

Role and Impact of NGO DIR-India in Janta Colony (Punjab)

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ABSTRACT: *India is a densely populated country where a large number of people live without access to basic education and health facilities. The situation is more complex in rural areas and slums near to urban areas. Their houses are poorly established and do not have any proper water or electricity facility. They somehow manage to have water from distant places and hardly think of having shower, clean their clothes and renovate their shelter. In addition to their poor socioeconomic condition, another major cause of their sufferings is lack of education and public awareness. In rural areas pregnant ladies don't go to hospitals for delivering their baby. They think it is more complex then to take help from the local mid wife. Most of them have more number of children than the well to do people. They don't follow the small family norms. They think that children are the God's blessings and are not to be stopped from coming to this world. Their children don't go to school. They don't pay attention towards their personal hygiene and health. This is due to lack of resources and public awareness of making the optimum use of available resources. As a result, they are malnourished and often fall sick. Due to poor economic condition they are not in a position to pay their medical bills and after little struggle, most of them pass away in their fifties. Creating health awareness in a developing country like India is a big challenge. This paper will try to bring out the health awareness in the people of slum called Janta Colony which situates near the city beautiful, Chandigarh, and a Post Graduate Medical Education and Research Chandigarh. A critical appraisal of an International NGO Developing Indigenous Resources (DIR), which make people aware in that slum about health and nutrition, and bringing out the Infant mortality rate down, will be done in the paper. And the issue of concerns and problems faced out by the NGO will also be brought out.*

Keywords— *Poor Health Conditions, Slum Janta Colony, International NGO DIR and Nutrition, IMR*

I. INTRODUCTION

The proliferation of non-governmental organizations (NGOs) in industrialized or non-industrialized countries alike is clearly witnessed in reports and data. The number of international development NGOs registered in the OECD countries increased from 1,600 in 1980 to 2970 in 1993 (Hulme and Edwards, 1997:4) In South Korea there are approximately 10,000 NGOs and this number grows to 20,000 if we include their branches. Half of them started during the last 10 years (Park, 2002). Observers have commented on the international trend: Their numbers have grown exponentially; the size of some makes them significant players in social welfare and employment markets at the national level; the funding they attract has increased enormously; and their visibility in policy-making fora, the media and with the general public, has never been higher (Hulme and Edwards 1997:3) NGOs have been actively engaging in local, regional, national and international matters with (or against) government and business sectors since their beginning. Understanding of NGOs (or 'nonprofit' organizations or 'third sector' organizations) has become important to understanding how societies operate, struggle and develop.

What are NGOs?

Defining terms in an academic field can be difficult, and there may not always be agreement. The term NGO, which is understood and used in different ways in different places and times, has been considered very difficult to define and agree on, if not impossible. One of the reasons which makes it a hard job is that there are many similar terms used for the same thing or the same thing with slightly different connotations. Some of the definitions found in the third sector literature are: major group; pressure group; interest group; private voluntary organization; independent voluntary sector; third sector organization; grassroots organization; activist organization; nonprofit body; and professional, voluntary, and citizens organization (Martens, 2002:278). Put simply, in the West, NGO refers to organizations working on development in non-industrialized countries while 'non-profit' or 'voluntary' organizations mean organizations working on welfare matters in Western industrialized countries (Lewis, 1999:2). However, more generally, the terms third sector or non-profit organizations are considered to refer to activity which is neither state sector nor business sector. An important

additional assumption is that, unlike cooperatives and mutual benefit organizations, whose activities benefit more directly their members, NGOs aim to help interests of many and unspecified persons although there is overlap with 'mutual' bodies (Bidet, 2002:132, Park, 2002:74).

It seems that the term NGO was first invented by the United Nations (UN) but NGOs came to the world long before the name and concept (Park, 2002:60; Bidet, 2002:271; Anheier et al., 2001:4). Well known NGOs, established in the late 19th and early 20th century, are the British Anti-Slavery Society (1838), International Committee of the Red Cross (1864), Sierra Club (1892), Save the Children Fund (1919), etc. (Park, 2002:60). Even though the NGO has a long history it was identified only as something which it is not; non-governmental. So, by the nature of their origin, the term NGO is sometimes problematic: the term NGO has been criticized for its negative connotations and inaccuracy—especially as it was structured from the point of view of governments and gained its boundaries in reference to them as “nongovernmental.” (Martens, 2002:277) In those early days NGOs usually referred to international NGOs which act within a UN context. Now the range of NGOs has been so much extended to regional, national and local bodies engaging in activities of public interest that even the Economic and Social Council (ECOSOC) of the UN recognizes national, regional, as well as international organizations as worthy of consultative status (Park, 2002:62-3; Martens, 2002:282). With its careful attempt Park's work (2002) argues that four practical criteria of NGOs should ideally be met: 1) citizen participation by which NGOs are structured and differ from governmental organizations; 2) inclusiveness which makes NGOs open to anyone regardless of qualification, gender, religion etc.; 3) volunteerism by which NGOs operate and are differentiated from nonprofit hospitals or schools; and 4) public interests which distinguish NGOs from business organizations. Martens (2002) provides comprehensive definition in accounts of juridical and sociological perspectives: NGOs are formal (professionalized) independent societal organizations whose primary aim is to promote common goals at the national or the international level (Martens, 2002:282).

In this study Park's definition has been approached when trying to evaluate their impact and limits in terms of civil society and social development. Since this narrows focus, relating especially to certain kinds of NGOs, and lays stress more on citizen's voluntary participation, it provides tool to simplify the task when estimating NGOs' roles and their relation to social development. In effect, the argument is that their roles as citizen and voluntaristic organizations are crucial. It has been discussed so far what NGOs are or more accurately what NGOs could mean. An international NGO DIR- India will be discussed in the paper.

DIR- India: DIR-India is a young organization which was established in 2006; however, the members of the DIR team have been providing health-related training and supervision services in impoverished communities for over 60 person-years. It is a charitable, non-profit incorporated in the State of California, without political or religious affiliation and established in Punjab's Janta Colony, India. DIR majorly is involved in three types of activities, all of which are aimed at improving the ability of the poorest of the poor to improve the quality of their own lives. All of DIR-India's projects may be classified to fall under one of three headings, health, education or income generation. The paper will bring out the project of health promotion in the slum called Janta Colony which is situated in Punjab.

Objectives of the Research

- i) To study the objectives of DIR-India special emphasis on health program.
- ii) To study the programs of health awareness in the slum called Janta Colony by DIR India.
- iii) To study the problems of DIR India.

Hypothesis

- i) The objectives of health promotion are being fulfilled by DIR India.
- ii) The people of slum are more aware to the nutrition and safer health practices through Health Promoters (HPs) of DIR
- iii) DIR India faces the problems of coordination with the administrative authorities in India.

Research Methodology: A case study of DIR India's project has been taken in the study since the time of its inception in India i.e. 2006. The paper is based on qualitative research. A survey of Janta Colony's people had been done to gather the data about the working of DIR. DIR's first project in India is in Janta Colony which is a crowded slum of almost 15,252 residents living under very difficult conditions in 3,547 tiny homes. Around 500 women of these houses were surveyed and asked questions on their health issues and nutrition and whether the impact has been there in their lives through HPs of DIR India. Janta Colony is located just outside Chandigarh; capital of the Punjab and Haryana. The paper is based on the follow up discussion with the population of Janta Colony Slum and the interviews of the HPs, administrators and CEO. Government reports, statistics, books and journals are taken as the secondary data for this paper.

Findings: The survey and follow up discussions with women in Janta Colony brought out the following findings:

- **General Health:** According to website DIR model contains each group of 200 contiguous households is called a Unit. It was taken care that a person from each Unit is given full-time paid employment as a HP (HP). If a suitable person is not available in a Unit, a suitable person is recruited from as near as possible. There is no rigid educational prerequisite to become a HP, but each must be able to read and write. However, most of HPs selected had done schooling of 10 to 12 years. Each selected HP has two academic hours of instructions each day. The first hour is devoted to Health/Medicine and the second to Nutrition. In all cases, education is relevant to the immediate environment. This means that Medical courses deal only (after introductory instruction in anatomy and physiology, etc.,) with diseases and risks that exist in the slum, and it means that all Nutrition classes deal with local nutritional problems and their solution. From the first day of employment, HP learns on the job. They start the day with academics and then spend five-and-a-half hours making home visits in their individual Units. They must do well in monthly written academic examinations to retain their jobs. Every HP (HP) must visit every family in his/her Unit at least once a month. In the last impartial evaluation of DIR Programs, it was discovered that HP visited homes on an average of 4.2 times per month. In the homes, they weigh children, counsel and educate parents, and assist in any way possible to help the people improve their own living conditions. According to most of the HPs they had learnt a lot in the academic lectures provided by the DIR on nutrition and medical. They were aware of the health issues and could easily explain the things to the illiterate people in the slum. These academic sessions have increased their personal knowledge on health as well. The academic instructions were given by nutritionists who used to prepare lectures in the easy language so that HPs could grasp them easily. According to nutritionists the HPs know the local people and it was better to teach the lessons in Hindi so that they can understand and make people understand in the slum.
- **Nutrition:** Malnutrition is considered a common problem in slums, and because of the serious problems caused by malnutrition, the subject is given high priority by DIR-India. Every child under the age of up to 5 years is weighed by an HP at least once every month. The weight is recorded on a weight-for-age chart, and parents are instructed on the relationship between weight and health, and are informed on how they may make improvements with locally available low-priced ingredients. Each month, DIR's nutritionists provide a cooking demonstration of a new recipe of a nutritious meal to the HPs which must cost no more than the equivalent of five US Cents per serving. The HPs then give demonstrations in the homes within their individual units in this program which has become popular among people of slum. The nutritionists and the HPs usually gave the information on the nutritional diets to the slum peoples. The interviews with the women in the slums brought out the fact that being illiterate they were not aware of the nutritional values of most of the vegetables. They had come to know about the soup of boiled rice and pulses, green vegetables, fruits and other legumes which were rich in proteins, vitamins and carbohydrates.
- **Awareness about Health:** Majority population in the Janta Colony is illiterate and from rural background. They had no primary schooling even. Initially the people didn't accept the HPs of DIR to come and talk about their health. They even used to close the doors. However, with the passage of time they welcomed them and knew the benefits of their counseling. The HPs counseled if the women were pregnant or if their children were malnourished. The women told that the HPs told them the recipes which were cheap and affordable. They knew that how diarrhea, dengue, malaria could be prevented. In addition to that they knew the importance of hygiene and the usage of contraceptives and also how health can be better taken care of. They were happy with the advent of DIR in their slum. They even reported that there is local government dispensary but that is on pitiable condition. Furthermore, they could not afford the big private hospitals however, the doctors of PGI and General Hospital gave them prescriptions and never ever described the problems in detail or counseled them. The big doctors didn't have much time to entertain these patients. The HPs counseled them to their satisfaction, discussed their problems and instruct for the diet to be taken care of. The pregnant women now preferred deliveries in the hospital rather than home. For this awareness, all the women gave credit to the HPs and their counseling at the time of pregnancy.

Achievements of DIR-I

IMR in India: 44 infant deaths per 1,000 live births is still higher than the 11th Plan target of reducing it to 30 India's infant mortality rate (IMR) has dropped from 47 infant deaths per 1,000 live births to 44 during 2011. Data from the October 2012 bulletin of the Sample Registration System (SRS), released by the Registrar General of India, shows that IMR for rural areas has dropped to 48 from 51 while in the urban areas it has fallen to 29 from 31. The IMR is still higher than the target set under the 11th Five Year Plan. This plan hoped to achieve an IMR of 30 per 1,000 live births by 2012. Under the 12th Plan, the country hopes to further reduce the mortality rate to 25 by 2017. The UN Millennium Development Goal for IMR has been set at 27 to be achieved

by 2015. It has been observed that in India, there is a decline in IMR by two points every year. Using this, it is projected to have an IMR of 38 by 2015 and 34 by 2017. DIR's first project in India was in Janta Colony. This is a crowded slum of almost 15,252 residents living under very difficult conditions in 3,547 tiny homes. This is located just outside Chandigarh, capital of the Punjab. Chandigarh, the dream city of India's first Prime Minister, Sh. Jawahar Lal Nehru, was planned by the famous French architect Le Corbusier. Picturesquely located at the foothills of Shivaliks, it is known as one of the best experiments in urban planning and modern architecture in the twentieth century in India. DIR has provided health awareness to this slum called Janta Colony located in State of Punjab, since 2006.

According to the CEO of DIR-I the IMR in the slum had gone down to 20 which was a remarkable achievement. Secondly, it was difficult to convince people to get immunized for the past years however, in 2012, 100 percent of immunization was observed.

Hence, the hypotheses first and second have been substantiated i. e. The objectives of health promotion are being fulfilled by DIR India and The people of slum are more aware to the nutrition and safer health practices through Health Promoters (HPs) of DIR

Problems of DIR-I: The interviews with the DIR-I's staff brought forward the following problems

- **Initial Problems:** It was not easy to convince the slum people with the initial set up for the DIR HPs. The interviews with the HPs brought the fact that the people didn't accept them readily. They used to close the doors. The superstitious mentality of the poor people was that if the children are weighed again and again they will lose weight and same was the case with the pregnant ladies. However, with the passage of time they come to know the importance and welcomed them happily and shared their health problems more freely.
- **Absence of a Doctor:** The interviews with the HPs brought the problem of absence of a doctor in DIR-India. The HPs reported that they could only counsel a patient however, they could not prescribe any medicine, and therefore, they needed a doctor for consultation. In Janta Colony most of the doctors were not qualified and self made doctors or qualified up to compounders' levels, were not capable enough to treat the local people. Hence, HPs demanded for a doctor which could visit once a week for the prescribing medicines to the poor slum people.
- **Low Salaries:** The main problem of any NGO is the low salaries paid. Most of health staff i. e. HPs didn't get good salaries in the NGO. The HPs reported that they were paid less and their performance appraisal didn't withstand the inflation in the past five years. To work in an NGO is considered among the 10 top most jobs but in India people don't want to work for an NGO the reason being low salaries.
- **To get the Competent and Honest Staff:** According to administrators it was difficult to get the competent and honest staff for administering accounts for the NGO. Moreover, to handle accounts is the most important task in the any organization. Notably the present administrators were of law background and nutrition background. The previous administrators according to them could not maintain proper accounts and there were certain problems in the cash books. The present administrators accepted their incapability to maintain and settle the previous account problems.
- **Coordination of the Local Administration:** According to the administrators and CEO the local administration doesn't support much to their activities. They wanted to expand the area to work for that the administration was taking too long to give permission.

Therefore, the third hypothesis that DIR-India faces administrative problems is substantiated.

II. SUGGESTIONS AND CONCLUSION

In conclusion it can be said that India is a country where a common man is much into earning his daily livelihood he cannot afford for his regular health checkup, in addition to that, when it comes to slum people nobody seems to be interested to take care of their health, especially the administrative efforts seem to be lesser in such areas as compare to developed countries. Therefore, it is to be concluded that DIR-India is doing its work of health promotion in the slum of Janta Colony with a sincere effort. The local administration and the government agencies should evaluate such NGOs with their performances year by year and coordinate with the NGO. Furthermore, it has been suggested that NGO should get the administrative permissions to expand their project. The NGO is doing really well as shown by their results and the beneficiaries are poor much needed Indians. The state government of Punjab should take benefits and make some great efforts to expand and support such NGOs which are making people aware on health issues.

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