74	100.00

### 3: OCCUPATIONAL STATUS OF VOLUNTEERS

Occupation	Number	Percentage
Unemployed	10	13.51
School Teacher	15	20.27
College Lecturer	20	27.03
Cultivator	08	10.81
Retd. Employee	05	6.76
Self - employed	05	6.76
Social worker	08	10.81
Housewife	03	4.05
TOTAL	74	100.00

### APPENDIX - C

#### 1 : GRAM PANCHAYAT MEMBERS TRAINING PROGRAMME

Name of the Taluk	No. of G.P. Covered	Total Members	Members Attended	Percentage
Challakerre	39	556	530	95.32
Hosadurga	33	471	361	76.64
Holalkere	30	442	280	63.35
Chitradurga	36	569	480	84.36
TOTAL	138	2038	1651	81.01

## 2 : HOBLI LEVEL MEET OF GRAM PANCHAYAT MEMBERS

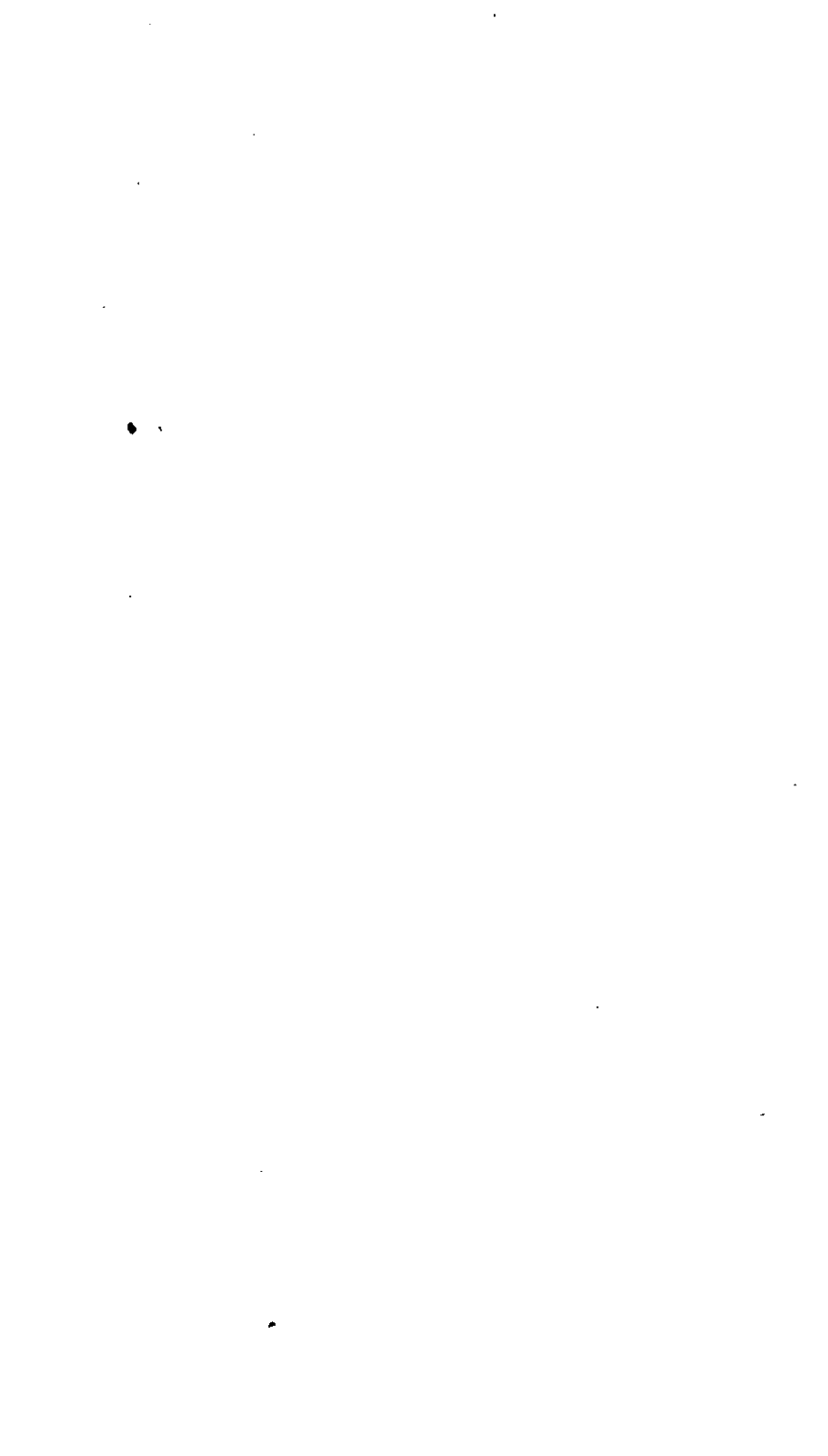
Name of the Taluk	No. of Meets	Total GP Members	Members Attended			Percentage
			Men	Women	Total	
Challakere	8	556	192	91	283	50.90
Hosadurga	10	471	194	156	350	74.31
Holalkere	8	442	97	70	167	37.78
Chitradurga	8	569	150	201	351	61.69
<b>TOTAL</b>	<b>34</b>	<b>2038</b>	<b>633</b>	<b>518</b>	<b>1151</b>	<b>56.48</b>

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