

Role of Health and Education on Human Development

(A Multi-Lingual Research Papers Compilation)

Editor

Dr. Jaya Biswas Kunda

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Juthika Talukdar

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CHANDRA PRAKASH

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Organized by
Research and Publication Cell
In collaboration with IQAC
G.L. Choudhury College
Barpeta Raod, Assam

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From Editor's Desk

The Research & Publication Cell of G L Choudhury College in collaboration with IQAC G L Choudhury College have decided to publish the research papers presented by the participants in the National Seminar titled 'Role of Health & Education on Human Development' so that their Research works aware the students as well as the society about the importance of health and education in their life. The book is a compilation of 17 articles contributed by the teachers and research scholars of various colleges of Assam.

The articles of this book mainly highlights the topics related to health, poverty, pollution, sanitation, role of NGOs, and the relationship between education and human development.

I do hope that the articles of this book written by the learned contributors help the students, teachers and scholars in their research works. Thanks to the contributors for whom the publication of the book became a reality. My heartfelt thanks to the Principal, Jagannath Barman for assuring the cell that he would be there for any kind of help he is capable of in the publication of the book. I would like to convey my thanks to my assistant Co-ordinators Mukut Khan and Juthika Talukdar for their co-operation in editing the book; I convey my thanks to all my colleagues, office staff and all others who helped me in this task. I offer my thanks to the publisher' Chandra Prakash who takes sincere initiative to make the publication of the book possible within a very short span of time.

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Role of Health and Education on Human Development: An Anthology of Multilingual Research Papers and Articles, edited by Dr. Jaya Biswas Kunda and published by Rajendra Mohan Sarma & Dr. Rabindra Mohan Sarma, Chandra Prakash, Panbazar, Guwahati - 1, on behalf of Research and Publication Cell in collaboration with IQAC - G.L. Choudhury College, Barpeta Raod, Assam

ISBN : 978-81-244-05871

Published by :

Rajendra Mohan Sarma
Dr. Rabindra Mohan Sarma
Chandra Prakash
Panbazar, Guwahati-1
Ph. No. +91 88110 81001
e-mail: chandra.publisher@gmail.com

On behalf of
Research and Publication Cell
In collaboration with IQAC
G.L. Choudhury College
Barpeta Raod, Assam

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Published on : 30th August, 2019

Price: 500/-

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Printed at:

National Printers, Kalapahar, Guwahati - 16

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GROUNDWATER POLLUTION : AN ALARMING THREAT TO HUMAN BEINGS

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DEBARSHI RAJ BARMAN

M. Sc (G.U.)

Introduction Groundwater is the source of water for springs and wells, and is a principal source of drinking water, particularly in rural areas and also for irrigation. Groundwater contamination is generally irreversible i.e. once it is contaminated: it is difficult to restore the original water quality of the aquifer. Pollution of groundwater is quite small. In cities and villages, pollution activities are high and these are affecting human health as well as the environment.

Objective :

The objective of this study is to create a much needed awareness amid the people. Again, this study insists on developing consciousness of purification of pollution water and this will help to check health hazards.

Methodology:

The present study is based on secondary data. The required information for the study has been collected from different books Journals and websites etc.

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live around them, most of whom depend on hand pumps for portable water.

Agricultural wastes :

Runoff from agricultural land containing nitrates, and potash move downward with percolating water and join the aquifers below posing danger to groundwater. Rising nitrate levels in groundwater may lead to methaemoglobinaemia or blue baby syndrome in humans, affecting carrying of blood. Nitrates and phosphates also leads to eutrophication of water bodies. High pesticide residue concentration in groundwater flows non-turbulently and experiences limited dilutions as compared to surface water, and also due to higher stability of organo-chlorine pesticides and anaerobic conditions in groundwater. The soil becomes a reservoir for these pesticides thereby steadily transferring them to groundwater.

Runoff from urban areas :

Effluents from urban areas contains large concentration of oil, greases, nutrients, heavy metals and detergents, Detergents being soluble can pass through the soil and pollute groundwater. Moreover pollutants in municipal dump sites, raw sewage dumped in shallow soak pits and seepage from polluted water bodies also affects water quality. Rainfall could pick up substantial contaminants from dust and air, and join the aquifer below. Infiltration of liquid pollutants may cause pollution in sandy soil and well waters.

Soluble effluents :

Several soluble effluents pollute groundwater critically. The extent of pollution is more in sandy soil and humid regions having high water table conditions.

Alarming levels of fluoride content in groundwater is rising, exceeding the maximum acceptable limits of 1.5ppm prescribed by WHO. Fluoride in drinking water cause different

Factors affecting Groundwater Pollution:

The extent of groundwater pollution depends on the following factors-

1. High annual rainfall
2. High water table
3. Distance from the source of contamination and
4. Soil properties- loose & friable sandy soil

Source of Contamination of Groundwater

1. Domestic sewage.
2. Industrial wastes.
3. Agricultural wastes
4. Runoff from urban areas
5. Soluble effluents

Domestic wastes :

Domestic wastes and their methods of disposal are of primary concern in urban areas. Prime factors responsible for deteriorating water quality include pathogenic organisms, O₂ demanding wastes, nutrients and solids from domestic wastes. Solid wastes are the potential source of contamination as they partly burned and partly incorporated into the soil and pose serious danger to groundwater.

Industrial wastes :

Most industries generally produce wastes containing toxic heavy metals along with hazardous organic and inorganic effluents. Generally, industrial wastes including wastewater are dumped, where streams are not available, in nearby areas into ponds dug-out tanks. These chemicals are leached downward with percolating water to meet groundwater and thus contaminating and severely polluting it. Over 500 factories in North Delhi are severely polluting groundwater which is used for domestic purposes, and permeate into the water table. The worst affected are the people who work in these factories or

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diseases, namely fluorosis, mottling of teeth, deformation of bones & joint pain, mental disorder and failure of reproductive system.

Nitrate in Groundwater

Nitrate in groundwater is primarily derived from mineralization of soil organic matter or from use of excess nitrogen fertilizer. The nitrate content in supply water ranges from less than 1 mg NO₃/l. It was originally set to protect babies against methaemoglobinaemia. This is a condition where more than about 10% of the haemoglobin in the blood is converted into methanoglobin form.

Arsenic in Groundwater :

Arsenic contamination of groundwater is due to high concentration of arsenic in deeper levels of groundwater. Arsenic contamination of ground water is found in many countries throughout the world. Approximately 20 incidents of groundwater arsenic contamination have been reported from all over the world including India, Bangladesh, Thailand, Taiwan, Mainland China, Argentina, Chile and United States where the groundwater contains arsenic concentration in excess of the Environmental Protection Agency standard of 10 parts per billion adopted in 2001. The groundwater in arseniferous areas is characterized by high Fe, Ar, Ca, Mg and bicarbonate with low chloride, sulphate and fluoride. The pH is about 7 to 8 which is very ideal for leaching of arsenic. However, the major incidence noted in Indian sub-continent is in West Bengal and Bangladesh region where a vast tract is under the arsenic calamity. The groundwater between 10-80m below ground level has been found to contain arsenic at places above permissible level of 0.05mg/l. Several thousands of people are suffering from chronic arsenicosis through drinking of contaminated water. Arsenic is a carcinogen which cause many cancers such

as skin, lung, and bladder as well as cardiovascular disease, including Blackfoot diseases, blood vessel disease in the limbs, infertility and miscarriages with women, skin disturbances, declined resistance to infections, heart disruptions and brain damage.

Fluoride contamination in Groundwater :

Fluoride is known to contaminate groundwater reserves globally. Sporadic incidence of high fluoride content in groundwater has been reported from India, China, Sri Lanka, West Indies, Spain, Holland, Italy, Mexico, and North and South American countries. In India, its occurrence in top aquifer system is endemic in many places of Andhra Pradesh, Tamil Nadu, Karnataka, Gujarat, Rajasthan, Punjab, Haryana, Bihar and Kerala. Contamination of groundwater by fluoride causes irreparable damage to plant and human health. High oral intake of fluoride results in physiological disorders, skeletal and dental fluorosis, thyroxine change and kidney damage in humans. There is a great need for identification of contaminated areas and also need for supply of clean non-contaminated water for cooking and drinking.

Protection of Groundwater :

1. The contaminant sources should be properly surveyed.
2. Location of industrial and municipal disposal sites should be decided keeping in view the groundwater levels and flow pattern in the area.
3. In case of toxic industrial effluents, step should be taken for predisposal treatment by the industry itself.
4. Location of wells for drinking water supplies should be decided with utmost caution.
5. Surrounding contaminant sources flow directions should be considered.

A Study on Issues and Challenges of Choice Based Credit System

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ABSTRACT

To renovate higher education & bring the Universities and Colleges under a single Umbrella for learning, grading and maintain standards in the country University Grants Commission (UGC) in the year 2014 came up with a new scheme called the Choice Based Credit System (CBCS). With the directive that all the Universities and other higher education institutions follow the CBCS scheme from 2015 onwards. The primary intent behind this scheme is to have the flexibility of choosing a course by students, as observed in many American & European Universities. The CBCS is a flexible approach to the learning in which students has the freedom to choose intra disciplinary, interdisciplinary and skill-oriented courses making education broad-based on the global standards. This system is based on the semester pattern and entails awarding grades rather than the marks. However, on the time of CBCS implementation in the higher education institutions, there are many challenges, which requires attention and discussion to put CBCS on the right track. The main objective of this study is to find out the issues and problems of the Choice Based Credit System.

6. Monitoring and Banning of hazardous waste disposal in landfill & injection wells.
7. It is not advisable to tap the uppermost aquifer in case of drinking water wells.

Conclusion:

The principal sources and causes of groundwater pollution can be categorized-municipal, industrial, agricultural and miscellaneous. With the growing recognition of the importance of underground water resources, efforts are increasing to prevent, reduce and eliminate ground water pollution, other wise people have to suffer from the problem of scarcity of pure drinking water.

◆ ◆ ◆

Keywords: CBCS (Choice based credit system), mobility, education, teacher and students.

Introduction to Choice Based Credit System

In the traditional method, there are many limitations of being highly teacher-centric, focusing on rote memory, distancing students from using their cognitive abilities. The CBCS follows an interdisciplinary approach to the higher education and integration of theories, concepts, techniques & perspectives from more than two disciplines to advance fundamental understanding to solve the problems. In India, UGC has adopted CBCS on recommendations of both 11th five-year plan and the National Knowledge Commission (NKC) to ensure quality in higher education UGC: 2008. Before CBCS in India, the higher education curriculum was unable to impart the necessary skills that would make the students employable adequately. This system was lacking interdisciplinary approach and tiny scope for value-based courses to be taught. While the CBCS is aimed at the ushering in a multi-disciplinary approach to undergraduate and postgraduate curriculum to providing students a healthy diversity & opportunities for their mobility by allowing them to take the credits earned from one institution to another institution to which they transfer. The CBCS also provides an option for the students to decide to select courses from the given multiple-courses being evaluated by way of unconventional means of the grading system, which will enhance student's performance in examinations. As per the UGC guideline, the students under CBCS approach learners can take courses of their own choice, learn at their own pace can take additional courses and acquire more than the required credit. This new system will facilitate student mobility across educational institutions within the nation and outside. Thus CBCS helps the learners to establish uniformity and parity within and across institutions

between domestic higher educational institutions & international institutions which follow a similar pattern. The higher educational commissions and agency like UGC (university grants commission), NAAC (National Assessment and Accreditation Council) developed Choice Based System to bring the Higher Education at par with Global Trends like Globalization, Liberalization and adopted proper grading system for measuring the performance of the learners.

Features of the Choice Based Credit System

CBCS is a uniform for all the central, state & the other recognised universities.

There are three main courses: Core, Elective & Foundation.

There are also non-credit courses available in CBCS which will be assessed as 'Satisfactory & unsatisfactory'. Which not included in the computation of SGPA/CGPA.

All three main courses will be evaluated and accessed to provide for an effective and balanced result.

The basic structure of the Choice Based Credit System

Semesters: The assessment is done semester wise. A student progresses based on the course taken by him/her rather than time like three years for arts, commerce & science, & four years for the engineering. Each semester will have the 15 to 18 weeks of academic work, which is equal to ninety teaching days. There is flexibility in creating the curriculum for assigning credits based on course content and teaching hours.

Credit system: In CBCS each course is assigned with a certain credit. When the student passed out from that course, he earns the credits which are base on that course. If a student moves in a single course for a semester then he does not have to permission repeat that course on a later time. Also students can earn credits according to his/her pace.

Credit transfer: In the CBCS if the student cannot cope with the study load or if he falls sick then he has the freedom to study fewer courses & earn fewer credits then he/she can compensate this in next semester.

Comprehensive continuous assessment: There is a constant evaluation of the student not only by the teachers but also by the student himself

Grading Points with Description:

Outstanding	10	O
Excellent	9	A+
Very Good	8	A
Good	7	B+
Above Average	6	B
Average	5	C
Pass	4	P
Fail	0	F
Absent	0	Ab

Tab-1: UGC 10-point grading system

IN CBCS How the credit is count?

In choice-based credit system, one credit per semester is equal to the 1hr of teaching time which includes both the lecture (L) or tutorial (T) or two hours of practical work/fieldwork (P) per week. A study course can have only the L component or only the T/P component or combination of any two or the three parts. The total credit earned by a student for each semester is L+T+P.

Credit-Based System and Student Mobility

Unlike the conventional method of the education system, CBCS is more diverse & embedded with the liberty of choice in selecting the

courses that offer by the institution and with equal ease brings higher mobility and fascination in students towards learning. The basic idea of CBCS is to look into the needs of the students to keep up to date with the development of higher education in India & outside India. CBCS aims to redefine curriculum keeping pace with the liberalisation and globalisation in education. The CBCS allows students an accessible mode of mobility to the various educational institutions across the world along with facility of transfer of credits earned by students. One of the hallmarks of this system is that both teachings, as well as learning, are 'credit-based' and not 'time-based' which ensures student mobility flexibly. The positive aspect of the CBCS is that its a student-centric and recognise the importance of self-learning, wherever & whenever it achieved. It accentuates to develop fair & transparent internal assessment. Another defining idea behind this new system is that it treats students as individuals who have independent academic needs and interests. All said and done, the matter of fact is that if this new system is properly implemented and it has the potential to bring the laurels to the entire nation.

Critical Evaluation of CBCS

While the CBCS has innumerable advantages over traditional methods of education, it will not be life less to say that this new model seems too early in inception given the scenario of Kashmir in general and Kashmir university in particular. In its very beginning the system surfaced many loopholes instead of merits such as absence of trail version, lack of preparation in terms of infrastructure, inadequate awareness among the faculty members as well as the students. Apart from the mentioned loopholes, the problems at the grass-root level are described below. Actually majority of the students don't have any information about "WHAT IS CBCS" as majority of students can hardly understand the essential nature of the CBCS is to differentiate the open electives and core papers and

lack knowledge about the UGC guideline regarding CBCS scheme. Another weakness in the CBCS is that faculty of the concern departments is perhaps passive in mobilising students owing to know workshops, awareness camps by the affiliating university.

Suggestions

At the time of admission, the prospects should have a detailed chapter related to the CBCS.

Share information about the CBC through seminars, workshops and free distribution of the pamphlets.

Need based training programmes organized for the faculty regarding CBCS from time to time.

The open elective subject should be in the form of co curricular and craft-based courses than merely theoretical.

Open elective should open in a real sense in the term of courses.

In CBCS, there should be engaged in additional faculty in order to reduce the extra burden of the existing faculty.

The University should conduct an annual survey regarding CBCS to get feedback from all stakeholders.

CONCLUSION

The primary objective of choice based is to broaden academic excellence in all aspects, right from the micro-level like core curriculum up to the macro-level teaching-learning process to the examination and result evaluation system but paradoxically in the CBCS, it seems to limit the role of education from encouraging development of well-rounded individuals to training for marketable skilled workforce. Thus, instead of solving core problem areas in the Indian(higher education) system CBCS is set to increase the

already existing problems in higher education as it is newly introduced. In conclusion, we can say that success never comes overnight but needs constant efforts, inspiration, consistency and determination.

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Impact of Sanitation on Health Condition of Rural People : A Case Study in Biswanath District of Assam

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Abstract :

Promotion of hygiene and prevention of diseases by maintenance of sanitary condition is crucial for economic development of a country. Because human resources are an integral part of our economy and if human resources are not healthy, then it is difficult for an economy to use these resources efficiently. Sanitation is a process of keeping places clean and healthy. These paper has assessed the progress and implementation of Swachh Bharat Mission(SBM) and how proper sanitation facility helps in reduction of water borne diseases like diarrhoea, dysentery etc. For the purpose of the study, Sakomatha block of Bswanath District has been purposively selected. This study is based on both primary and secondary data. Out of four villages, 62 samples have been selected. The evidence suggests that lack of access to proper sanitation facility encourages open defecation and use of kutcha toilets. This paper emphasised on behavioural changes in people and sustainable practice of proper toilet uses by all members in each household of the study area.

Key words: Sanitation, Health economy, Swachh Bharat Mission.

1. Introduction

There is deep relation between sanitation and health. Sanitation, which is related to public health, is nothing but the provision of clean drinking water and adequate sewage disposal. Poor sanitation, hygiene and water are responsible for about 50% of the consequences of childhood and maternal underweight. Poor water and sanitation are the cause of diarrhoeal diseases and under nutrition. Hence, sanitation and water is directly related to public health. An excreta disposing in pond, open field pollutes the whole ecosystem. Using clean and safe toilets, keeping water sources clean, disposing of garbage safely is very important for family wellbeing as well as for the ecosystem. Half of the world's hospital beds are filled with people suffering from sanitation related diseases according to Hesperian foundation. Illness like diarrhoea, worms, cholera, malaria caused by poor sanitation.

Sanitation, which leads to a good health also, makes an important contribution to economic progress as healthy population live longer and more productive and save more. The economic benefits of improved sanitation include lower health system costs. The money that people spent on medicines due to illness can use in other works or can save. Improved sanitation also includes fewer days lost at work. Sanitation can help to promote their economic development of a country by providing the means for food production and healthy work force while reducing the drain on public health services. According to UNICEF, if everyone in the world had access to basic water, sanitation facilities, the dropout in diarrhoeal diseases would save the health sector \$11.6 billion, and the economy would gain more than \$5.6 billion productive days per year.

Assam is a state of North East India. In Assam, Public Health Engineering department (PHE) is implementing the total

sanitation campaign. In HDI, Kerala's rank is 1 in 2015 with .712 HDI, while Assam's rank is 16 with .598, which is still much lower while comparing with Kerala. 439 villages in Assam have been declared open defecation free, but only 47.7% of households used 'improved sanitation facility', as per the latest National Family Health Survey. Manipur, Meghalaya, Sikkim and Tripura have all achieved better than Assam, with 49.9%, 60.3%, 88.2% and 61.3% of their households respectively using an improved sanitation facility. Therefore, its high time for Assam, focus on overall cleanliness, including sanitation, water as Assam has huge tourism potential as well.

1.1. Different cleanliness schemes in India :

The government has taken many cleanliness schemes such as, Central Rural Sanitation Programme (1986), Total Sanitation Campaign (1999), Nirmal Bharat Abhyan (2012 and Swachh Bharat Abhyan (2014). Swachh Bharat Mission is the biggest cleanliness drives in the country. It is expecting to achieve Swachh Bharat by 2019, by improving the levels of cleanliness in rural areas and making Gram Panchayats Open Defecation Free.

Some specific objectives of these mission areas follow :

- i) Elimination of open defecation.
- ii) Generation of awareness among citizens about sanitation.
- iii) Conversion of insanitary toilets to pour flush toilets.
- iv) A behavioural change in people regarding healthy sanitation practices and so on.

The Swachh Bharat Mission has two submissions. They are

- i) Swachh Bharat Mission (Gramin)
- ii) Swachh Bharat Mission (Urban)

2. Objectives :

The main objectives of this paper is as follows

- 1) To study the improvement in toilet coverage since the launch of Swachh Bharat Mission in the study area.
- 2) To study the overall impact on the health of children and woman not having proper sanitation facility.

3. Methodology :

In this study sanitation refers mainly to the toilet system using by the people and toilets covered by Swachh Bharat Mission. This study only considers the reduction of diseases like diarrhoea and dysentery in the sample village.

3.1 Sources of data:

This paper is based on primary survey conducted in Sakomatha Block in Biswanath District. The primary data are collected with the help of structured questionnaire. For some supportive and supplemental information, secondary data are collected from books, journals, published articles, statistical handbook of Assam 2016, published and unpublished thesis, data collected from public health office etc.

3.2 Selection of the study area:

The location has been selected because according to Sample Registration System bulletin 2016, the infant mortality rate of Assam is 44 per 100, which is not a small issue. Again, according to the survey of National Sample Survey Office, conducted in 2015, Assam ranked 11th based on the households having access to sanitation facilities and using them. Among 33 district of Assam Biswanath district has been purposively selected for the study.

3.3 Sampling Technique:

For this study multistage sampling has been used. In the 1st stage Biswanath Chariali District has been purposively selected. In the 2nd stage among 8 blocks from this district one block name Sakomatha block is selected. Sakamatha block has

eight gaon panchayat. In the 3rd stage Kuwari Gaon Panchayat has been purposively selected for the study. In the 3rd stage from eight gaon panchayat Kuwari has been selected by lottery method. Kuwari gaon Panchayat has 17 villages. In these 17 villages data of total households, total households with toilet, remaining households and percentage covered with toilet are shown in the table:1.

Sl. Gaon No. Panchayat	Village	Total No. of house-hold	No. of house-holds	Remaining house-holds	Percentage covered
1	Kuwari Barkura	194	110	84	56.7
2	Kuwari Japow Bari	528	528	0	100
3	Kuwari Koch Gaon	629	520	109	82.67
4	Kuwari Kuwari	264	218	46	82.58
5	Kuwari Petuli Bari	21	21	0	100
6	Kuwari Sadharu Ghop	63	7	56	11.11
7	Kuwari Sadharu Ghop F.S. 3-5	22	7	15	31.82
8	Kuwari Sadharu Ghop S.P.P1-3	16	0	16	0
9	Kuwari Sadharu Ghop S.P.P 90-157	15	0	15	0
10	Kuwari Sadharu Guri	83	79	4	95.18
11	Kuwari Sakomat 20-8	5	5	0	100
12	Kuwari Sakomat ha 32-94	17	0	17	0
13	Kuwari Sakomat ha 73-18	12	0	12	0
14	Kuwari Sakomat ha 90-157	14	0	14	0
15	Kuwari Sakomat ha F.S 1-3	16	0	16	0
16	Kuwari Sakomat ha gaon	823	354	469	43.01
17	Kuwari Sakomat ha S.P.P	19	0	19	0

Source: Public Health Engineering Department, Biswanath Charili, 2016-17

From the above table it is clear that, 10 villages where construction of toilets are done or continuing under Swachh Bharat Mission. In the 4th Stage Japowguri village and Petuli bari Village have been selected on the basis of 100% completion of toilet. Similarly, for better comparison, in the 4th stage two villages Sakomatha 34-92 and Sakomatha S.P.P. No. 4, which have 0 completion of toilet constructing has been also selected.

On the 5th stage total 10 % of household having toilet from Japow Bari and 20% of household having toilet from Petuli Bari has been selected. So 10% of 528=52 and 20% of 21 = 4, total 56 households having toilets has been selected. On the other hand, 10% of households not having toilet from Sakomatha S.PP No. 4 and 20% of households not having toilet from Sakomatha 34-92 has been selected. So, 10% of 19 = 2(approx) and 20% of 17= 4 (approx) and total sample household from villages not having toile are 6. Finally, the total sample households selected for analysis are 56+6= 62 .

3.4 Statistical tool:

For the analysis of the study statistical tools like percentages, pie diagram, bar diagram etc. has been used.

4. Discussion and analysis:

4.1 Brief Profile of the sample Japowbari and Peluti Bari where toilet has been constructed:

To fulfil the 1st objective it is essential to know that if these toilets are helpful in preventing disease related to sanitation and providing a healthy, disease free life in these two villages. And it also necessary to know the situation like going to hospitals, level of satisfaction with health, type of toilet uses, disease especially diarrhoea, dysentery are same as before toilet construction in the sample village.

In these two villages, Japow Bari and Petuli Bari have toilet facilities in their households. Their toilet has been constructed as per the scheme of Swacch Bharat Mission. But, only the construction of Pucca toilets are not enough to prevent disease. People should use these toilets and proper implementation of such toilets is equally necessary.

4.1.1 Type of toilets using at the time of defecation by the respondents :

Table 2 reveals that after construction of pucca toilets in these two sample villages, whether people use it at the time of defecation or go to open or to the kutchha toilet.

Table: 2

Using the toilet	Frequency	Percentage
Pucca Toilet	56	100.0

Source: Field Survey

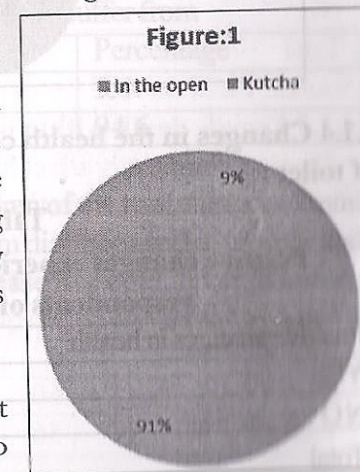
So, in the Table: 2 out of 56 respondents from Japow Bari and Petuli Bari 100% respondents and their family members are using pucca toilet provided by Swacch Bharat Mission in 2015. They do not go for open defecation and do not use kutchha toilets now, which is a very sign. They are now aware about the positive impact of sanitation through proper toilet facility. None of their family members now goes to kutchha toilet or open defecation. At present, they only use the pucca toilets provided by the government scheme Swacch Bharat Mission.

4.1.2 Type of toilet the villagers of these two villages used before construction of toilets:

The villagers of Japow Bari and Petuli Bari were not aware about the benefits of pucca toilet and bad effects of Kutchha toilet and open defecation before. In Japow Bari, before 2015 villagers were using kutchha toilet and preferred open defecation. Again, in Petulibari, before 2016 the villagers were using kutchha toilet and preferred open defecation, because, economically they all are strong enough to build or construct proper pucca toilet. Maximum of the people of these villages is wageworker, so along with other expenditures they cannot afford a proper housing as well as a proper toilet system.

Source: Field survey

In the figure:1, it is revealed that 9% of respondents are used to go

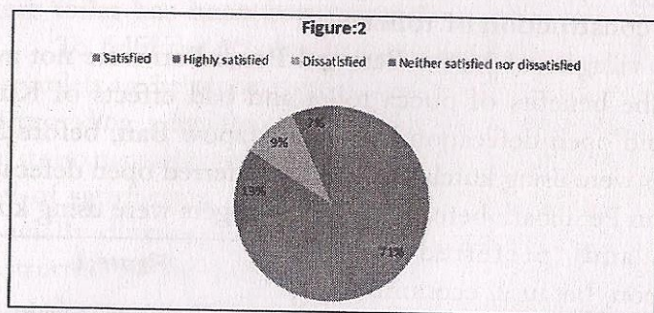


for open defecation and 91% respondents went for kutchha toilet before the construction of pucca toilet.

4.1.3 Levels of satisfaction with health:

Questions are asked to the respondents to know about their satisfaction with health. The gratification of the villagers with their health is evidenced below in the figure:2

To know the health satisfaction, the levels of satisfactions are categorised under like highly satisfied, satisfied, dissatisfied, neither satisfied nor dissatisfied. The figure: 2 showed that most of the people i.e. 71% of respondents are more or less satisfied with their health, 13% of the respondents are highly satisfied, 9 % of the respondents are not satisfied and almost 7% of respondents are neutral about their satisfaction regarding health condition.



4.1.4 Changes in the health condition after the construction of toilet :

Table : 3

Positive changes experienced in the health by the respondents of the two villages

Positive changes in health	Percentage
YES	84
NO	16
Total	100

Source : Field Survey

From the table : 3, It can be said that 84% of the respondents from these villages have experienced a positive alternation in their health. Their diseases and mortality rate is diminishing day by day after the construction of toilet by Swacch Bharat Mission.

4.1.5 Diseases respondents suffer frequently:

The respondents said that their health, their diseases and mortality rate becomes very low after proper toilet construction of Swacahh Bharat Mission. Before construction, most of the people are affected by diarrhoea dangerously. But, now diarrhoea, dysentery, becomes very less, only diseases like fever, cold, pneumonia affects the human beings. Few children are now affected by diarrhoea. Female health problems are now like body pain, high pressure, miscarriage rather than diarrhoea, dysentery, cholera. But, before proper toilet construction the human beings in these two villages are affected mostly by diarrhoea as said by the respondents. The diseases that the children and women suffer frequently in these two villages are shown with the help of table:4 and table : 5.

Table : 4

Diseases children frequently suffer from

Diseases	Percentage
Diarrhoea, dysentery	5.4
Other diseases	94.6

Source: Field survey

The table:4, shows that,5.4% children of the two villages of total respondents houses are suffering from diarrhoea and dysentery and 94.6% are suffering from other disease like cold, fever, jaundice etc.

Source: Filed survey

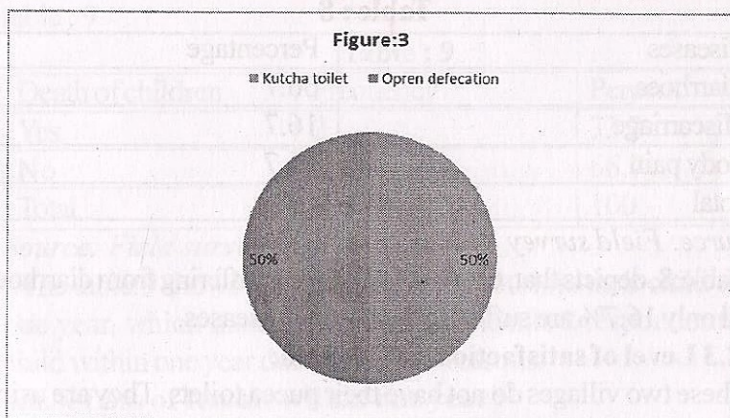
In the table:7, out of 56 respondents families, 10% women die within one year due to blood pressure and jaundice. They respond by saying that quantity of women's mortality due to diarrhoea and dysentery reduces after using of the proper toilet system.

4.2 Brief profile of the respondents of the two villages, Sakomatha 34-92 and Sakomatha S.P.P no 4, where construction is not done:

In the two villages Sakomatha S.P.P No 4 and Sakomatha 34-92, there is no proper toilet facility. Villagers of these two villages used kutcha toilet or going to open field at the time of defecation. The Swachh Bharat Mission will construct toilet in these two villages too, but till now construction is not even began.

4.2.1 Type of toilet used by the villagers at the time of defecation :

As pucca toilets are not available in these two villages due to the unaffordable earnings of the villagers, they used different toilet system at the time of defecation. The toilet system used by the sample respondents of these two villages is mentioned in the figure : 3



In the figure: 50% of the respondents use kutcha toilet, 50% of the respondents goes to open defecation and respondent using of pucca

Table : 5

Diseases women frequently suffer from

Diseases	Percentage
Diarrhoea, dysentery	1.8
Other diseases	98.2

Source: Field survey.

Table:5, Indicates that, only 1.8% women from the total respondents houses from two villages are suffering from diarrhoea and dysentery and 98.25% are suffering from other diseases like body pain, blood pressure, fever, cold etc.

4.1.6 Loss of children within one year:

The respondents said that mortality of children due to diarrhoea and dysentery is drastically falling down after using pucca toilets. Number of child mortality was higher when they were using kutcha toilets and open defecation. The deaths of children in these two villages within one year are presented in the table : 6

Table : 6

Death of children within one year

Death of children	Frequency	Percentage
Yes	7	12.5
No	49	87.5
Total	56	100

Source: Field survey

4.1.7 Female death within one year:

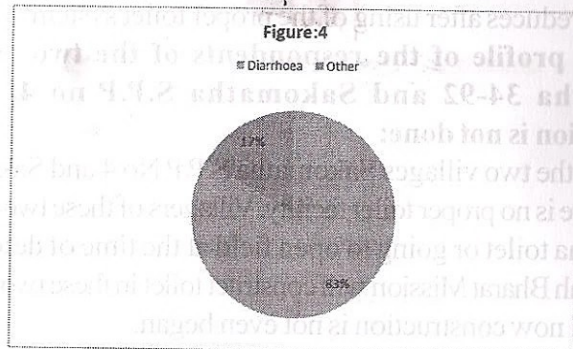
Diseases also mostly affect females immediately after children. In these two sample villages the death of the women within one year are shown in the table :7

Table : 7

Death of female	Frequency	Percentage
Yes	6	10.7
No	50	89.3
Total	56	100

toilet is nil. Toilet construction of the Swachh Bharat Mission scheme is not started in these two villages until now as result of which people are still using kutchha toilet and open defecation.

4.2.2 Diseases children frequently suffer from:



In this figure:4, it is clear that from these two sample villages 83% children from the respondents house suffer from diarrhoea, only 16% children are suffered from other diseases. Diarrhoea is the diseases held due to improper sanitation facility.

4.2.2 Diseases female frequently suffer:

Table : 8

Diseases	Percentage
Diarrhoea	66.7
Miscarriage	16.7
Body pain	16.7
Total	100

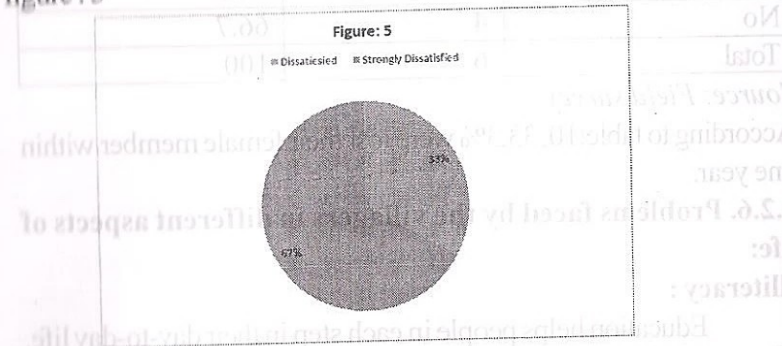
Source: Field survey

Table:8, depicts that, 66.7% of female are suffering from diarrhoea and only 16.7% are suffering from other diseases.

4.2.3 Level of satisfaction with health:

These two villages do not have their pucca toilets. They are using improper sanitation system. So, the level of satisfaction of the people of these two villages may differ from the other two villages mentioned

above where people are using pucca toilet system. How much these respondents are satisfied or happy with their health are shown in the figure : 5



In these two villages, 67% of respondents are strongly dissatisfied with their health and 33% are dissatisfied with their health. None of the respondents is satisfied with their health. Frequently they suffer from diseases like diarrhoea, dysentery.

4.2.4 Loss of children within one year:

A clear picture of the death of children of the respondents within one year of these two villages can be shown with the help of the table : 9

Table : 9

Death of children	Frequency	Percent
Yes	2	33.3
No	4	66.7
Total	6	100

Source: Field survey

The table:9 shows like 33.3% respondents loss their child within one year, which means out of 6 respondents 2 respondents loss child within one year due to different reasons.

4.2.5. Loss of female within one year :

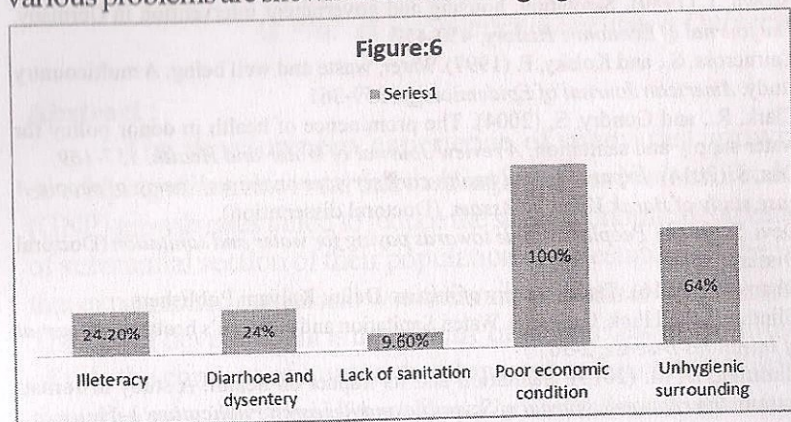
The female are also dying due to various diseases as mention in above. The female mortality within one year is mentioned in the table : 10

Inadequate Income :

It is a general problem among all the respondents of these four villages. Monthly incomes of the villagers of these four villages are not strong enough to meet the various expenditures. They also cannot afford a well build pucca toilet to use at the time of defecation. Therefore, they use the unhygienic process of defecation, which leads to various diseases.

Improper hygienic surrounding :

Though not much garbage is found in the study area, but still the surrounding of the villagers are not clean enough to prevent diseases. They do not know to keep their place clean. Various problems are shown in the following figure : 6



This bar diagram depicts that economic conditions of all the villagers are not good. 64% of respondents are living in unhygienic surroundings and 24% of respondents are frequently suffering from water borne diseases. It is also clear from the figure that 24.2% of respondents are illiterate.

Conclusion :

It is revealed from the above discussion that, although much has been achieved but there is still needs to do for the improvement of sanitation situation. The implementation of toilets of Swachh Bharat

Table : 10

Death of female	Frequency	Percentage
Yes	3	33.3
No	4	66.7
Total	6	100

Source: Field survey

According to table:10, 33.3% were lost their female member within one year.

4.2.6. Problems faced by the villagers in different aspects of life:

Illiteracy :

Education helps people in each step in their day-to-day life. Maximum of the villagers' of these villages is illiterate or literate with primary education. Because of which majority are not aware enough with the different schemes of government and therefore do not get minimum benefits of these schemes. Due to lack of education, they are also not aware about diseases, their symptoms and reasons etc. Problem of disease:

The people of the two villages Sakomatha 34-92 and Sakomatha S..P.P. No. 4 are very badly affected by diarrhoea and dysentery in the summer. Though mortality of children and women are nil due to diarrhoea and dysentery from several years, still they are frequently suffering from diarrhoea and dysentery and maximum of their income goes to health care.

Lack of proper sanitation facility:

Among the four sample villages, two villages do not have pucca and hygienic toilet facility. They are still kutcha toilet or open field for defecation. Some of them are heard about the government scheme Swachh Bharat Mission. Though toilet construction of Swachh Bharat Mission is not starting in these two villages, soon it will be started in these two villages as per the information of the Public Health Engineering Office Chariali.

Mission is in a good position in the villages of Biswanath district. The villagers of these villages where construction of pucca toilet of Swachh Bharat Mission is completed are accepting the toilet system and have already started to use it. However, the villages, where construction is not started, still using the improper defecation system. It indicates use of unhygienic and harmful method of defecation. This can be seen as a root cause of children and women mortality and diseases like diarrhoea, dysentery, etc.

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POVERTY AND HUMAN DEVELOPMENT IN ASSAM: A DISTRICT LEVEL ANALYSIS

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Abstract :

The development experience of many fast growing developing countries reveal that their higher Gross National Product (GNP) growth rates failed to reduce the socio economic deprivation of substantial section of their population. This establishes the fact that expansion of output and wealth is only a means to development. The end of development is the welfare of human beings. As a result of this the concept of human development and its measurement through a measure called Human Development Index was introduced by UNDP in 1990 in its first Human Development Report. In the human development framework, the notion of poverty essentially constitutes multidimensional deprivation. Multi-dimensional poverty recognizes interactions amongst various dimensions of deprivation and any failure to achieve one dimension results in failures in other dimensions. The present paper, in this regard, is an attempt to analyze the level of human development and poverty in the state of Assam. The present study has used simple statistical techniques for data analysis like average, Standard Deviation, Correlation Coefficient and Regression. Results of the paper reveals that as a whole the

human development in Assam remains about half way in relation to the desired level. The progress and status of human development in Assam is far from satisfactory. There has been high degree of inequalities and disparities among the different districts of the state as reflected in levels of human development in various dimensions of human development. Further inter district disparities are also noticed in the Multidimensional Poverty Index. The position of different districts in terms of HDI and MPI varies. Moderate degree of negative correlation between HDI and MPI exist in the state. What emerges from the analysis is that poverty is not only a outcome of lower income but also due to deprivation in health, education, shelter, water supply and sanitation of the people.

Key Words: HDI, MPI, Assam, Inequality.

Introduction :

The development experience of many fast growing developing countries reveal that their higher Gross National Product (GNP) growth rates failed to reduce the socio economic deprivation of substantial section of their population. Even developed industrial nations realized that higher income is no protection against the rapid spread of problems such as drugs, alcoholism, AIDS, homelessness, violence etc (HDR, 1990). This establishes the fact that expansion of output and wealth is only a means to development. The end of development is the welfare of human beings. As a result of this the concept of human development and its measurement through a measure called Human Development Index was introduced by UNDP in 1990 in its first Human Development Report. After the introduction of human development, it has emerged as a very important branch of study which provides information on standard of living and quality of life of people. The concept of Human Development is based on the idea that people are the real wealth of a nation and should, therefore be the main beneficiaries of economic development (HDR, 1990).

In the human development framework, the notion of poverty essentially constitutes multidimensional deprivation. Multi-dimensional poverty recognizes interactions amongst various dimensions of deprivation and any failure to achieve one dimension results in failures in other dimensions. The Multi-dimensional Poverty Index (MPI) offers significant insights into multi-dimensional deprivations – both its magnitude and breadth (AHDR, 2014).

The present paper, in this regard, is an attempt to analyze the level of human development and poverty in the state of Assam. A brief profile of Assam is provided along with the data analysis and interpretation about level of Human Development and poverty of Assam.

State Profile from Secondary Sources :

Assam is one of the 35 states and union territories of India. The total geographical area of the state is 78,438 square kilometers with a total population of 3.12 cores. Assam is primarily a rural state with more than 98% of its area falling under rural areas and with a 86% of rural population. The state accounts for about 2.4% of the total geographical area and 2.6% of the total population of the country (census 2011). The geographical location of the state itself is quite unique. The state shares borders with seven states and two countries i.e. Bhutan and Bangladesh, having 2,276.3 kilometers interstate and 529 kilometers international borders.

The economic resources of the state including oil and coal attracted colonial interests followed by the possibilities of tea plantation. These continued to be the state's economic backbone subsequently. The economy of the state, therefore, remained primarily 'extractive' with very limited domestic vibrancy. It may be noted that the infrastructure built in the state due to the economic interests of the colonial power remained mostly lopsided, contributing little to domestic development.

The state has a large number of tea gardens. There are some 765 large tea gardens with 2.33 lakhs hectare of area under their

possession. The economy of the state is primarily agricultural. In the hills, people have been practicing shifting cultivation since time immemorial. British occupation of the region resulted in cultivation of cash crops during the early 19th century together with a sizeable plantation economy. Even though the state is rich in terms of oil, gas and other natural resources, industrialization remained limited. Notwithstanding, the service sector has become important in the state's economy in the recent past.

Census 2011 makes it clear that about 50% of the total workforce still depends on agriculture. Data also reveal that during 2001-11, the proportion of cultivators to total workers has declined from about 40% to 34%.

In the last few years, the state has been passing through a crisis such as stringent financial position, insurgency, and recurrence of natural calamities in the form of flood, soil erosion and at times draught, thereby making the task of desired development difficult. Despite such constraints, the state has been able to achieve considerable progress in diverse fields reflected through higher growth of SDP in the last few years.

Objectives –

1. To analysis the inter district disparities of human development in Assam.
2. To examine the linkage between Human Development Index and Multidimensional Poverty Index of Assam.

Data Source and Methodology :

For the purpose of the study the relevant district level data relating to socio economic indicators of the state of Assam are collected from Assam Human Development Report 2014 and Statistical handbook of Assam. For calculating the Human Development Index, UNDP's methodology for calculating HDI has been followed. The HDI is based on three dimensions:

Long and healthy life: measured by life expectancy at birth.

Knowledge: measured by mean years of schooling and expected years of schooling.

Standard of living: measured by per capita annual income.

The Human Development Index is the geometric mean of the three dimension indices.

$$HDI = \sqrt[3]{I_{Health} \times I_{Education} \times I_{Income}}$$

To compute the dimension indices minimum and maximum values (goalposts) are chosen for each underlying indicators. Performance in each dimension is expressed as a value between 0 to 1. Except standard of living, all other indicators are obtained by

$$I_{ij} = \frac{X_{ij} - \text{Minimum}(X_i)}{\text{Maximum}(X_i) - \text{Minimum}(X_i)}$$

Where I_{ij} indicates individual indicators for the j th district with respect to the i th variables. X_{ij} Indicates the actual value of the i th indicator with respect to j th district, $\text{Minimum}(X_i)$ indicates minimum value of the i th indicator and $\text{Maximum}()$ indicates the maximum value fixed for the i th indicator.

However, for the standard of living which captures command over resources, the index was computed by

Where = Actual value of economic attainment for district j .

$\text{Minimum}(Y)$ = Minimum value fixed for economic component, and

$\text{Maximum}(Y)$ = Maximum value fixed for economic component.

The goalposts used for normalization as follows :

INDICATORS	MINIMUM	MAXIMUM
Life Expectancy	20	85
Mean Years of Schooling	0	15
Expected Years of Schooling	0	13
Income	5090(Bihar)	119032 (Goa)

The Multidimensional Poverty Index has supplanted the Human Poverty Index, which had been included in the annual Human

Development Reports since 1997. Like development, poverty is multidimensional. The Multidimensional Poverty Index (MPI) complements money-based measures by considering multiple deprivations and their overlap. The index identifies deprivations across the same three dimensions as the HDI and shows the number of people who are multidimensionally poor. The MPI is composed of three dimensions made up of ten indicators. The three dimensions and 10 indicators of MPI are mentioned below –

S/N	Dimensions	Indicators	Weights
1	Health:	Nutrition – having at least one household member malnourished.	1/6
		Child Mortality – having one or more children die in the family.	1/6
2	Education	Years of Schooling – no household member has completed 5 years of schooling.	1/6
		School Attendance - at least one school age child who is not attending school.	1/6
3	Living Standard.	Electricity – Not having electricity.	1/18
		Drinking water – Not having access to clear and safe drinking water near to the premise.	1/18
		Sanitation – Not having access to adequate sanitation.	1/18
		Floor – having a home with dirty floor.	1/18
		Fuel – Using dirty cooking fuel.	1/18
		Assets – Not own more than one of TV, mobile phone, telephone, motorbike, agricultural land, refrigerator and does not own a car or tractor.	1/18

Source: Alkire and Santos (2004)

Multidimensional Poverty Index (MPI) is mathematically expressed as;

$$MPI = H \times A \dots\dots\dots (3)$$

Where;

H is the multidimensional headcount ratio

A is the intensity of poverty

The multidimensional head count ratio (H) is expressed as;

$$H = q/n \dots\dots\dots (4)$$

Where ;

q is the number of people who are multi-dimensionally poor and n is the total population.

The intensity of poverty (A) is expressed as;

$$A = \dots\dots\dots (5)$$

Where;

c_i (k) is the censored deprivation score of individual i and q is the number of people who are multi-dimensionally poor.

A rural household is considered to be multi-dimensionally poor if the sum of the weighted deprivations is 33 per cent or more of possible deprivations.

The present study has used simple statistical techniques for data analysis like average, Standard Deviation, Correlation Coefficient and Regression.

Human Development in Assam –

The HDI for the state of Assam and her districts were estimated and presented in Assam Human Development Report 2014. The HDI for the state was 0.557 and the corresponding figure in different districts ranged from the lowest figure of 0.437 of Hailakandi district to the highest figure of 0.703 in Kamrup (M) district (AHDR 2014). 15 districts including Barpeta, Bongaigaon, Chirang, Dibrugarh, Dima Hasao, Goalpara, Jorhat, Kamrup, Kamrup(M), Karbi Anglong, Lakhimpur, Marigaon, Nagaon, Nalbari and Sivsagar had HDI higher than the state average. On the other hand, the remaining 12 districts had HDI below the state average.

The below table shows the districts having lower and higher HDI values as compared to that of state average. In order to calculate the human development index, three indices, namely, education index, income index and health index were constructed. District wise data regarding all the three indicators were procured from Assam Human

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Development Report (2014). The composite index was calculated by using the UNDP method. It is revealed that 15 districts of Assam were having HDI higher than the state average. On the other hand, all other districts of Assam were having HDI below the state average. The reason to lower HDI in different districts of Assam could be attributed to factors like lower attainment in the field of education, health services, and limited economic opportunities to earn sufficient livelihoods. The dearth of employment opportunities for educated people was borne out by the increasing number of people with high educational and professional qualification as revealed from the live registers of different employment exchanges. Unemployment continued to be a serious problem, especially among educated youths. Within the state there were considerable inter district disparities.

Table: 1 Districts with higher HDI than the state average

District	Dimension index : Health	Dimension Index : Education	Dimension Index : Standard of living	HDI
Barpeta	0.768	0.684	0.462	0.624
Bongaigaon	0.530	0.667	0.507	0.564
Chirang	0.746	0.677	0.457	0.614
Dibrugarh	0.518	0.700	0.483	0.560
Dima Hasao	0.748	0.662	0.525	0.638
Goalpara	0.718	0.612	0.470	0.591
Jorhat	0.587	0.744	0.643	0.655
Kamrup	0.798	0.648	0.483	0.630
Kamrup (M)	0.554	0.783	0.800	0.703
Karbi Anglong	0.743	0.645	0.480	0.612
Lakhimpur	0.612	0.693	0.468	0.583

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Marigaon	0.730	0.678	0.386	0.576
Nagaon	0.588	0.684	0.516	0.592
Nalbari	0.496	0.721	0.535	0.576
Sibsagar	0.521	0.758	0.630	0.629

Source: Assam Human Development Report, 2014.

From the above table we can see that Kamrup (M) had the highest Human development index followed by Jorhat, Dima Hasao, Kamrup, Sivsagar, Barpeta, Chirang and Karbi Anglong. The districts namely, Nagaon, Kamrup, Jorhat, Dima Hasao and Bongaigaon are having higher HDI values in all the three independent indices compared to the corresponding state average. It may be mentioned that these districts have contributed significantly to the higher value of the index at the state level.

Table: 2 Districts with lower HDI than the state average

District	Dimension index : Health	Dimension Index : Education	Dimension Index : Standard of living	HDI
Baksa	0.340	0.606	0.404	0.437
Cachar	0.319	0.647	0.479	0.463
Darrang	0.620	0.566	0.399	0.519
Dhemaji	0.481	0.688	0.393	0.507
Dhubri	0.510	0.579	0.380	0.482
Golaghat	0.543	0.684	0.431	0.543
Hailakand	0.366	0.605	0.376	0.437
Karimganj	0.360	0.627	0.420	0.456
Kokrajhar	0.539	0.645	0.402	0.519
Sonitpur	0.444	0.615	0.532	0.526
Tinsukia	0.425	0.625	0.483	0.505
Udalguri	0.538	0.602	0.441	0.523

Source: Assam Human Development Report, 2014.

From the above table we can see that Hailakandi and Baksa district had the lowest HDI values followed by Karimganj, Cachar, Dhubri, Tinisukia and Dhemaji. The districts namely, Baksa, Karimganj, Tinisukia, Hailakandi, Dhubri and Cachar are having lower HDI values in all the three independent indices compared to the corresponding state average. It may be mentioned that these districts had contributed significantly in pulling down the HDI value at the state level.

The main task of human development is to achieve higher growth for all, to bring basic services within the reach of every citizen of the state and to reduce regional disparities and inequalities among the people. The below table shows the mean and Standard Deviation of the HDI values of districts having higher and lower HDI values than that of state average in order to show the variability or scatteredness of HDI values of different districts.

Table: 3 Analyses of Data

State/ District	Mean	Standard Deviation	Maximum	Minimum
Assam	0.5579	0.0697	0.703	0.437
Districts (15) having higher HDI than that of the state average	0.6029	0.0436	0.703	0.560
Districts (12) having lower HDI than that of the state average	0.4930	0.0367	0.543	0.437

The above table clearly depicts that the mean HDI of the districts (15) where HDI value is higher than that of the state average

is much higher than the mean HDI of those districts (12) where it is lower than that of the state average. Gap between maximum and minimum value of HDI of districts (15) having higher HDI than that of the state average is also much wider than that of the district (12) having lower HDI than the state average. Again the Standard Deviation of districts (15) having higher HDI than that of the state average is much greater than that of districts (12) having lower HDI. This implies that the human development level of the districts (15) having higher HDI is much dispersed or scattered from the mean value. In case of districts having lower HDI than that of the state average (12), the Standard Deviation is lower which reveals that the level of human development in these districts is, by and large, very close to one another. On the other hand, if we look at the Standard Deviation of the HDI values of all the districts of Assam, we find a very high value of Standard Deviation which implies human development level of all the different districts of Assam is very much dispersed, or scattered from the mean value. Thus we can say that there are considerable inequalities and regional disparities with respect to health, education and standard of living among the different districts of Assam.

While the income is considered as an exclusive measure of well being, per capita domestic product is one of the three components of HDI. This is because income is an important determinant of access. Income provides the means that allow people to attain wellbeing, but income can't be only indicator of well being. Nor do per capita income figures necessarily reflect social well being, whether income get translated into long and healthy life, higher education and better standard of living is dependent on the choices of the people, societies and government makes. To enhance the level of human development in the state, step should be taken to increase the level of income and employment in the state and reduce poverty. The average level of income and rate of growth of income

in Assam are much below the corresponding averages at the national level. The state has an extremely high level of poverty, more than 31% of its population are living below the poverty line. The percentage of the poor in the state is one of the highest percentages among the different states of India. Therefore policy of the state must be oriented to forge a strong linkage between HDI and MPI so that both become mutually reinforce.

Commonly, poverty which is defined in terms of inadequacy of income is a severe failure of basic capabilities. Multidimensional Poverty Index (MPI) in this context has been constructed to measure the acute multidimensional poverty. The MPI reveals a different pattern of poverty than conventional income poverty, as it illustrates different dimensional deprivation. These deprivations concentrated on three dimensions, namely, health, education and standard of living. The MPI is composed of three dimensions made up of ten indicators.

The results obtained reveal that there is a wide variation across districts in terms of HDI and MPI.

In most of the districts where HDI is higher, MPI is correspondingly lower, implying that higher human development is accompanied with lower poverty. Let us consider the following table where the HDI and MPI values of different districts of Assam are shown with their corresponding ranking in terms of HDI and MPI.

Table: 4 District wise HDI and MPI in Assam

Districts	HDI	HDI Rank	MPI	MPI Rank
Baksa	0.437	26	13.61	9
Barpeta	0.624	6	11.08	18
Bongaigaon	0.564	14	12.71	12
Cachar	0.463	24	17.10	6
Chirang	0.614	7	11.12	17
Darrang	0.519	19	21.79	1
Dhemaji	0.507	21	9.25	20
Dhubri	0.482	23	20.10	2

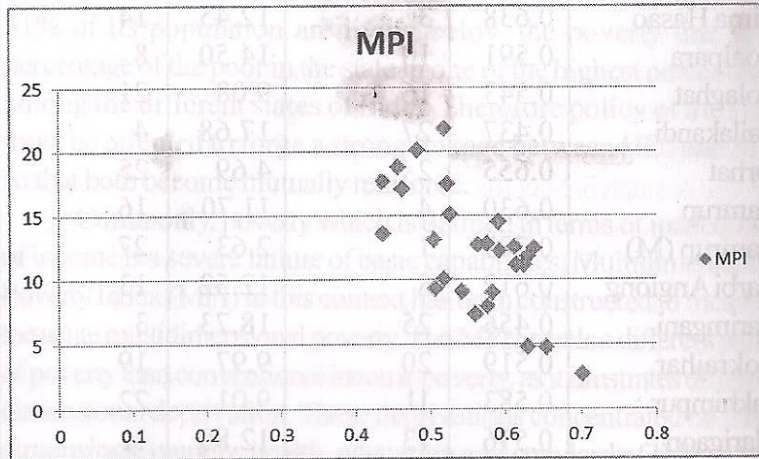
Dibrugarh	0.560	15	7.30	24
Dima Hasao	0.638	3	12.45	14
Goalpara	0.591	10	14.50	8
Golaghat	0.543	16	9.08	21
Hailakandi	0.437	27	17.68	4
Jorhat	0.655	2	4.69	25
Kamrup	0.630	4	11.70	16
Kamrup (M)	0.703	1	2.63	27
Karbi Anglong	0.612	8	12.52	13
Karimganj	0.456	25	18.73	3
Kokrajhar	0.519	20	9.97	19
Lakhimpur	0.583	11	9.01	22
Marigaon	0.576	13	12.80	11
Nagaon	0.592	9	12.18	15
Nalbari	0.576	12	7.89	23
Sibsagar	0.629	5	4.69	26
Sonitpur	0.526	17	15.05	7
Tinsukia	0.505	22	13.13	10
Udalguri	0.523	18	17.45	5
Assam	0.557	-	12.49	-

Source: Assam Human Development Report, 2014.

From the above table we can see that the districts in which MPI is lower are Kamrup (M), Sivsagar, Jorhat, Dibrugarh, Nalbari, Lakhimpur, Golaghat, Dhemaji, Kokrajhar and Barpeta. In these districts poverty is less acute.

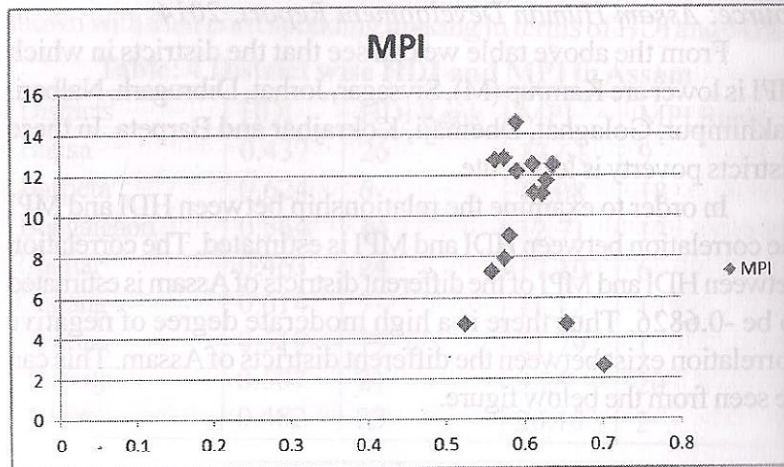
In order to examine the relationship between HDI and MPI the correlation between HDI and MPI is estimated. The correlation between HDI and MPI of the different districts of Assam is estimated to be -0.6826. Thus there is a high moderate degree of negative correlation exist between the different districts of Assam. This can be seen from the below figure.

Figure: 1



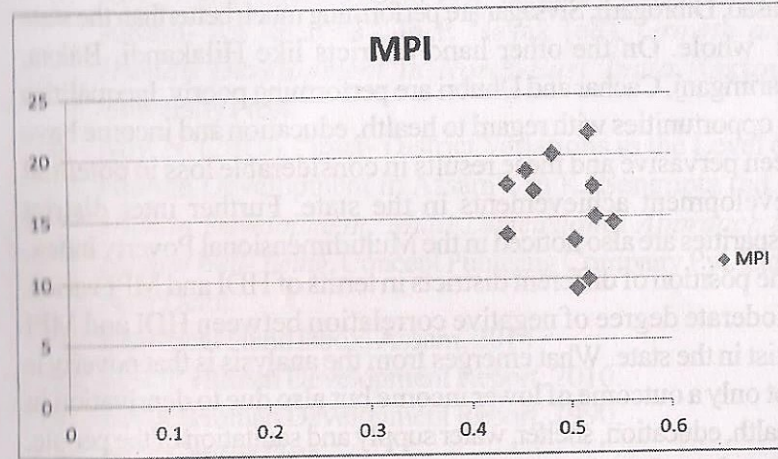
Again the districts where HDI values are higher than the state average the correlation between HDI and MPI is -0.2190. Thus there exists a weak negative correlation between HDI and MPI in the districts where HDI values are higher than the state average. This can be seen from the below figure.

Figure : 2



Again the district where HDI is lower than that of the state average, the correlation between HDI and MPI is -0.2174. Thus we can say that there exist a weak negative correlation between the HDI and MPI. This can be shown in the below figure.

Figure 3



We have also regressed HDI on MPI to study the casual relationship between them. The following is the estimated equation:

$$HDI = 0.681 - 0.010MPI$$

Where $R^2 = 0.466$

What emerges from the analysis is that poverty is a result not only of lower income but also due to human deprivation in terms of health, education, shelter, water supply, and sanitation. In Assam there is a need to prioritize and target relatively backward areas of the state and disadvantaged people. A development strategy, which is decentralized and seeks to involve a large community, needs to be developed by the government in the sector in which the state has potential advantages. In the context of poverty, the adequacy of funding of public initiative is even more urgent.

Conclusions :

The above discussion suggests that, on the whole the human development in Assam remain about half way in relation to the desired

level. The progress and status of human development in Assam is far from satisfactory. There has been high degree of inequalities and disparities among the different districts of the state as reflected in levels of human development in various dimensions of human development. The districts, namely, Kamrup(M), Jorhat, Dima Hasao, Dibrugarh, Sivsagar are performing much better than the state as whole. On the other hand districts like Hilakandi, Baksa, Karimganj, Cachar and Dhubri are performing poorly. Inequalities in opportunities with regard to health, education and income have been pervasive and these results in considerable loss in potential development achievements in the state. Further inter district disparities are also noticed in the Multidimensional Poverty Index. The position of different districts in terms of HDI and MPI varies. Moderate degree of negative correlation between HDI and MPI exist in the state. What emerges from the analysis is that poverty is not only a outcome of lower income but also due to deprivation in health, education, shelter, water supply and sanitation of the people. Therefore, there is an urgent need to set priorities and target for relatively backward regions of the state and group of disadvantaged people. A development strategy which is decentralized and seeks to involve a large community needs to be adopted by the government.

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**A Study on Role of Education for Human Development:
Special Reference to Namasudra Community in the
Kahibari and Puthimari Area under Chamaria Block,
South Kamrup District, Assam**

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Abstract :

Education is one of the most important role-play for human development. Social, cultural, intellectual, economical, and political and all the harmonious development depend upon educational process of as a social man and a society. Living status of human being make different and changes by the education. Human health, consciousness of health, living rights all are make by education as like strong and powerful. Limitation of family planning and well family environment effected by education and the natural environment as planting, destroying resources all are protected be a educated man. Decreases child marriages, poverty and crime rate depend upon education and as a society.

➤ **Key Words:** Education, Human Development, Poverty, Early Marriage etc. *****

Introduction :

Education is one of the most important role-play for human development. Social, cultural, intellectual, economical, and political and all the harmonious development depend upon educational process of as a social man and a society. Living status of human being make different and changes by the education. Human health, consciousness of health, living rights all are make by education as like strong and powerful. Limitation of family planning and well family environment effected by education and the natural environment as planting, destroying resources all are protected be an educated man. Decreases child marriages, poverty and crime rate depend upon education and as a society. In the society and as a social human most probable criteria as depend upon education.

- Economic criteria related with human development: the human society and status development based on financial views. It is true, not shame. However, this economic condition related with education, which always develop civilization. Education gives job, money, scale, power, prosperity. They contribute to economic stability. Human resources engage with difficult business as a mentor.
- Intellectual development of human: intellectual capacity can also develop by education. In is inborn capability. However, this capability develops by education and schooling system. Difficult school programmed and the co-curriculum and co-curriculum activities can structure intellectual power more capable. Educated man can make execute decision. It makes vey opportunity. Making critical thinking skills, discovery of talents and abilities, identification of different deficiencies, improve memory cognition, better communication skill through develop education.
- Social development and benefits of human: the social capacity as political, social, adjustment, natural, occupational all capable of human power develop by education. The school also calls as

a miniature society. The leadership power, creative development and the adjustment capacity all are develop by co-curricular activities of schooling. There are no heisted for communication and sound voice as a educated man. Decreases poverty rate, lower crime rate, decreases child marriage, control population explosion and family planning, health, nutrition etc.

About the Namasudras: The Namasudra is a major scheduled caste group found in Assam, West Bengal, Orissa, Manipur, Tripura, Meghalaya, Mizoram and Arunachal Pradesh in India (source: by Nett). This group of people are recognized as the socio-economically backward and enlisted in a schedule under scheduled caste category in our Indian constitution.

It was just around the Bongo-Bhang of 1905(the division of Bengal Presidency), the partition of Bengal, that a large population of Namasudra, Kaibarta, and Jalo communities whose main source of living was cultivation, fishing, and boatmanship, migrated to certain places of Assam- mostly to the lower parts of the state.

They are less conscious and less attitudes towards education comparably higher caste or general people. It is found very poor comparison many other communities.

According to census report 2011, the total schedule caste in Assam is 22,31,321, the Namasudra is 6,31,542.

Need and significance : The Namasudra is the law classes of society comparatively other community. Under Indian constitution, they have reservation condition many areas as job reservation, educational reservation for higher education and then more chances for own development. Although to study, need very significant for as a researcher.

Objectives :

- To study the educational status of Namasudra community.
- To study the social and life status towards education.
- To study the human development towards govt. policies.

Delimitation : The present study is delimited to Namasudra community of Kahibari and Puthimari village only which education towards social status and occupational as living. The study has been confined 160 numbers of this community. The study group has been selected from all ages who belong this community in 20 families.

Methodology :

Type of research: The study is based on descriptive analytical type of research.

Sources of data: The study has based on primary and secondary sources of data. Secondary data are collected from web networking as e-books, e-journals, e-articles, e-census report, etc. Primary data are collected through a field survey in the study area. A structured interview scheduled prepared and used for collecting data from twenty-villager family. Both open ended and close-ended questions are included in the schedule.

Area of sampling: This study is conducted in Kahibari and Puthimari villages, under Chamaria Block of Kamrup District, Assam through a field survey to get an issues and problems of educational and social status for human development.

Population and sample size: Although there are 1730 numbers of Namasudra community (source: Gaonburha and Aasakormi) in the study area, there are 852 male and female 878. The researcher have take survey twenty families, over both villages. In this studies number of population sampling related only 160. It is a qualitative survey because the sample size is not large enough to use data for a proper empirical study.

Tools and techniques of data analysis: The collected data represented with the help of tabulation method and graphical diagrams.

Data analysis and interpretation:

From the field survey report of the selected area the data interpreted both two tables by using questioners' schedule. In this,

questionnaires were analysed in a simple way. With the help of data sheet age, educational qualification, occupation and all family members were recorded. All data from the questionnaires were analysed by using tabulations and graphical representations. There are two tables, one bar diagram, and other Pie diagram. The table no.1 shows the literate and illiterate population of out of 160 numbers.

Table 1 : literacy and illiteracy distribution of under some age groups with gender basis :

Age group	literate								illiterate		chil dren	total
	i-v		vi-x		xi-xii		BA		M	F		
	M	F	M	F	M	F	M	F				
51-60	2	4	-	-	-	-	-	-	-	4	-	10
41-50	8	-	2	2	6	-	-	-	2	10	-	30
31-40	4	2	10	2	-	-	2	-	-	-	-	20
21-30	4	2	6	20	2	2	4	6	-	-	-	46
11-20	2	-	8	-	-	2	-	2	-	-	-	14
1-10	22	14	-	-	-	-	-	-	-	-	-	40
total	42	18	30	24	8	4	6	8	2	14	4	160

On this table, we can analyse some point views:

To analyze this educational qualification are not high comparatively other community and high caste in present.

Under 21-30 age group the male and female both are indicate the Bachelors educated rather another groups are not.

Some student of girls those 21 age cross.

More of the boys left education under metric and HS level.

By analyzing the data collected, it is observe that more families belongs BPL (below poverty level).

Graph : 1 : literacy rate with gender basis on table no.1:

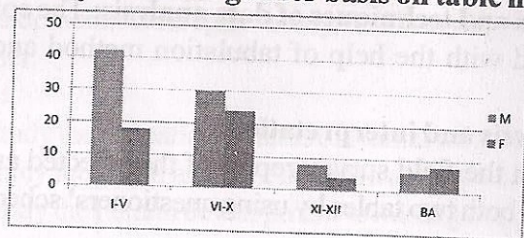


Table no. 2 : Occupational distribution age group based :

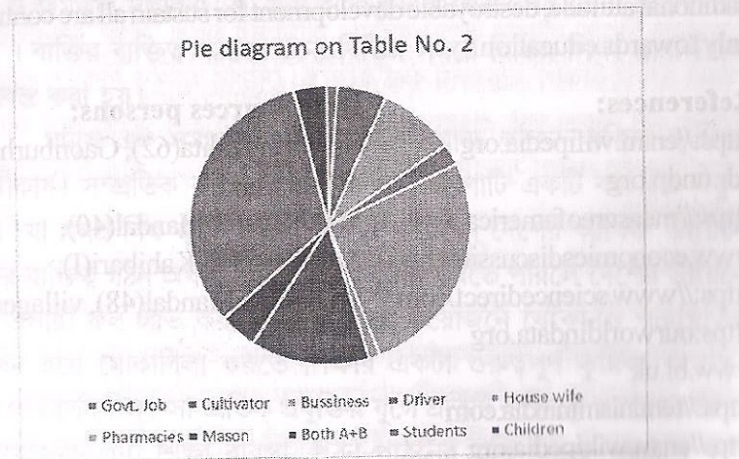
Age group	Govt . Job		Private Job						Studen ts	Childr en	Total	
	M	F	Ag ric ult	Busi ness	Driv er	Pharma cies	House wife	Mason				Bot h- A+B
51-60	-	-	4	-	-	-	4	-	2	-	-	10
41-50	-	-	5	2	-	2	12	2	5	-	-	28
31-40	-	2	-	6	2	-	2	10	-	-	-	22
21-30	-	-	-	4	2	-	22	10	-	8	-	46
11-20	-	-	-	2	-	-	2	-	-	10	-	14
1-10	-	-	-	-	-	-	-	-	-	34	6	40
Total	-	2	9	14	4	2	42	22	7	52	6	160

On the based table no. 2 some analyses and interpreted

view point :

- ♦ All the women are homemaker. Only two women working as Aasakormi.
- ♦ More are the working as mason, driver, cultivator, businesspersons etc.
- ♦ No them government employee.
- ♦ All the guardians are interested to earning education for their children whose age bound 5-10 in this table.

Graph 2 : Percent wise distribution of occupations :



Policy implication : Article 46 of the Constitution states that “The State shall promote with special care the educational and economic interests of the weaker sections of the people, and, in particular, of the Scheduled Castes and the Scheduled Tribes, and shall protect them from social injustice and all forms of exploitation.”

Discussion and conclusion :

- In this study, the objectives of educational status of selected community are very low which indicate that socio-economic statuses are not strong. They are highly weaker for this side.
- The study on social and life status towards education is also poor. Their occupation related with labor section which indicate the below poverty level of society.
- The study on government policy implication is not fully touches to them. Human right for education and weaker section of Indian constitution are not fully utilizes in this community.

The education is most important key towards society. It can progress rapidly human beings. Human nature, social-cultural and economic conditions develop by education. The human development process all over the world is same. The mostly weaker section people concluded that progress by education. The superstitious society, traditional attitude, destroyable development for sustain all are control only towards education.

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বিশয়: শিক্ষা এবং
মানব সম্পদ বিকাশ

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সভ্যতার সূচনালগ্ন থেকেই মানুষকে একটি বিশেষ ব্যক্তি রূপেই গণ্য করা হত। কেননা সকল প্রকার সম্পদের চেয়ে মানুষকে শ্রেষ্ঠ জীব রূপেই গুরুত্ব দেওয়া হত বেশি। মানুষকে তাই ‘সম্পদ’ রূপে গণ্য করা হত সেই অতীত কাল থেকে। মানুষই সর্বশ্রেষ্ঠ জীব। যার মধ্যে রয়েছে অপরিসীম শক্তি ও ক্ষমতার সম্ভাবনা। এ জন্য ব্যক্তির বিকাশের ওপর জোর দেওয়া হয় বেশি। ব্যক্তির ব্যক্তিত্ব গঠনের জন্য বিভিন্ন সময়ে বিভিন্ন শিক্ষা প্রাণালীরও বন্দোবস্ত করা হয়।

মানুষ এই সমাজের জীব, তাই সমাজ গঠনে ব্যক্তির ভূমিকা অনস্বীকার্য। সাম্প্রতিক কালে ‘মানব সম্পদ’ ধারণাটি একটি বহুচর্চিত নতুন বিষয় যা সমগ্র বিশ্ব জুড়ে প্রভাব বিস্তার করেছে। দেশের আর্থিক উন্নয়নে ব্যক্তির ব্যক্তিত্ব গঠন অর্থাৎ সার্বিক ভাবে তৈরি করতে পারলে দেশের উন্নয়নে সুদূর প্রসারী ফল লাভ করা সম্ভব। বাস্তব প্রয়োজনে যেকোনও পরিস্থিতির সন্মুখীন হয়ে মোকাবিলা করতে শিক্ষার একটা গুরুত্বপূর্ণ ভূমিকা রয়েছে। সময় পরিবর্তনশীল। সাম্প্রতিক প্রযুক্তির যুগে প্রতিটি ব্যক্তিকে সময়ের চাহিদা ও প্রয়োজনানুযায়ী শিক্ষা ব্যবস্থা, পঠন-পাঠনের প্রতি গুরুত্ব আরোপ করা

তাই বিশেষভাবে দৃষ্টি দেওয়া প্রয়োজন।

স্বামী বিবেকানন্দও ব্যক্তির উপযোগীকরণের ওপর জোর দিয়েছেন। শিক্ষা ও প্রশিক্ষণের মধ্য দিয়ে পরিবর্তনশীল সমাজের মোকাবিলা করাই তার মতে শিক্ষার উদ্দেশ্য।

"The individual should develop adaptability and be able to meet the challenge

of changing society, through his education and training the receives from his

parents and teachers"

সুতরাং সমস্ত প্রকারের সম্পদের মধ্যে মানব সম্পদকে একমাত্র গুরুত্বপূর্ণ স্থান দেওয়া হয়েছে। মানুষই একমাত্র সম্পদ যার মাধ্যমে সকল প্রকার সম্পদকে পরিচালনা করা সম্ভব। প্রতিটি মানুষই বিভিন্ন ক্ষেত্রে বিকাশের কিছু না কিছু সম্ভাবনা নিয়ে জন্মগ্রহণ করে। এগুলো যথাযথ বিকাশের দ্বারা যেমন ব্যক্তিগত সফল হয়, তেমনি দেশের উপকারও ঘটে। এই সম্ভাব্যতার বিকাশ ঘটাবার দায়িত্ব নির্ভর করে পরিবার তথা দেশের শিক্ষা ব্যবস্থার ওপর মানব সম্পদ বিকাশ বিশ্বাস করে, মানুষের মধ্যে ভালো কিছু করার সম্ভাবনা রয়েছে। যেখানে উর্দ্বত-পত্র মানুষকে বিকলনের দিকে দেখাচ্ছে, সেখানে মানব সম্পদ উন্নয়ন তাদের সম্পদ হিসাবে দেখার চেষ্টা করছে। মানুষের মধ্যে নিহিত পূর্ণ সম্ভাবনার বিকাশ ঘটাবার লক্ষ্যে বর্তমান আমাদের দেশে 'শিক্ষা' মন্ত্রণালয়কে 'মানব সম্পদ বিকাশ' মন্ত্রণালয় বলা হয়েছে। দেশের আর্থিক বিকাশে প্রত্যেক ব্যক্তির পূর্ণ বিকাশ তাই একান্তভাবে প্রয়োজন আর এটা নির্ভর করে দেশের শিক্ষা ব্যবস্থার ওপর। সুতরাং শিক্ষা ব্যবস্থা দেশের উন্নয়নমুখীও সময়োপোগী হওয়া উচিত।

শিক্ষা ও মানব সম্পদ

সকল প্রকার সম্পদের মধ্যে মানব সম্পদই শ্রেষ্ঠ সম্পদ। মানুষ পৃথিবীতে জন্মলাভ করে বংশগত কিছু সহজাত প্রবৃত্তির অধিকারী হয়ে। মানুষ স্বভাবতঃই সামাজিক জীব। মানুষের সহজাত প্রবৃত্তি গুলি সমাজে বসবাসের দ্বারাই ক্রমশঃ বিকশিত হয়। এইসব সার্বিক অভিজ্ঞতার সমন্বয়ে

একজন মানুষ পরিপূর্ণরূপে আত্মপ্রকাশ করে। এই জীবন আরম্ভ হয় পৃথিবীতে জন্মলাভ করার সঙ্গে সঙ্গে এবং সারাজীবন সমাজ পরিবেশের দ্বারা প্রভাবিত হতে থাকে।

'মানব সম্পদ' ধারণাটি নতুন কোনও বিষয় নয়। মানব সভ্যতার সূচনালগ্ন থেকেই এ ধারা চলে আসছে। বৈদিক যুগেও এর অস্তিত্ব বিস্ময়করভাবে পরিলক্ষিত হয়। সেখানে দেখি, ব্যক্তিকে সার্বিক ও পরিপূর্ণভাবে গড়ে তুলতে শিষ্যের প্রতি গুরু দায়িত্ব ছিল স্বভাবতঃই আকৃত্রিমরূপে। বৈদিক যুগের শিক্ষা ব্যবস্থায় ছাত্রের ব্যক্তিত্ব বিকাশের ওপরে বিশেষভাবে গুরুত্ব আরোপ করা হয়েছিল। ব্যক্তিত্ব বিকাশের মধ্যেই নিহিত ছিল জীবন যুদ্ধে বেঁচে থাকবার সঞ্জীবনী সুধা। এছাড়াও সামাজিক কর্তব্য পালন, সামাজিক দক্ষতার বিকাশ সাধন, চরিত্র গঠন, সংস্কৃতির সংরক্ষণ ইত্যাদি সার্বিক বৈশিষ্ট্যের সমন্বয়ে পূর্ণাঙ্গ মানুষ তৈরির ওপর জোর দেওয়া হত বেশি। আর সেখানে গুরুই ছিলেন প্রধান কারিগর। কিন্তু সবার ওপরে ব্যক্তির পূর্ণ বিকাশই ছিল সেই সময়ের শিক্ষা প্রণালীর একটি বিশেষ ধারা যাকে সম্প্রতিক কালে 'মানব সম্পদ' নামে অভিহিত করা হয়।

রবীন্দ্রনাথ ঠাকুরের দৃঢ় বিশ্বাস ছিল যে, মানুষই সর্বশ্রেষ্ঠ এবং এই বিশ্বজগতে মানুষই সর্বশ্রেষ্ঠ ক্ষমতার অধিকারী। তার মতে শিক্ষার উদ্দেশ্য হওয়া উচিতঃ বুদ্ধিমত্তার স্বাধীন চিন্তার বিকাশঃ

"aim of education according to him should be intellectual development.... development

of the powers of thinking and imagination is more important than memory."

স্বামী বিবেকানন্দও ব্যক্তির উপযোগীকরণের ওপর জোর দিয়েছেন। শিক্ষা ও প্রশিক্ষণের মধ্য দিয়ে পরিবর্তনশীল সমাজের মোকাবিলা করাই তার মতে শিক্ষার উদ্দেশ্য।

"The individual should develop adaptability and be able to meet the challenge of changing society, through his education and training the receives from his parents and teachers."

সুতরাং সমস্ত প্রকারের সম্পদের মধ্যে মানব সম্পদকে একমাত্র গুরুত্বপূর্ণ স্থান দেওয়া হয়েছে। মানুষই একমাত্র সম্পদ যার মাধ্যমে সকল প্রকার সম্পদকে পরিচালনা করা সম্ভব। প্রতিটি মানুষই বিভিন্ন ক্ষেত্রে বিকাশের কিছু না কিছু সম্ভাবনা নিয়ে জন্মগ্রহণ করে। এগুলো যথাযথ বিকাশের দ্বারা যেমন ব্যক্তিগত সুফল হয়, তেমনি দেশের উপকারও ঘটে। এই সম্ভাব্যতার বিকাশ ঘটাবার দায়িত্ব নির্ভর করে পরিবার তথা দেশের শিক্ষা ব্যবস্থার ওপর। মানব সম্পদ বিকাশ বিশ্বাস করে, মানুষের মধ্যে ভালো কিছু করার সম্ভাবনা রয়েছে। যেখানে উদ্বৃত্ত-পত্র মানুষকে বিকলনের দিকে দেখাচ্ছে, সেখানে মানব সম্পদ উন্নয়ন তাদের সম্পদ হিসাবে দেখার চেষ্টা করছে। মানুষের মধ্যে নিহিত পূর্ণ সম্ভাবনার বিকাশ ঘটাবার লক্ষ্যে বর্তমান আমাদের দেশে 'শিক্ষা' মন্ত্রণালয়কে 'মানব সম্পদ বিকাশ' মন্ত্রণালয় বলা হয়েছে। দেশের আর্থিক বিকাশে প্রত্যেক ব্যক্তির পূর্ণ বিকাশ তাই একান্তভাবে প্রয়োজন আর এটা নির্ভর করে দেশের শিক্ষা ব্যবস্থার ওপর। সুতরাং শিক্ষা ব্যবস্থা দেশের উন্নয়নমুখীও সময়োপোগী হওয়া উচিত।

১৯৮৬ সনের নতুন রাষ্ট্রীয় শিক্ষানীতি মানব সম্পদের বিকাশের প্রতি লক্ষ্য রেখে শৈক্ষিক বিকাশ গঠন করেছে। এই কমিটি মত প্রকাশ করে-

"1986 as a whole reflects that educational development was construed in the backward of human resource development. In fact, the policy called for new designs of human resource development for availing of the unprecedented opportunities that would be thrown up by the ensuring decades".

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Poverty Alleviation Programmes in India and Human Development

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India virtually lives in its villages. According to 2011 census, in India out of the total population nearly about 68.84% people live in rural areas. Therefore UN in its projection report's said that "Though most countries would see rapid urbanisation, India would continue to have the largest rural population in the world until 2050. In rural India agriculture continues to be the only avenue of employment. But due to its seasonal nature many farmers have to remain idle during the lean agricultural season. Though industrialisation and service sector can generate employment, but these are limited in rural areas. Thus this very nature of seasonality of agriculture and its low productivity combined with absence of alternative opportunities ultimately lead to higher incidence of poverty and unemployment in such areas. In 2011-12, the percentage of persons below the Poverty Line has been estimated as 25.7% in rural areas, 13.7% in urban areas and 21.9% for the country as a whole. Hence eradication of poverty has become a major objectives of the development planning process in India. Since independence, various programmes have been taken up to deal with the problem of poverty and unemployment, but there is no change in the life of the people of the country. This

paper mainly focused on the working of the poverty alleviation programmes and the problems of its implementation.

Poverty is that condition in which opportunities and fulfilment of human development is denied. A country can not claim economic growth where a large section of people are unable to fulfil its basic needs. World Bank's (2009) statement on understanding poverty says, "Poverty is hunger, poverty is lack of shelter, poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerless, lack of representation and freedom." However the most commonly accepted definition is related to an income-based approach which states that poverty is the lack of income sources to satisfy one's basic needs. Thus poverty being a global issue, eradication of poverty is considered integral of humanity's quest for sustainable development. The strategy of targeting the poor was adopted in India since independence and it is reflected in its Five Year Plans and through its various schemes. Thus, employment through agricultural growth has been one of the principal objective of India's economic planning from the First Five-Year Plan to the Fourth Five-Year Plans. In the Fifth five year plans "garibi hatao" was the prime objective of the planners. It must be mentioned here that the periodic data on employment and unemployment situation prepared by decennial census and quinquennial survey of National Sample Survey Organisation (NSSO) enables the policy makers to evaluate the various policies formulated by the Government whether it has been effective in providing employment or not and accordingly help them to modify the policies. The first few Five-Year Plans emphasised much on poverty eradication than employment generation. As a result, the first few five year plans were inadequate to tackle the unemployment problem and accordingly the country experienced

the rise of unemployed population to about 22 million in 1969. Therefore in the sixth five year plan employment generation was given central focus along with agriculture and rural development in development plans. The main objective of the Sixth Plan was to strengthen the socio-economic infrastructure of development in rural areas by introducing various poverty alleviation programmes such as IRDP, NREP, RLEGP, TRYSEM, DWA-CRA, SITRA and GKY etc. In order to strengthen agricultural credit, the National Bank for Agriculture and Rural Development (NABARD) was established on 12 July 1982 by a special Act of parliament. Seventh five year plan viewed poverty alleviation in a more wider perspective for socio economic development of the country. It mainly emphasised on generating additional employment through self employment and wage employment packages for the poorer section of the society so as to enable them to be self reliant. The Eight five year plan gave importance to eradication of rural poverty by generating employment and building of long durable productive assets in rural areas. The Ninth five year plan accorded highest priority to agriculture and rural development. It also emphasised at stable price rate, providing food security to the vulnerable section of the society so as to accelerate economic growth rate of the country. But inspite of lots of efforts of the government and various wage programmes, poverty levels and unemployment rate did not decline. Moreover India is also facing demographic transition with increase of young labour force and at the same time decrease in population growth. Though the government through its poverty alleviation programmes aimed at raising rural incomes but the delivery system of these programmes has not been reaching to the poor due to leakages of fund. According to the National Sample Survey's 55th round, unemployment as a percentage of labour force rose from 5.99 per cent in 1993-94 to 7.32 per cent in 1999-2000. In the 61st Round survey conducted by the NSS revealed that the workforce increased to nearly 457

million with a substantial unemployed population of 11 million. This implies that the number of unemployed persons grew substantially in this period compared to mid and late 1990s (1993-94 to 1999-2000). Realising this situation the Tenth five year plan aimed at generating quality employment opportunities to achieve a satisfactory rate of employment in the country. Therefore the Government of India launched a new employment generation programmes namely Mahatma Gandhi National Rural Employment Gurantee Act(MGNREGA). Gandhi National Rural Employment Gurantee Act is an innovative anti-poverty intervention of government of India guaranteeing 100 days of employment in a financial year on demand.

From the above discussion it is clear that though agricultural sector was assigned a key role for employment generation. Later, very soon it was realised that the agricultural sector cannot alone absorb a huge chunk of unemployed population. Thus the government of India has emphasised on alleviation of poverty through wage employment and credit-cum subsidy self employment programme. The main aim of all these programmes is to alleviate poverty through productive employment and to provide a quality life to the rural poor. Here we will discuss various schemes of government of India to generate employment, its merits, demerits and problems of implementation.

Community Development Programme (CDP)

Mahatma Gandhi emphasised on rural upliftment and reconstruction through socio economic equity, promotion of khadi and village industries. After independence, Gandhiji's dream of bringing all-round development in rural areas was reflected through launching of Community Development Programme during the First Five Year Plan on 2nd October, 1952. The main concern of CDP is to induce the people to participate directly in the solution of their common problems by utilizing the locally available resources for their betterment. The major activities of development under the CDP

were such as agriculture, animal husbandry, construction of village roads, development of transportation and communication, fruits and vegetables promotion through intensive cultivation, irrigation facilities through tank, tube well, pumping, canal, development of small village industries etc. For the implementation of the programme blocks were set up headed by Block Development Officer (BDO) comprising about 70,000 people. However, by the end of 1960, the CDP was found inadequate and unworkable to do the task for which it was designed for. According to Katar Singh (1986) Community Development Programme failed to achieve its desired objective as it did not give sufficient emphasis on agricultural production. Further, lack of people's participation, uneven distribution of benefits, absence of clear-cut priorities, lack of self reliance, and mutual aid, CDP was unable to bring about the expected change in the condition of the unprivileged sections. Therefore, rural development strategy took a major departure in terms of its emphasis and was manifest in launching of Integrated Rural Development Programme (IRDP) in 1979.

The Integrated Rural Development Programme (IRDP) :

The Integrated Rural Development Programme was launched by the janta govt in the year 1976 on a pilot basis in 20 selected districts across the country and was extended nationally on October, 1980 during the sixth five year plan for the alleviation of poverty in rural areas. The main objective of IRDP is to raise the standard of living of the families of identified target group by providing productive assets and opportunities for self employment so that they can be able to cross the poverty line. The target group mainly included small and marginal farmers, agricultural workers, landless labourers and rural craftsmen and artisans living below the poverty line. IRDP was initially started as a Central Government programme but in 1980 it was converted into a centrally sponsored scheme in which assistance is given in the form of subsidy by the central government and state

government on the ratio of 50:50. The programme is implemented through DRDA at the District level and block at the grassroots level. The beneficiary of IRDP is selected by Village Level Worker (VLW) by selecting the poorer of the poor first.

As far as the working of IRDP is concerned, Nilakantha Rath (1985) commented that IRDP in the first four years (1980-84) really belonged to the category of "poor". In another survey conducted by the National Bank for Agriculture and Rural Development (NABARD) in 1984 revealed that about 47 percent of the sampled beneficiaries had been able to increase their family income. Similarly, in Jaipur district in Rajasthan about 23 per cent of all beneficiaries had been able to cross the poverty line. However, in spite of all these positive impacts, the IRDP scheme was marked by certain shortcomings. It was found in the survey as conducted by NABARD in 1984 that about 42 percent people were wrongly classified as IRDP beneficiary in Assam, 19 percent in MP, 35 percent in the Punjab and 13 percent in Maharashtra. In Puri District of Odisha 13 percent of the samples beneficiaries were not eligible for the IRDP scheme due to faulty land records. Moreover, Devendra Babu (1979) found in his study that IRDP has some major defects in the implementation part due to wrong identification of beneficiaries, absence of experts, poor repayment position and infrastructure. Similarly, B P Singh (1998) in his study on IRDP in Punjab found that beneficiaries under IRDP are in a better position to improve socio-economic life compare to other persons of a weaker section but well-off section of the society derived more benefits than weaker sections from IRDP. Therefore two sub-schemes namely Training of Rural Youth for Self Employment (TRYSEM) and Development of Women and Children in Rural Areas (DWCRA) were introduced to supplement IRDP efforts in poverty alleviation in the year 1979 and 1982 respectively.

Training of Rural Youth for Self-Employment (TRYSEM) :

Training of Rural Youth for Self-Employment (TRYSEM) as a component of IRDP was initiated in 1979 with basic purpose of removing unemployment and promoting self employment among rural youth under the poverty line. The main thrust of the scheme is to provide the rural unemployed youth with necessary managerial skill and technological training to absorb them in various sector like agriculture, industrial sector, weaving, carpentry, electronic repairing, business activities, cane and bamboo works etc. S.K Singh(1989)stated that millions of youth in rural areas can solve their economic problems through the provision of TRYSEM and can unearth the scientific problems in rural areas to implement the redefined technologies provided under this scheme for the elimination of unemployment. However, Ankita Gupta(2006) in her study found that many TRYSEM beneficiaries viewed that the programme simply is a means of receiving a stipend during the training period and not as a way of developing genuine skills which would help in self employment. Further, Subbarao(1985) viewed that the course of action of TRYSEM significantly depends on the demand of the youth for meticulous service for which they are receiving training. Further in the backward region, the scope for self-employment is limited. Hence the scheme has very limited impact on poverty alleviation and employment generation in such area. Later in April, 1999 TRYSEM was merged into Swarnajayanti Gram Swarozgar Yojana (SGSY).

Food for Work Programme (FWP) :

Food for Work Programme (FWP) was launched by the Government of India in April 1977 as a non plan scheme. The programme was designed with threefold objective to provide additional employment opportunities to the rural poor during the slack period, creation of durable community assets in rural areas by utilizing available surplus stocks of food grains. In the initial three

years, the programme was able to achieve success. Dandekar(1980) in his study on FFW in Maharastra revealed that FFW during 1978-79 was the key attraction for the Employment Guarantee Scheme with an increase in earnings of EGS. At the same time Dandekar also found that FFW has failed to retrieve 90% of its working persons below poverty line. Kaushik Basu(1982) stated that FFW was implemented for a longer time in other less developed countries around the globe other than India. Basu also studied about the experiences of different countries while administrating FFW and opined that success or failure of FFW depends on how the planning body addresses issues and consequences arising out of FFW. Planning Commission conducted a study in 1979 on FFW comprising of 20 districts and found that wages have increased in 6 districts and one had stabilized the fluctuating wage which resulted to terminate FFW due to pressures of some rich landlord on Government. At the same, certain major short comings were also pointed by Planning Commission like administrative and implementation problem, steep decline in employment generation, delay in supply of food grains, under payment of wages, supply of inferior quality of food grains etc. The programme was later renamed as National Rural Employment Programme (NREP) in 1980.

The Rural Landless Employment Guarantee Programme (RLEGP) :

The Rural Landless Employment Guarantee Programme (RLEGP) programme was launched on 15th of August 1983, with the objectives of creating gainful employment opportunities, to create productive assets and to improve overall quality of life in rural areas. RLEGP was introduced to ensure 100 days of employment to at least one member of each landless agricultural labour household in a year in the rural areas along with a part of wages as food grains. This scheme is completely funded by the central government. The programme basically included various projects like rural sanitary,

rural roads, construction of school building, social forestry, Indira Awas Yojana and Million Wells Scheme. According to M.D. Asthana(1987) RLEGP creates durable community assets giving direct benefit to the poor based on the village economy. However, the impact of the scheme on the beneficiaries is not very positive. Moreover, RLEGP provides employment to the beneficiaries only during the slack period, hence it do not improve the labour's earning capacity permanently. Apart from this, the programme has several other deficiencies viz. Faulty planning, lack of integration, lacks in feasibility study of projects etc. Therefore, during the last year of seventh five years plan, government decided to merge RLEGP and NREP together to improve the effectiveness of the programme and in 1989 it was renamed as Jawahar Rojgar Yojana(JRY).

National Rural Employment Programme (NREP):

For strengthening the infrastructure for rural development, the Food for Work Programme (FFWP) was modified and renamed as National Rural Employment Programme to provide employment during the slack season. The major objective of the scheme is to generate additional gainful employment, creation of durable assets, benefitting the community and improve nutritional status by giving wages in food grains. Though the NREP was launched with lot of expectations however the scheme has failed to achieve its objectives due to the wage paid under it are often lower than market wage rate, wrong selection of beneficiary, short supply of food grains, short term employment etc. Indira Hirway(1986) made a study of NREP in Gujrat and found that though NREP was more or less successful but it failed to penetrate the backward areas and individual's standard of living due to poor design of the programme and administrative failure. The participation of the poor under the NREP scheme is limited due to short duration of employment. Sandeep Bagchi(1987) commented on NREP by saying that there is something basically wrong in the objective of NREP. The evaluation

of NREP was not done pan India, which is a major hurdle in studying its impact. The NREP achieved success in employment generation in rural areas though it lacked direct focus on the targeted-group people. Later, On April 1, 1989 it was merged into the Jawahar Rozgar Yojana(JRY).

Jawahar Rozgar Yojana (JRY) :

JRY was launched on April 1, 1989 during the last year of the seventh five year plan by merging its predecessor wage employment programmes namely the NREP and RLEGP. The main objective of JRY was to generate additional gainful employment for the unemployed and underemployed persons in rural areas during the agricultural slack periods through the creation of rural economic infrastructure, community and social assets such as roads, public forests, school buildings etc. JRY emphasised in providing employment to schedule castes (SC), schedule tribes (ST) and women. Various studies on the scheme show the working of JRY in the country. Parameswaran Iyer(1994) indicates in his article that JRY was successful in providing employment in rural areas and also helps in tackling unemployment and underemployment problem by providing financial assistance in backward areas with supporting system. Neelakandan (1994) draws attention on key issues such as the volume of employment generation, creation of assets, wages, involvement of contractors, wage/non-wage ratio and the opinions of JRY workers on the programme. In spite of that the Planning Commission in its appraisal of Ninth Plan reported that JRY lacks with providing the adequate employment, resources and violated material-labour norms and also suffered by corruption. Similarly a review of JRY in the post 1992-93 revealed inadequate employment to the poor section of people in terms of requirement and enough income. In Andhra Pradesh JRY aimed to give preference to communities of SCs and STs and free Bonded labourers. The study found that JRY has benefited the poor sections of the society but at

the same time also revealed that JRY has benefited more the SC beneficiaries compare to ST and BC beneficiaries. Later in March 1999 JRY was restructured and renamed as Jawahar Gram Samridhi Yojana (JGSY) with effect from April 1999.

Swarnajayanti Gram Swarojgar Yojana(SGSY) :

On the recommendation of Hashim committee the Integrated Rural Development Programme (IRDP) was restructured and combined with Training of Rural Youth for Self- Employment (TRYSEM), Supply of Improved Tools for Rural Artisans (SITRA), Ganga Kalyan Yojana (GKY), Million Wells Scheme (MWS) and Development of Women and Children in Rural Areas (DWCRA), and made a single self-employment programme known as Swarnajayanti Gram Swarojgar Yojana (SGSY). SGSY is a shift from the individual beneficiaries approach to a group based approach. The scheme was launched on 1st April, 1999 with an objective to bring the assisted poor families (Swarozgaries) above the poverty line by providing them income generating assets through a mix of bank credit and Government subsidy. To achieve this objective the rural poor are organized into self-help groups through a process of social mobilization, training and capacity building. As far as the working of SGSY is concerned, Meghalaya experienced a positive socio-economic changes through microfinance in the borrowers with increase in income, expenses, savings etc. In the district of Puthukottai in Tamil Nadu, the standard of living and income & consumption levels of beneficiaries has gone up due to linkage of SHG programme. In Golaghat district of Assam also, SGSY has remained very successful in formation of SHGs in rural areas despite dozens of shortcomings. In spite of that, several studies revealed that the scheme has certain shortcomings such as inefficiency in selecting the poor, lack of capacity building, less number of community institutions and weak banking networks. For example, in Assam a study revealed that most of the self help group were formed with the motive to have

subsidised credit and after received the subsidy, they were found to be closed down. Similarly, in Amaravati district of Maharashtra also SHGs were formed only to avail the subsidy of the programme. In Rajasthan, a study revealed that there were gross irregularities in selection of BPL people which resulted in listing of non BPL people and excluding the actual BPL families in the SGSY. Again the scheme was marked by another problem of leakage of funds. Similarly, R. Radhakrishna Committee reported that the funds were not utilized in an efficient manner. CAG in their report in 2003, stated that implementation of SGSY is not up to the expectations and even could not made significant improvement over the Integrated Rural Development Programme. Pradeep Sreevaastava (2005) points out that most of the micro-finance via SGSY are not reaching the poorest of the poor, but only those near the poverty line. Another criticism levelled against SGSY is that it has moved beyond the determinist approach to poverty alleviation only on paper and not in practice. However in June 2011, SGSY was restructured and renamed as Aajeevika – National Rural Livelihoods Mission (NRLM)

The Jawahar Gram Samridhi Yojana (JGSY) :

As a modified version of Jawahar Rozgar Yojana (JRY), a newly redesigned scheme of government of India namely Jawahar Gram Samridhi Yojana was launched on 1st April, 1999. The main objective of the programme was to create village infrastructure including durable assets while secondary objective is generation of additional employment opportunity for the unemployed people of the rural areas. It is a centrally sponsored scheme on cost sharing between the centre and the state in the ratio of 75:25. The GP plays a significant role in implementing the scheme. Prakash Antahal (2007) in his study revealed that JGSY scheme played a very important role in creating durable social infrastructure in the district of Jammu and Kashmir and generating employment during the period of 2007.

The Sampoorna Grameen Rojgar Yojana (SGRY) :

The Sampoorna Grameen Rojgar Yojana (SGRY) was introduced on 25th September, 2001 with the objective of providing wage employment and food security to the poorest of the poor people of the country. The programme also emphasised to create durable community, social and economic assets and infrastructure development in rural areas by undertaking various activities such as soil and water conservation, construction of road, afforestation, primary school building etc. The scheme was launched by the government of India by merging two major employment generation programmes namely Jawahar Gram Samridhi Yojana (JGSY) and Employment Assurance Scheme (EAS). The cost of the scheme is shared by both the central and state governments in the ratio of 75:25 respectively of the cash component of the programme. Under the scheme 5Kg of food grains is provided as a part of wage while the rest is paid in cash. Further the programme has a special emphasis on women, Schedule Castes, Schedule Tribes. However the scheme has been criticised on the ground of leakage of fund and administrative failure. Further, Sanjay Savale (2006) made a comparative study between EGS and Sampoorna Gramin Rozgar Yojana (SGRY) and found that SGRY will not solve the problem of poverty and unemployment. Hence to solve this problem alternative model is very essential. In April 1, 2008, SGRY was merged with NREGS.

The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) :

The National Rural Employment guarantee act (NREGA) is a commitment made by the United Progressive Alliance (UPA) government on 25th August, 2005 in its Common Minimum Programme that directly touches the lives of the poor and promotes inclusive growth. It is a landmark legislation passed by the parliament of India after a successful struggle for employment guarantee

legislation. The main objective of this act is to enhance livelihood security of the rural household by providing at least 100 days of guaranteed wage employment in a financial year to every household whose adult members are willing to do unskilled manual work. First time it considers employment as a legal right. In so far as the working of the Act is concerned, Indraneel Bhowmick (2013) in his study of MGNREGA in Tripura finds that the state appears to be doing pretty well in efficiency compared to other states. Again Navjyoti Jandu (2008) wrote that despite a number of hindrances, MGNREGA has been able to make a difference and positive impact among the women in rural areas. However Sapna Kedia (2010) wrote on the ground of lack of awareness among the beneficiaries and poor implementation of the scheme.

An appraisal of all the poverty alleviation programmes show that these poverty alleviation programmes are not benefiting the poor in terms of increasing their income. The resources allocated to anti-poverty programmes are inadequate and in many cases many of such programmes which have wide coverage but are plagued by leakage of subsidies and corruption (For e.g. PDS) and some others which are well-targeted and well-designed faced implementation challenges (For e.g. MGNREGA). While some Self Employment Programme are better utilized by the non-poor. In many cases, such employment programmes fail because of unawareness of the people and as a result fruits of such schemes reaches to those for whom it is not meant for. Moreover, many well-intentioned programmes fail to target the poor because of lack of participation of the beneficiaries. However on positive sides, while some of the poverty alleviation programmes may not be performing well in terms of utilizing the allocated funds and increasing the income of the poor, these programmes have contributed in creating village level assets and infrastructure in terms of schools, health centers, roads and ponds. Similarly, Self-help Groups (SHGs) formed by the women empowered them to become entrepreneurs.

According to 2011 census, although the poverty rate of India has declined to some extent, a large proportion of our population still lives in poverty. Despite various strategies to alleviate poverty, hunger, malnourishment, illiteracy and lack of basic amenities continue to be a common feature in many parts of India. Moreover, poverty is not only linked with economic upliftment. It has social aspects as well in terms of access to services, empowerment and independence. Poverty does not mean not having enough income alone, it also means a sense of inferiority and loss of status in the community as a whole. Therefore, the current poverty alleviation programmes in the country should broaden their focus in addition to increasing the income level of the people. Also, the active involvement of the local communities is considered as the key to the successful implementation of these schemes. This is possible through a process of social mobilisation, encouraging poor people to participate and get them empowered. Without the active participation of the poor, successful implementation of any programme is not possible.

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Association of Education and Human Development: A Study in Context of Assam With Reference to Employment and Poverty

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Abstract : Human development is defined as the process of enlarging people's freedom and enlarging opportunities and improving their wellbeing. United Nations Development Programme defines human development as the process of enlarging people's choices and allowing the, to lead long and healthy life, to be educated, to enjoy a decent standard of living, as well as political freedom, other guaranteed human right and various ingredients of self respect. Human development is about the real freedom of ordinary people has to decide whom to be, what to do and how to live. For human development, development of health, income and education are equally important. Deficiency in particular one may harm on the process of development. In the process of development education has a very significant role has to play. Education help to earn more, reduce mortality and morbidity and increase the standard of living etc. the present study made an attempt to study about the association between education and human development, and its impact on income and poverty reduction in context of Assam. The study is used correlation co-efficient and tabular methods to analysis the data.

1.0 Introduction :

Human resource development is the key factor for development. Development of the people, by the people and for the people will lead to the all round development of the society. The main theme of 1996 Human Development Report was: "Human development is the end - economic growth a means." The Report argues that economic growth, if not properly managed, can be jobless, voiceless, ruthless, rootless and futureless, and thus detrimental to human development (HDR, 1996). The quality of growth is therefore as important as its quantity; for poverty reduction, human development and sustainability. Again economic growth is not sustainable without human development. There is a two-way relationship between human resource and economic development. The ultimate objective of planned development is to ensure human well-being; The development of human resources contributes to sustained growth and productive employment. After the UN Millennium Development Summit (2000), the Millennium Development Goals (MDG) became the most widely accepted yardstick of development efforts by Governments. Improvement in human capital requires higher investments in the social sector. The goals (MDGs) relating to the social sector include achieving universal education, attaining gender equality, reducing Infant Mortality Rate (IMR) and under five mortality by two-thirds, reducing Maternal Mortality Rate (MMR) by three quarters and reversing the spread of HIV/AIDs and other communicable diseases.

Concentration on economical growth alone will not ensure human resource development. The prerequisite of human resource development is the allocation of scarce resources to the appropriate channel. Otherwise economic growth and human resource development will have divergent results. Because of this reason to achieve a superior human resource development education is a highly significant concept than the general economic growth in the country.

measure HDI till date. The table-1 in the annexure shows the relationship between human resource and economic development.

2.0 Objectives :

1. To study about the association between education and human development of Assam.
2. To study about the role of education in employment and poverty reduction of Assam.

3.0 Methodology:

The study is based on secondary data. The data are collected Assam Assam Human Development Report (2014), Statistical Handbook of Assam and different journal and research paper. To analysis the data correlation co-efficient and tabular methods are used.

4.0 Association of Education with Human Development of Assam :

In human development education plays very significance role. It can be defined as the procedure of enquiring skill, knowledge, habit, believe and values. Many experts who believe that education can also defined as the procedure of facilitating earning. There are many educational methods which are often employed and some of those education methods include teaching, training, discussing, storytelling and directed research. It is very important to remember that in the majority of the situation, education takes place under the guidance of educator. Human development, on the other hand, is a field of science which has the main aim of understanding the chances which takes place in the people from all ages and circumstances. It is important to remember that the field of human development is not just concerned with physical changes but in this field the focus also relies on other type of changes including psychological changes. To see the association between education and human development of Assam correlation is done in human development index and education among the various districts of Assam is shown by following

For example, as per the UNDP Human Development Report (2007) among 182 countries the ranks of China, India and Bangladesh are 92nd, 134th and 140th respectively. China's life expectancy at birth is 73.5 years against ten percent economic growth rate and India's life expectancy at birth is 64.4 years against almost nine percent growth rate. On the other hand a very low growth achiever country Bangladesh's life expectancy at birth is 66.9 years. Again the average schooling years in China, India and Bangladesh are 7.5 years, 4.4 years and 4.6 years respectively. Hence it is evident from the fact that economic growth may not always direct human resource development if the fund is not direct in the priority tracks.

A higher and healthy labour supply, improved skills resulting from increased access to education and training enhances economic growth. Education alone, of course, cannot transform an economy. The quantity and quality of investment, domestic and foreign, together with the choice of technology and overall policy environment, constitute other important determinants of economic performance. Human resource has to be constantly trained in order to be able to develop, apply and use new technologies. Human beings invest in themselves by means of education and training which increases knowledge and skill in them. This increases their productive capacities, which raises their future income by increasing their lifetime earnings. Generally better educated people earn more than a less educated person. In addition to this an educated person can realise the importance of an improved health status. On 1st April, 2010 the government of India declared education as a fundamental right of each and every child. Yet dropout rate in Assam as well as in India is still high; conversely enrolment rate is very low in the mentioned areas. The first Human Development Report (1990) introduced the way of measuring development by combining indicators of life expectancy, educational attainment and income into a composite human development index (HDI). These indicators are adopted to

table-1. Correlation analysis reveals that in Assam literacy is weakly associated with human development. This may be due to low level of quality education.

Table-1: Literacy rate and HDI in Assam in 2014

Districts	Literacy rate	HDI	Correlation coefficient
Baksa	69.25	0.315	r = 0.16 (not significant)
Barpeta	63.81	0.487	
Bongaigaon	69.74	0.405	
Cachar	79.34	0.321	
Chirang	63.55	0.516	
Darrang	63.08	0.386	
Dhemaji	72.70	0.370	
Dhubri	58.34	0.349	
Dibrugarh	76.05	0.383	
Dima Hasao	77.54	0.484	
Goalpara	67.37	0.444	
Golaghat	77.43	0.392	
Hailakandi	74.33	0.318	
Jorhat	82.15	0.448	
Kamrup	75.55	0.473	
Kamrup (M)	88.71	0.518	
Karbi Along	69.25	0.398	
Karimganj	78.22	0.341	
Kokraghar	65.22	0.412	
Lakhimpur	77.20	0.404	
Marigaon	68.03	0.426	
Nagaon	72.37	0.437	
Nalbari	78.63	0.413	
Sibsagar	80.41	0.415	
Sonitpur	67.34	0.336	
Tinsukia	69.66	0.347	
Udalguri	65.41	0.365	

Sources: Assam Human Development Report 2014

8.0 Occupational Engagement by level of Education:

Economic status of people is an important indicator of human development. Education plays a very important role in this case. Education helps to be more capable one which increase the level of earning and it improve the economics status of human being. Higher economics status contributes a lot in Human development. When people become more educated one, the level of earning will increase, because the probability of getting higher quality job will increase. The following table-2 depicts the picture of occupational engagement by level of education in Assam:

Table-2: Occupational engagement by level of education (In %)

Level of Education	Agriculture & livestock	Casual work	Permanent selected work	Self Employment in Non Farm	Total
Not literate	28.35	57.65	4.00	10.00	100.00
Up to middle	30.77	44.93	5.82	18.48	100.00
Up to higher secondary	26.4	24.85	22.73	26.38	100.00
Diploma/Degree	8.99	12.39	55.40	23.22	100.00
Above graduation	4.65	11.05	62.40	21.90	100.00
Total	27.38	39.90	13.60	19.12	100.00

Source: HDR Survey, Assam (2013).

The above table-2 shows that engagement in Agriculture and livestock, casual work getting reduced along with increase in level of education. On other hand engagement in permanent selected work and self employment in Nonfarm sector is increasing with increase in level of education. That means when people become more educated, it push them to earn more. Because of them engagement in low earning sector is reduced when level of education become higher.

6.0 Education and poverty:

Poverty is an important hindrance of human development. It will deteriorate the health of people. Among the people below poverty

line education level is very low. Moreover poverty increase the maternal and paternal mortality, children has to suffer different kind of disease due to malnutrition. It increases the rate of child mortality. Children who are exposed to poverty at a young age often have trouble academically later in life. According to new research out of the Washington university school of medicine, poverty also appears to be associated with smaller brain volumes in areas involve in emotion processing and memory. In Assam still people live below poverty line is 34.4 percent. But education is a key factor to reducing and preventing global poverty. Many countries around the world are beginning to realize the importance of education and are investing in it significantly. Making education available to 100 percent of people around world is one way to ensure that poverty declines. Moreover as compared to the people of low level of education poverty is less among higher level of educated people. When people become higher educated it will reduce poverty by ensuing higher earnings. The following table-3 shows the poverty and regular salaried people at different level of education:

Table-3: Education-poverty linkage

Level of education	Regular Salaried (in percent)	Poverty
Illiterate	4.0	45.0
Barely Literate	4.8	41.7
Primary passed	3.9	43.2
Middle School passed	7.9	39.4
Secondary passed	17.7	34.7
Hr Secondary passed	32.0	28.9
UG Diploma	55.5	24.6
Graduate & above	62.5	18.3
Technical & Professional	65.9	18.5

Source: HDR Survey, 2013

The above table-3 shows that percentage of regular salaried earner is increasing when education level becomes higher and poverty is reducing. When people become more educated it improves the skill of person which ultimately reduce poverty by rising income level.

7.0 Policy Prescriptions:

- [1] In case of health indicators greater care should be given to the IMR in comparison with the other indicators health. Because IMR is the most sensitive indicator than all other elements.
- [2] The Kothari Commission, 1964 recommended that the education sector should allocate at least 6% of GDP, while the share of higher education needs to be 1.5%, within the 6%. Therefore it is recommended that the state should allocate the fund in the education sector which is at least comparable to the recommended rates.
- [3] All education institutions, especially in the rural areas should be provided with basic amenities like power, toilet, drinking water, desks and benches etc. so that the dignity of the teachers and the students are upheld. This would also significantly increase enrolment and reduce dropouts. Again proper sanitation will enhance children health.
- [4] Proper allocation of funds towards appropriate channels will also have no meaning unless and until proper utilization of the fund is exercised. Hence there should be proper allocation as well as proper utilization of the allotted funds.
- [5] Economic growth should be one of the objectives of our development and not the ultimate objective. The ultimate objective of development should always be the human resource development.

8.0 Conclusion:

Now-a-days human resource is the most important component of economic development which also influences the physical capital in the economy. Hence Government should take

proper policy to develop the status of health and education level in the society which enriches the human resources. Economic development can be achieved through human resource by proper allocation of public fund towards development of them with the participation of private sector. Again, only sustained level of economic development can ensure development of human resource. It can be concluded that there is a two way nexus relationship between human resource and economic development.

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Health and development

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Introduction :

The United Nations Development Programme defines human development as “the process of enlarging people’s choices,” said choices allowing them to lead a long healthy life, to be educated, to enjoy a decent standard of living,” as well as “political freedom, other guaranteed human rights and various ingredients of self-respect.”

One of the most important indicators of human happiness and well-being is good health. It also makes an important contribution to economic progress, as healthy populations have more longevity, are more productive, and they can save more.

Those factors that influence health status and a country’s ability to provide quality health services for its people are: ministries of health, other government departments, donor organizations, civil society groups and communities themselves. For example: better transport and communication can improve access to health services; civil service reform can create opportunities to hiring additional health worker etc.

WHO rightly observes a complex link between ‘Health and development’. It shows the impact of better health on development and poverty reduction on the one hand and on the other hand, with the impact of development policies on the achievement of health

goals. The aim is to build support for higher levels of investment in health, and to ensure that health is a priority within overall economic and development plans. In this context, 'health and development' work supports health policies that respond to the needs of the poorest groups. WHO also works to ensure that aid for health is adequate and should be a priority of the Government of a country.

Objective of the study :

- To assess the role of better health in economic development.
- A brief review of Health Policy 2017

Methodology :

This paper is prepared with the help of data collected from the secondary sources like-books, journals, internet etc.

Relationship between Health and Development:

There is a global transformation in human health since last 150 years that has led to people living longer, healthier and more productive. It has been observed by the economists and demographers that rising incomes is the major cause of declines in 19th century mortality rates.

To achieve Sustainable Development Goals (SDGs) development of health and declining infant and maternal mortality are very important. The SDGs include reductions in infant and maternal mortality, reductions in infectious diseases, HIV, malaria, tuberculosis, and improving nutritional status of children. Better health and per capita GDP growth are co-related. The impact of health on GDP is substantial. It is estimated that an extra year of life raises per capita GDP of a nation by 4 percent. On the other hand the higher the rate of GDP invested in health development the more is the development.

How well countries are doing in three dimensions: health, education, and living standards are assessed by the HDI. (United Nations Development Programme, 2013). The development of health status and educational achievement for the people of a country

will tend to grow hand in hand. Yet improved living standards, as captured by gross national income per capita, may have affected people's health in a complex way: the net health benefit may depend on the interrelationships of various factors such as, social infrastructure, public health interventions, technology, and lifestyle changes due to urbanization and globalization. Low- and middle-income countries continue to experience epidemiological transitions from infectious diseases to chronic Non Communicable Diseases. NCDs play important roles in personal health, especially for older people. Again, the fast economic growth in some countries may be the result of a positive health-supporting environment. All these factors contributed to the complicated relationship between health and development.

The table below depicts that developed countries spend a higher percentage of GDP for their health development than the underdeveloped countries :

Sl. NO	Country	% of GDP
1	USA	17.07
2	GERMANY	11.14
3	BRAZIL	11.77
4	NORWAY	10.50
5	UK	9.76
6	JAPAN	10.93
7	INDIA	3.66
8	SAUDI ARABIA	5.74
9	PAKISTAN	2.75
10	SRILANKA	3.89
11	BANGLADESH	2.37
12	NEPAL	6.29

Source: WHO Report-2016

The above table depicts that the developed countries like USA, Germany spends 17.07% and 11.14% for health development whereas the underdeveloped countries like India, Pakistan, and Bangladesh spends 3.66%, 2.75% and 2.37% respectively. The table shows that developed countries spend more in health development which increases their productivity and on the other hand less developed countries spend a mere percentage of their GDP for health development and the result is lower productivity and low economic growth.

Making healthcare facilities accountable;

Countries have adopted different methods to provide universal coverage. Some rely on the Government and others depend on private institutions and some have a mixture of both. But in all the cases Governments and other agencies are interested in performance based financing for health. Politicians and legislators particularly in underdeveloped countries are under growing pressure from the public to show that the assistance for health and other areas are utilized efficiently.

In India, both the central and state governments have started to appoint NGOs and private institutions on the basis of their performance. It is the responsibility of the Government especially of the underdeveloped countries to monitor the activities so that the development assistance is optimally and efficiently utilized in pursuit of the health Sustainable Development Goals. For example in India the health programmes like 'Atal Amrit Yojana, Ayushman Bharat, Janani Suraksha Aahoni etc. should be monitored regularly so that the programmes would become a real help for needy one.

National Health Policy of India 2017

The National Health Policy of 2017 is different from the earlier health policies in different ways. First, the health priorities are changing. Though maternal and child mortality have declined, there is growing burden on account of non-communicable diseases and

some infectious diseases. The second important change is the emergence of a strong health care industry estimated to be growing at double digit. The third change is the growing incidences of sudden increase in expenditure due to health care costs, which are presently emerged as one of the major contributors to poverty. Fourth, a rising economic growth increases fiscal capacity. Therefore, a new health policy should be responsive to the changes in fiscal capacity.

The National Health Policy, 2017 (NHP, 2017) seeks to reach everyone in a comprehensive and integrated way to move towards wellness of the people. It aims at achieving universal health coverage and delivering quality health care services to all at affordable cost or free of cost.

Objectives :

- To improve the health status through efficient policy action in all sectors and expand preventive, promotive, curative, and rehabilitative services provided through the public health sector with focus on quality services.
- Allocation of funds is not sufficient, but resources are to be utilized appropriately and health care delivery to be monitored.
- Look after the performance of health professionals their work efficiency and expertise are to be noted preferably in rural, tribal, unreachable areas and hilly areas.
- The health care professionals work to be appreciated and highlighted, giving no scope for partiality and favouritism.

The National Health Policy 2017 Document is like any other, drafted with utmost care. There is one issue of the present Government is that doctors are not willing to serve in villages due to various reasons. Again, another issue is that of ratio between doctor and patient. All these issues should be carefully managed by the government.

National Health policy 2017 treats health problems in a holistic way. Like it is said 'prevention is better than cure. Much of the

expenditure due to health illness can be reduced; premature mortality could be prevented, if the policy focuses more on the preventive measures than curative and rehabilitation.

To achieve these objectives the following steps may be undertaken:

1. Educate and aware the rural people who are ignorant of importance of health,
2. Make it compulsory for people to have health check up every year. Industries, institutions, etc must undertake programmes for their employees' regular health checkup.
3. Regular audit and supervision should be done for health officials working in government and private sector by dedicated and experienced supervisors.
4. Build a consumer-based primary health care system.
5. Improve quality, safety, performance and accountability of the stakeholders.
6. The ratio of doctors to the patients should be increased.

Conclusion :

Several policies are framed and executed, but the implementation of those is not up to mark due to lack of monitoring from government as well as the public. Even today there are many places where people suffer a lot to afford for medical expenses and they do not approach hospitals due to lack of knowledge regarding the severity of health condition. Poor allocation of budget is an impediment to achieve any policy goal in India. In spite of ideal policy, the people depends 70% on private than public health facilities.

Thus, not only government but also the common people should have the knowledge about the current updated health policies. Let us hope that collective effort of common people and government will have fruitful results in the near future. At last we may conclude that for development and to reduce poverty adequate health care services is one of the most important requirements.

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covered by media organisations across the globe. The successes of these and other NGOs in providing health care, education, economic opportunities and human rights advocacy to millions of people are also well-known. The decentralisation of governments and scaling-back of social spending advocated by the international financial institutions and large aid-donor organisations throughout the last decades have created considerable space for NGOs, and made them key figures in a wide range of social sectors. NGOs provide over half of Kenya's health care services and more than a million self-employed women have received credit from a single Indian NGO. As NGOs have become increasingly involved in providing such services, they have also become critical in ensuring human security.

UN Secretary-General Kofi Annan has defined human security as "freedom from want" and "freedom from fear" and has urged the global community to adopt a people-centred approach to security in their work. This definition extends beyond the traditional view of security as protecting states against violent conflict, and centres instead on the access and opportunities of individuals and communities. In this paper, I hope to provide an analysis of the roles that NGOs can play within a human security framework. It should prove valuable to researchers and policy-makers focussed on human security, to donor agencies interested in funding human security initiatives and to NGOs themselves.

The paper is organised into four sections. In the first section I will provide a brief overview of the roles that NGOs currently play in improving human development and protecting human rights – fields intimately connected to ensuring human security. In section two I will outline what I see as the potential contributions of NGOs to providing human security and in section three I will highlight the main obstacles which currently prevent many NGOs from fulfilling these roles. Finally, in section four I

The Role of NGOs in Human Security

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Abstract :

Human security is fundamentally concerned with helping people to deal with unforeseeable threats and sudden downturns, whether international financial crises, environmental disasters or incapacitating illnesses. In this paper I argue that NGOs, as one of the most visible sets of actors in the related fields of human development and human rights, can play a significant role in helping to achieve human security. NGOs are especially well suited to action for human security because of their size and reach, closeness to local populations, willingness to confront the *status quo*, and ability to address transnational threats through coalition-building. While NGOs face many obstacles in reorienting their activities explicitly towards human security, including the cyclical nature of the aid monies on which many of them depend and the high costs of networking, I argue that the human security framework will nonetheless attract many NGOs to its approach.

Introduction :

No discussion of poverty, equality or development today is complete without considering the role of NGOs. Whether in the North or the South, NGOs are a visible, respected and entrenched part of many societies. NGOs like BRAC in Bangladesh are as familiar to us as The United Way in the United States; the activities of Amnesty International and the World Wildlife Fund are regularly

will identify the reasons why NGOs, many of which are already stretched to the limits of their resources, would be interested in both adopting a human security approach in their work, and participating in global efforts to ensure human security.

Section 1: NGOs in Human Development and Human Rights

While the meaning and use of the term NGO have been much debated, this paper makes use of the most commonly accepted understanding of NGOs: as independent development actors existing apart from governments and corporations, operating on a non-profit or not-for-profit basis with an emphasis on voluntarism, and pursuing a mandate of providing development services, undertaking communal development work or advocating on development issues. NGOs can be classified in many ways: on the types of activities they undertake, on their size, on their sectoral focus, or on their sources of funding. Of particular note to the present discussion is the distinction between NGOs of different geographical origins, specifically between NGOs from the North and NGOs from the South.

Throughout the last several decades, NGOs originating in the North have grown from a small number of post-war relief organisations to a major industry of large, multi-national organisations with relief and development mandates both at home and abroad. Many of these NGOs are operational, meaning that they run their own development projects nationally and internationally. Such groups, originating in the North, but with mandates throughout the South, will be called international NGOs, or INGOS. This subset includes some of the best-known NGOs at work today: CARE, Oxfam, Save the Children. Such NGOs have made a major contribution to human development across the South, particularly in the fields of health and nutrition, education and the environment. They have also played a crucial role in ensuring human security for millions of people during emergency relief situations. This role

was illustrated by INGO activities in Mozambique after the country was battered by a succession of cyclones and storms in 2000, in India in 2001 after a major earthquake devastated Gujarat, in the Horn of Africa region during recent drought and political instability, and continues to be demonstrated in Afghanistan today. It is a role which they, as large organisations with direct fundraising links in the North and a proven track record with Northern governments and international bodies, are particularly adept at playing.

Until the 1980s, the majority of NGOs at work in the South were international NGOs. More recently, however, local NGOs originating in Southern communities have become a prominent force in development. In countries like India and Brazil, local NGOs now rival their international counterparts in terms of their size, impact and resources. While indigenous NGOs and the forms of organisation on which they are based have existed throughout the developing world since before colonialism, their global rise to prominence has been relatively recent. Changed international approaches to development shifted focus from economic to social development and placed increased importance on the participation of local people in development initiatives. As agents of development, local NGOs with their relative small size, flexibility and access to local expertise, came to be perceived as possessing a comparative advantage over their often inefficient and increasingly bureaucratic governments. These trends opened the doors for a global increase in the number and range of local NGOs active in the developing world.

Today, Southern NGOs are key players in international development, major contributors to development processes within individual countries and continue to experience growth. It is often NGOs and not governments or the United Nations agencies, which are the most prominent advocates of international human

rights, advocating on behalf of groups including women, children, political activists and AIDS-sufferers. The impact of local NGOs is similarly strong in individual country contexts. In Bangladesh, BRAC's health and nutrition program touches over 30 million people, or roughly half of the population of the United Kingdom.¹ The Grameen Bank in Bangladesh, SEWA in India and Madres de Plaza de Mayo in Argentina possess brandnames that are as recognisable in their countries as those of Microsoft or Manchester United are to us. The importance of Southern NGOs is likely to continue to grow given the increasing prominence afforded to these groups in donor funding plans. Flows of official development assistance from the North to the South have declined over recent years, but the proportion being channelled through NGOs is increasing steadily. Consider the current state of aid to Africa, for instance. While total aid receipts on the continent have fallen by more than 20% since 1994, NGOs are increasingly the recipients of the donor funding that does arrive on the continent.² In 1999, both the American and Dutch governments decided to channel an increasing proportion of their development aid in Africa away from governments and towards NGOs. In the case of the United States, this policy will result in the greatest proportion of their 700 million dollars of funding for Africa being given to NGOs.³

As these examples illustrate, both local and international NGOs have come to be experienced, renowned and resourced actors, and key to development processes and planning. These NGOs are instruments of human development and human rights counted on by governments, donor agencies, international financial institutions and millions of people worldwide. In many development sectors they are the main or only providers of regular services. They have also become positioned as among the best-suited actors for ensuring human security for the people they serve.

In Section 2, I will highlight the ways in which the focus, expertise and infrastructure developed by NGOs through their human development and human rights activities allow them to make unique contributions to human security provision.

Section 2: Main Potential Contributions of NGOs to Human Security

The recently created Commission on Human Security has adopted a working definition which sees the objective of human security as safeguarding of "the vital core of all human lives from critical pervasive threats, in a way that is consistent with long-term human fulfilment".⁴ This definition highlights that human security is concerned with the unforeseeable threats that arise in people's everyday lives. That NGOs have become key actors within human development and human rights, does not alone prove their relevance within the field of human security. While the fields do complement each other, the Commission itself has emphasised the distinction between the two fields in its work. Human development "seeks to create and enhance opportunities and capabilities" whereas human security "aims at securing social protection against risks and vulnerabilities".⁵

Human security concerns cut across the traditional sectors of development activity. An earthquake or cyclone, for instance, threatens more than the immediate survival of the people affected by it. Their economic well-being, health and ability to influence political agendas are also threatened. Multi-sector actors by definition, governments are perhaps the most appropriate and able actors to ensure the human security of their populations. As Sabina Alkire argues, "Governments have the responsibility and authority to provide human security to their citizens".⁶

Yet many of them have been unable to tackle the human security needs of their populations on their own. After all, threats to human

security may arise outside of the state boundaries which confine government actors, be politically inexpedient for ruling parties to address, result from situations which governments lack the political will to take in hand, or arise out of government's own policy decisions. While governments may have the responsibility to ensure their citizens' human security, they are often neither able, nor appropriate, institutions for the task.

NGOs are among the many other actors, including the judiciary, media, labour unions and religious bodies, who have shown themselves to be adept at complementing or supplementing the human security efforts of government agencies around the world. The complex set of interrelated factors which cause and perpetuate underdevelopment, and which NGOs address through their activities, are mirrored in the myriad of direct and indirect threats to human security around the globe. By increasing people's ongoing development opportunities and the capabilities on which they can rely for their physical, economic and social needs, NGOs play a key role in reducing these threats and improving people's human security. Based on my research with NGOs in Africa and South Asia, I can identify six main additional contributions of NGOs to providing human security.

1. Size and Reach

Globally, NGOs have developed a reach, and are growing to a size which is unparalleled by most other organisations working within the field of human security. Networks of international and local NGOs criss-cross countries as diverse as India, Senegal and Peru and can be found in even their most remote corners. Individual NGOs are increasingly expanding their services and front-line offices across their countries. Many are even investing in establishing satellite offices in neighbouring countries. These groups can reach communities that multilateral agencies and government bodies lack the infrastructure or funds to work with, and are

the local experts on which millions rely for their health, education and economic development needs. As existing providers of development services, they are already working to prevent threats to human security from arising. As the most local groups available to tackle human security issues, NGOs could also be the most able to mount a rapid response to sudden downturns in their areas.

A few examples will illustrate the contribution that the size and reach of NGOs can make to ensuring human security. In Bangladesh, which houses one of the world's largest NGO sectors, two local NGOs alone work with a client-base of roughly seven million people. The first, BRAC, has core programs in rural and urban development, education and health in all 64 districts of the country, and reaches more than 50,000 villages. Over one million children attend its' schools and it provides paid employment to 60,000 people.⁷ Its activities in health, education and microcredit provide systematic protection from sudden threats to human security for millions. Its very existence provides job security to thousands. The second NGO, Proshika, is active in 57 of Bangladesh's districts and estimates that 10 million people have benefited from its range of programs.⁸ In the event of a violent conflict or national economic collapse, few international or Bangladeshi organisations could rival the ability of these two NGOs to ensure human security for the people with whom they work.

In Zimbabwe, most local NGOs undertake development work in multiple regions of the country and many have prioritised the creation of their own regional or provincial offices with which they can share decision-making and programming responsibilities. The low cost and relative ease of travel and communications within Zimbabwe is one factor which contributes to this phenomenon. Good roads traverse the country and its telecommunications infrastructure is one of the best on the continent. A number of local NGOs have achieved nation-wide representation,

with offices in all Zimbabwe's provinces. In countries like Tanzania, where travel is costly and difficult, it is international NGOs which have developed a nation-wide presence. Their human, transport and financial resources make it possible for them to reach communities from the Great Lakes region to the Indian Ocean. Whether served by local or international NGOs, millions of African people, many in isolated rural communities, now have access to effective social development programs which help to protect them from various forms of insecurity.

The size and reach of NGOs contributes additionally to human security as it allows individual NGOs to engage with multiple threats to human security at once. As NGOs have grown in size, they have also grown in scope, moving between sectors of development and incorporating new areas of interest into their portfolio of services. They each offer their clients or beneficiaries a wide and often diverse range of services. While predominantly research and advocacy organisations, IBASE in Brazil and DESCO in Peru, for example, focus on a range of social and political issues including gender, human rights, democratisation, food security, social responsibility, and the environment. SEWA and WWF in India, while both organised around employment and labour issues, also incorporate other aspects of their members' livelihoods and security into their work, undertaking projects on credit, food and water, housing, insurance, legal aid, child care and health care. With their financial, political, environmental and social foci there are few essential services that these NGOs do not provide to their members.

2. Comparative Advantages

The global rise of NGOs has been accompanied by the development and widespread dissemination of the myth of NGOs. To some observers they are the universal panacea to underdevelopment, to others the torch-bearers of civil society and to still others, David to the Goliaths of oppressive government

regimes, globalisation and poverty. In many circles NGOs have come to have every possible positive attribute included among their list of virtues. This uncritical view of NGOs, as free from the inefficiencies, corruption and self-interest that plague so many institutions, is naive, unhelpful and undoubtedly wrong. But as agents of development, many NGOs do possess unique qualities and comparative advantages which make them particularly well-suited to human security initiatives.

The first of these sets of comparative advantages is the flexibility and adaptability of NGOs. Used to undertaking projects with only limited resources and imperfect information, NGOs are resourceful and willing to work with uncertainty – key elements to succeeding in human security. For example, local NGOs in Tanzania mount a host of successful development projects without large offices, overhead funding, or even a full complement of permanent staff. A philosophy of 'making-do' dominates the sector and it seems that few NGOs complain about their lack of funds, not because they do not lack funds, but because they see their role as one of doing the best they can with what little they have. While many of the NGOs I met in that country lacked vehicles and some even computers, only a small number of them considered themselves to be facing a real shortage of funds. NGO directors are well aware that donor funding to NGOs is usually short-term and limited to project expenditures, and have adapted their strategies accordingly. NGO members donate their old computers, sacrifice their personal vehicles for organisation activities and do odd-jobs for the NGO at their regular places of employment. Several Tanzanian NGOs have convinced the government to grant them free office space in unused government buildings. This kind of resourcefulness permeates the Tanzanian NGO sector.

The flexibility of NGOs is also illustrated by their recognition of the fungibility of money. Local NGOs in particular, unconfined

communities and the legitimacy they have gained in the eyes of these peoples is therefore a second comparative advantage of NGOs in human security programming.

One last comparative advantage of NGOs is their ability to take risks and innovate in their programming. Not all NGOs are able to take big risks, but large NGOs which are able to fund and develop a significant proportion of their programming can. BRAC or AMREF, for example, have been able to diversify with little risk to the strength of their organisations. This is certainly a part of innovation. Though often thought to be greater among smaller NGOs, in my experience innovativeness is more a characteristic of large NGOs, whose resources and structures make them more able to assume risk and to cope with failures. Governments suffer political consequences for taking risks with their initiatives and failing, and many multilateral and multinational agencies are too confined by the short-term nature of their projects or by the bureaucracy of their massive organizations to be truly innovative in their programming. In a world where meeting basic social service needs and ensuring basic human rights are already challenges which occupy countless resources, addressing human security effectively requires organizations that can afford to take risks and think of new ways of countering the growing list of potential threats to human security. NGOs have shown themselves to be particularly adept at undertaking such initiatives.

3. A Willingness To Address Threats To Human Security That Other Groups Overlook

Engaging with threats to human security that other organizations do not recognise or are unwilling to confront, is a third way in which NGOs can prove to be particularly significant to human security efforts. These threats to human security are not necessarily controversial or newly emerging. Lack of access to basic education and health care are both insecurities which have been

to rigidly defined and head office-approved projects and programs (as their international counterparts are), see the money they receive as fungible. They are often criticised for so treating their financing, and management tools supported by donors, whether log-frame analysis, budgeting or reporting, are all designed to reduce the ability of local NGOs to transfer funds, donated for one purpose, to another. But fungibility means that local NGOs are able to listen to their clients and better address the changing needs these clients demonstrate by using what monies the NGO receives for what up-to-date aims it finds most important. In terms of our current discussion, this ability of NGOs allows them to play a significant role in alleviating sudden threats to human security for their clients.

Ensuring human security for populations is as much about building effective political, economic and social institutions, or challenging government policy and budgeting priorities, as it is about preparing for an unpredictable drought or volcanic eruption. Touching on fields such as gender issues and democratisation, protecting human security involves representing local populations and, therefore, requires relevant actors to gain legitimacy in the eyes of such populations. Local organisations are one of the few appropriate groups to undertake such tasks. They are also perhaps the only ones with the ability to succeed in work that is so dependent on understanding local social, cultural and environmental contexts, and on mobilising and ensuring the meaningful participation of local populations. As relatively large and well-experienced groups, with both strong ties to the grassroots-level and links to national-level actors such as government, the media and academics, local NGOs are well-suited to playing this role. In these contexts they are more appropriate actors than international visitors or many of their local religious and government counterparts. Their proven track record and experience with local

aggravated in the post-structural adjustment world. As governments have faced increasing pressures from the international financial institutions to reduce their spending deficits, many have chosen to reduce their investment in basic social services. This has often resulted in chronic and acute underinvestment in schools, training programs, hospitals and primary health clinics. In countries like Kenya and Ghana where this phenomenon has been pronounced, and governments have been unable to prioritise aspects of human security over economic considerations, NGOs do more than just fill gaps in government service delivery. They play a crucial role in reducing the threat of many insecurities. Moreover, while governments must focus on strategies for whole nations, NGOs are more able to focus on individuals and communities – the level at which human security must be considered.

Through their credit activities, NGOs made a similarly positive contribution to human security in a field in which few other actors were active. Recognised as a significant risk for banks and established financial institutions, poor or self-employed workers were traditionally unable to access the credit which could insulate them against sudden downturns in their economic situation. The global success of NGOs as providers of microcredit is well-known and credit-based NGOs like SEWA in India have been able to improve not only the capacities of their clients to build better futures for themselves but also their ability to withstand threats to their livelihoods. A 1995 study of the chronic economic difficulties of SEWA members concluded that “women who had been members of SEWA for longer periods, who had savings accounts in the SEWA Bank, and who contributed a greater share to total family income had a lower incidence of [economic] stress”.⁹ In addition, while existing labour unions were unwilling to recognise the rights of such

home-based workers, and government afforded them no legal protections, SEWA's lobbying efforts have forced the Indian government to recognise the labour rights of hawkers, vendors and the self-employed. It has similarly influenced the International Labour Organisation (ILO) and the International Confederation of Free Trade Unions (ICFTU) to extend their attention and their protections to self-employed and home-based workers.¹⁰ By protecting the livelihoods of such workers through the provision of credit and lobbying for their labour rights, SEWA and NGOs like it have made a significant contribution to reducing the threats to their security that traditional financial institutions were unable to address.

NGOs also make substantial contributions to human security by addressing threats that other actors are not just unable, but unwilling to tackle. One prominent example of this is the role that NGOs across Africa have played in the fight against HIV/AIDS. In many countries ethnic and religious leaders and government officials were silent about the disease until very recently. It is often still considered an inappropriate topic for public discussions and debates. In Zimbabwe, for instance, it was not until 1999 that President Mugabe first acknowledged the AIDS epidemic, by which time over one-fifth of the Zimbabwean population was estimated to be HIV-positive. Yet NGOs have stepped into the midst of the rampant misinformation and desperation in such countries to teach condom use, educate people on modes of transmission of the disease, and campaign for the rights of AIDS-sufferers.

NGOs were also among the first groups to advocate for an understanding of HIV/AIDS as a multi-sector issue. AIDS is often only approached from a health perspective, and anti-AIDS campaigns focus on awareness and prevention, and on providing counselling and care for AIDS-sufferers. NGOs have

fought to demonstrate the many other social, economic and political fronts on which the disease must be fought. Large sectors of the labour force are dying. The livelihoods of AIDS-sufferers and their families are threatened. For many this threat is a long-term one, as wives are often unable to inherit the property of their dead husbands. Employers discriminate against HIV-positive employees whose human rights are often not constitutionally guaranteed. Sex workers have little protection from the threat of the disease and yet little attention is paid to their plight. Gender inequality continues to drive the epidemic, and rape and sexual abuse of children is on the rise. In many countries NGOs afford the only protection to people from these AIDS-related threats to human security.

4. An Ability To Address Political Threats To Human Security

It is an unavoidable fact that many threats to human security, while often indirect, result from government policies and ineffective political institutions or regulatory frameworks. As has been alluded to in the last three sections, many of these policies have created considerable room for NGOs as agents of human security. Government underinvestment in health care, for example, has made NGOs the largest providers of health services in many countries and has increased the overlap between their traditional projects and the human security agenda.

This type of threat to human security is one that few actors are better placed to address than NGOs, and local NGOs in particular. Dependent on the goodwill of foreign governments to remain and work in their countries, international NGOs can face considerable obstacles when trying to include mass mobilisation, lobbying and advocacy activities against their host government in their portfolio of activities. As guests in the country, raising the ire of national government would be both a financially and politically costly mistake for international

development groups to make, and could spark a higher-level diplomatic confrontation between their home and host nations. Local NGOs, on the other hand, have the local knowledge and experience, ties to local partners (including government agencies), and the freedom to make local governance their concern. While working with government to ensure human security must be a priority for NGOs in the field, reducing some of the most critical and pervasive threats to peoples' survival, livelihoods and basic dignity requires NGOs to advocate for changes in government policy. They must also provide effective opposition to courses of action which increase the threat of insecurity. This role of NGOs is especially relevant in countries where strong opposition parties or independent media organisations are weak or absent.

In addition to confronting the underlying political issues which affect human security, NGOs encourage the popular political participation which reduces insecurities. Where many of the world's most insecure populations struggle to influence national-level debates, NGOs are an outlet through which it becomes possible for these same people to find a political voice. The agency of ordinary people is strengthened by NGOs, which provide a means for them to challenge elite interests and existing political arrangements, and to get a seat at the tables where so much of their futures are determined. In addition to their basic education programming, for instance, a number of Tanzanian NGOs conduct voter education, legal rights and citizenship seminars. NGOs also help to empower and mobilise a range of civil society organisations within their countries. Many have been crucial in developing strong civil society networks and coordinating like-minded groups into coalitions around a variety of threats to human security. In pursuing their goals NGOs inject a pluralism into the political systems in which they work and contribute to the strengthening of civil society. This in turn broadens the range

of opportunities for people to bring their political influence to bear, and to see that institutional frameworks and threats to their human security are clearly linked.

5. An Ability To Address Transnational Threats To Human Security

Threats to human security fail to respect the sovereign boundaries of states, and many of the most persistent and challenging are transnational. Long-recognized human security threats such as civil war and environmental degradation cross borders, as do emerging threats to human security including organized crime and terrorism. Institutions are at the heart of addressing human insecurities. In order to develop effective strategies to combat transnational threats, transnational institutions must be involved at every level of the process, from planning to implementation. Unfortunately, states are not transnational entities and many government-level regional bodies are unable to institutionalise close relationships between their members. The need for such official-level, cross-border cooperation is most needed in regions where human security is regularly threatened by conflict. Yet these are often the areas in which it is least likely, as state borders and the very sovereignty of nations are under strain.

This situation has created considerable space for NGOs: transnational organisations which are active around the globe and which are already pursuing mandates that include the elimination of threats to human security. NGO offices in individual countries are often only an offshoot of a regional or international NGO structure which is represented in multiple countries. Oxfam, for instance, has offices in over eighty countries. This kind of network enables NGOs like Oxfam to develop a comprehensive plan for human security and simultaneously implement it in countries from Peru to the Philippines. Both at the planning and implementing stage, this

makes NGOs crucial actors within global human security initiatives. While a multi-national organisational structure is most often found within international NGOs, a number of local NGOs are now also spawning offshoots, most often in neighbouring countries, allowing them to address similar transnational threats to human security. The NGO Six-S, started in Burkina Faso and active in nine countries in West Africa, for example, has played a crucial role in ensuring human security for farmers and their families in drought-prone areas of the Sahel. Their training programs, water security measures and advocacy agenda have helped to protect both people's survival and their livelihoods. In these areas, governments are unable to provide such services alone, and it is only by working in concert with NGOs that the transnational threats of drought and desertification are being halted. Strong NGO networks are an additional way in which NGOs are well-equipped to address transnational threats to human security. Unlike their government counterparts, who must wait for biannual regional summits to address relevant issues, many NGOs are part of well-resourced networks that meet regularly and have the capacity and untraditional approaches necessary to make a significant contribution to combating insecurities. Many such NGO networks are particularly strengthened by the diversity of their members. Networks of NGOs which address child abuse and trafficking, the situation of refugees and various forms of environmental degradation, for example, have members from across the North and the South. The mandates of these member organisations range from conducting research to lobbying and advocating for legislative changes to providing front-line services to affected individuals and communities. Few government networks can claim to have the same strengths.

The Beyond Inequalities project, started in 1999 by a network of NGOs organized by the Southern African Research

and distributors of condoms and mosquito nets in many countries, NGOs reduce the threats of diseases like AIDS and malaria on an ongoing basis. In helping communities to locate or build safe sources of drinking water, they protect against the many-water borne diseases which threaten lives. Similarly, by making accessible technologies such as fuel-efficient stoves and solar cookers, NGOs help to prevent the insecurities of deforestation and desertification years down the road.

The work of NGOs also goes beyond stemming threats to human security to address the institutional changes and processes for social change which will make a long-term impact on human security. Included in this set of processes are governance, popular participation, transparency and capacity-building. As discussed in the last few sections, these are established goals to which NGOs as diverse as multinational giants Amnesty International and Transparency International, large national organisations like Ain O Shalish Kendra in Bangladesh and Madres de la Plaza de Mayo in Argentina, and smaller, local human rights NGOs are all committed. Whatever their developmental focus, few NGOs shy away from confronting underlying questions of rights, access and inequality. They link the developmental goal of "growth with equity" and the security goal of "downturn[s] with security".¹² It is precisely in their attempts to further human development that NGOs generate the means, in the shape of vocal and politically effective people, with which to assure long-term fulfilment and long-term human security for millions.

Section 3: Current Barriers to NGOs Playing These Roles

In the last section I outlined the six main ways in which I believe NGOs can make a significant contribution to human security. While this contribution is potentially great, several obstacles exist to ensuring the effective participation of NGOs in human security

and Documentation Centre (SARDC), is one example of a network initiative which could prove invaluable to human security planning.¹¹ These NGOs produced comprehensive profiles of the position of women in twelve countries in the region, addressing such issues as health, education, poverty, violence, the law and legal systems, and power and decision-making structures. With the security of millions of women and children threatened by gender inequalities in decision-making and access to resources, the work of NGOs in addressing gender disparities represents an international contribution to human security that few other actors could make. While governments are often constrained by their territorial boundaries, these examples illustrate that both international and local NGOs can provide the transnational perspective that is required to address the many threats to human security which have no origins or boundaries and which, in the current climate of globalization, are only likely to spread.

6. An Ability To Make a Long-Term Contribution To Human Security

While human security is fundamentally about short-term changes in people's situations which threaten their lives and their livelihoods, its achievement requires a longer-term perspective and institutional arrangements. Most human security initiatives tend to react to immediate human security concerns: how to protect lives during civil conflicts, how to feed the starving during droughts, how to rescue the threatened during natural disasters. Short-term interventions by temporary coalitions of international agencies and governments are crucial. Yet the long-term preventative measures which can diminish threats to human security are equally important. NGOs are critical to ensuring such long-term goods. They predate emergency relief organisations and continue their work long after such groups have moved on to other crises. In the field of health, for instance, as the main advocates

endeavours. In this next section, I will try to explain and address the three most common and problematic of them.

1. The first and potentially most serious obstacle involves the nature of donor aid. The perpetual cycling of donor funding priorities, the standard short-term and contract-based funding of NGOs and the funding restrictions which prevent NGOs from receiving core funds and accumulating savings all affect the ability of NGOs to be flexible, to adopt inventive strategies to combating insecurities and to respond rapidly to emerging threats. While few NGOs would be beholden to donor interests in an ideal world, or subject to their own set of insecurities based on the nature of the aid industry, there are still only a handful of NGOs which are financially secure enough to ignore aid donors, whether governments, private foundations or bilateral and multilateral agencies. This is a particular problem for Southern NGOs. It is exacerbated by the lack of local donors in many of the poorest countries in the world, both in terms of a donating public and a commercial sector able to fund, endow or co-finance NGO initiatives.

The resulting influence of donor organisations on NGOs has meant that donors exert considerable control on the sectors in which the NGOs they fund are active, and on the kinds of projects and programs they undertake in these areas. In Senegal, for instance, donor pressures had encouraged one local NGO I met to deviate from its stated mandate of providing education and training services to variously focus its work around gender issues, environmental conservation and economic development in order to reflect the changing priorities of its donors. Similarly, the reluctance of some donors to get involved in highly charged political areas where conflict with government is possible has also meant that NGOs can face a stark choice between fulfilling increased demand for advocacy and empowerment activities from their beneficiaries, and losing funding because of

the proclivities of their donors. In order to encourage NGOs to explicitly include human security in their mandates and to develop effective programming around it, donors must be convinced of the importance of spending their aid dollars on programs focused on human security. They must also be convinced of the importance of funding NGOs as agents of human security, and of the many distinct contributions that NGOs can make to human security initiatives. The small size of donor funding contracts and their short duration, often of only one year, must also be changed if NGOs are to make a real contribution to human security. These trends have meant that "many NGOs find themselves scaling down projects to match funding patterns and abandoning more ambitious projects".¹³ In addition, the reluctance of donors to fund non project-related or overhead expenses, whether salaries, rents or research, further limit the ability of NGOs to work on human security. In fact, the greatest financial difficulty of the many local NGOs I have interviewed across Africa was that of finding donor funding for their core or overhead expenses.

To make a long-term and significant contribution to human security, donor organisations must diverge from conventional wisdom and expand the support they offer NGOs. Firstly, they must extend the length of their funding contracts. Secondly, donor funds must encourage NGOs to build on their comparative advantages and to increase their expertise in order to develop inventive and multi-sector strategies which address the sudden and transnational nature of threats to human security. Lastly, these donor funds must be ready at a moment's notice, which means that donors must allow NGOs to accumulate savings for such events or to divert their funding from its stated objectives to aims that arise suddenly but are of primary importance. Moving from short-term project-based funding for NGOs to longer-term program-based funding would be one possible approach for interested donors to pursue.

By helping to increase the security of NGOs, donors will help NGOs to improve human security for the people they work with.

2. The inspiration for this paper originally came from a colleague's question about the role that I thought NGOs could play in interacting with governments to reduce insecurities. I decided to take a broader view of the problem and to focus on the whole range of contributions that NGOs can make to human security, both within and outside of government frameworks. In my experience, the majority of these contributions tended to take place outside of government partnerships. Part of the reason for this is what I see as the second major obstacle to effective NGO participation in human security: government antagonism towards NGOs.

This conflict between governments and NGOs is often unintentional and just a by-product of the many pressures faced by governments. Many governments, particularly in the South, are currently experiencing a financial crisis and lack the money with which to support NGOs or to incorporate NGOs into government programs. In many of these countries, it is NGOs which provide the basic social services that governments are unable to provide. In other contexts, government skepticism over the abilities of NGOs or unfruitful past experiences lead them to overlook NGOs as project partners. Some governments prefer instead to implicate local-area collectives or religious groups as their project partners, or to hire consultants when they require external experts to train government employees, undertake research contracts and oversee or monitor and evaluate government projects or programs. Yet NGOs are among the most highly-skilled and experienced actors on human security within many fields and in many countries. By patronising such groups, where they offer high standards of service, governments will contribute to the strengthening of these NGOs and consequently promote a more harmonious relationship between governments and NGOs within the field of human security.

In many cases, however, NGOs face outright hostility from their governments. Some government officials see the competition for funding as a zero-sum game: funds that donors choose to invest in local NGOs for human security initiatives are funds that the government would have received in their absence. Because of these perceptions, certain government agencies will never suggest to donors and multilateral agencies that local NGOs are better equipped than they to undertake a particular project or are more experienced potential partners. Moreover, many governments see NGOs not just as the competition, but as the opposition. A key advantage of NGOs as actors within the sphere of human security is their ability to challenge existing political arrangements and government policies which pose a threat to human security. Yet governments do not always want to hear such criticisms. Many governments in Africa, for example, have sought to restrict the power of NGOs by creating legislation which limits their sanctioned activity to non-political arenas. In these countries, the valuable lobbying and advocacy efforts of NGOs around threats to human security, whether arising out of government funding priorities, the treatment of minority ethnic groups or state control of environmentally-hazardous industries, are all forbidden by law.

However, many successful examples of NGO-government cooperation around human security issues do exist and should provide a useful model for governments and other interested actors wishing to increase the cooperation between the two groups. While NGOs in some countries face restrictive legislation governing their range of activities, often severely hampering their potential to lobby against threats to human security, NGOs in other countries receive legislative protection from their governments. The national governments of the Philippines, Bolivia, Brazil and Colombia, for example, have all explicitly encouraged an expansion

Governments are perhaps the single most important institution in ensuring the human security of their people. NGOs bring a host of unique assets to human security initiatives. Yet regardless of the strengths of each set of actors, neither will alone be able to protect against the whole range of threats which can impact on human security. Protecting the vital core of human lives requires government to work in partnership with relevant organisations like NGOs. While many governments do present considerable obstacles to NGOs in their countries and to successful NGOs interventions around human security, there are several strategies which NGOs can pursue to minimize the impact of these. Other relevant factors, including donor agencies interested in promoting human security, the Commission on Human Security and the Canadian Government's Human Security Program will also be critical in encouraging strong ties between governments and NGOs working in human security. Financial support for cooperative endeavors in particular, can help to buffer the relationship between governments and NGOs and encourage their cooperation at the planning, implementation and evaluation stages of human security endeavors.

3. A third major obstacle to effective NGO interventions in human security is the difficulties inherent in building NGO networks. Threats to human security are multi-dimensional and transnational, and effective campaigns to reduce such threats will require the involvement of many different actors, government and civil society-based, local and international, working together. Regular networking can be a difficult and costly venture, however, particularly for NGOs outside of urban centers. Travel across Africa, for instance, is very costly and communications infrastructures and access to communications tools like the internet are poor in many nations. So while addressing transformer threats is something within the mandates of many NGOs, it falls beyond the budgets of many.

of the space available to NGOs, assuring NGOs the constitutional right to organise and to participate in "all levels of decision-making in that country".

Many resource-poor governments, unable to offer financial support to NGO initiatives around human security, provide NGOs with access to rural government workers. Such partnerships have been invaluable to a number of local NGOs in Zimbabwe. While many NGOs receive technical advice and support from government extension workers, in Zimbabwe, these government employees actually take on NGO project duties, usually training and monitoring, and incorporate them into their regular schedules. This benefits both parties. The government workers are given a small stipend, vehicles, supplies and, (often critically), motivational support. The NGOs gain a field worker with good knowledge, experience and connections in the area, and are able to reach very rural areas at a lower cost than would otherwise be possible.

While conflict between governments and politically-active NGOs over human security concerns may be inevitable at certain times, the length and extent of such conflict can be reduced by strong links, especially at a personal level, built by NGOs to government officials. This is a vital lesson for NGOs to learn. Many assume that to oppose government in a constructive way, they must abandon all links to government and talk at them from a distance. But the government is not a homogenous entity. Different levels and layers of government will respond to NGOs and civil society organisations in different and often contrasting ways, depending on their individual histories and experiences, as well as on the pressures they face from state and non state actors. The local NGOs I have met which have been most successful in engaging with significant political debates affecting human security are those which have recognized this reality and have worked to develop close, though never uncritical, relationships with the government bodies in their fields.

Building strong NGO networks is a key strategy for addressing human security concerns. Close, institutionalized ties to other like-minded organisations allow NGOs to pool their labor to undertake large-scale initiatives, such as those that will be required to ensure human security in some of the most risk-prone countries in the world. They also enable NGOs to react quickly and in coordination to sudden changes in human security. Networking with other NGOs and local groups like labor unions, religious organisations and the media further strengthen the voice of civil society organisations in national-level debates and policy discussions. By increasing the visibility of NGOs, and allowing them to tackle issues as a group rather than as individual organisations, networking helps to change national perceptions of the realms in which NGOs are relevant and makes NGOs more effective advocates against political threats to human security.

The gender budget initiative recently undertaken in Tanzania is one significant example of how networking can enhance the NGO contribution to human security. Working together, local Tanzanian NGOs convinced the government to consider the gender implications of the national accounts. In doing so, these NGOs have changed the government's perception of the human security impact of its budgeting process, particularly with respect to the impact of gender inequity and threats to women's human security. Henceforth, the government's annual creation of a national budget will be a process in which local NGOs are invited to take part and are assumed to have a substantial contribution to make. Yet the Tanzania Gender Networking Program, (TGNP), one of Tanzania's largest and best-resourced NGOs, highlighted the fundamental importance of networking to the success of this initiative. As one of its program officers told me, "We couldn't have managed to work without the networking and the coalition" (December 8, 1999, Dar es Salaam).

To help NGOs to capitalize on the benefits that strong networking can bring to NGO human security initiatives, donor agencies and other interested actors will need to begin to explicitly fund the travel, communications and administrative expenses inherent in networking. Despite their current country-by-country funding focus, donor agencies will need to create pools of funding for transnational NGO activities and NGO networks. They will also have to address the needs of NGO coordinating bodies. Coordinating bodies can play a key role in organising NGO networks and in ensuring the development of these important resources. Yet in many countries, these associations lack the funding required to be effective actors in their own rights. With increased funds, NGO coordinating bodies can seek to redress this imbalance, there by supporting increased networking among their member organisations, working with them to develop a strong and united voice in lobbying and advocacy work, and helping NGOs to translate these into increased effectiveness around human security.

Section 4: Reasons Why NGOs Will Want To Be Involved in Human Security Work

Another of the questions that was put to me when I began considering the potential role of NGOs in meeting human security needs is why NGOs would be interested in participating in such endeavors and in engaging with questions of human security. Most NGOs have made names for themselves through their human development and human rights portfolios. This range of activities already occupies their time, energies and resources, and NGOs face a number of upward and downward pressures around them. Based on my experience with NGOs, however, there are three main reasons why I believe that the majority of them would be ready to commit to addressing the human security agenda through their activities.

The first and most fundamental reason is that human security is often concerned with issues that NGOs already hold dear: health, education, economic development, peace-building. Many NGOs have a tremendous amount of experience in these fields. They are already likely to recognise the range of threats which affect the human security of their clients and beneficiaries and the shortcomings of existing programming in planning for and ensuring human security. While none of them will want to completely modify their focus away from the development issues to which they are committed, this work will have helped several NGOs to develop creative ideas for addressing human security concerns. NGOs will seize upon opportunities to enact these solutions and to address a wider range of the concerns that are most important to the people they work with. Participating in human security initiatives is one means for NGOs to make this contribution.

Secondly, being implicated in human security initiatives will help NGOs to gain the ties that are critical in building their reputation and gaining additional supporters. At the national level, these initiatives increase the interaction between government agencies and NGOs in a mediated situation where the relative expertise of both organisations is recognized and respected. Spread across regions and sectors of activity, human security endeavors also benefit NGOs by increasing their access to international contacts. Links to academic institutions help NGOs to develop their research capacity, get the results of their research published, and further train and educate their employees. Alliances with non-operational NGOs, international organisations and multinational corporations can be similarly important, providing NGOs with project funds and equipment, professional and technical expertise and international support for local development campaigns. Relationships with the international media help local NGOs to develop a name and reputation in the countries where donors and donating publics live and where

most development policy is determined. These ties to the international press often also help to ensure the safety of an NGOs' staff and beneficiaries in times of conflict with the government.

Finally, becoming explicitly involved in human security offers NGOs the opportunity to change the way they do business. Most NGOs are currently involved in short and mid-term initiatives. Addressing human security issues, however, will require NGOs to increase their focus on preventative measures and develop longer-term and less-structured plans which allow them to react to sudden downward turns. In adopting such plans, NGOs will begin to benefit from multi-year, multi-sector funding contracts for full programs and not just for isolated projects. They will also have access to pools of funding over which they have complete spending discretion.

NGOs have long lobbied their donors for just such types of funding. Human security initiatives, which offer relevant NGOs the opportunities to enjoy the kinds of flexible, multi-dimensional support which many of them have only dreamed about, will therefore attract a number of innovative and experienced NGOs. In short, while NGOs are still likely to be most concerned with the essentials of improving human development, becoming involved in human security initiatives helps to strengthen them as organisations and to reinforce and extend the contribution that they are able to make to the people with whom they already work.

Conclusion :

Human security concerns are increasingly becoming a priority across the globe. Of the range of actors which stand to make a positive contribution to improving security for people around the globe, governments are often the most able and the most appropriate. Yet in many countries and in many contexts, governments are unable to address certain insecurities or are themselves the root cause of these threats. In these situations, NGOs can be of crucial relevance, supplementing or replacing the efforts of government bodies.

Of course, not all NGOs will be able to make a significant contribution to human security or will even be interested in engaging with questions of human security. The lot of local NGOs in sub-Saharan Africa, for instance, is not an easy one when viewed from the inside. Telephones and internet connections are unreliable and expensive. People do not keep appointments and disappear upcountry for weeks. Equipment breaks down and takes months to fix. Seasonal rains wash out roads and bridges and isolate entire regions of a country. The working environment for these groups is not easy, and is a world away from the ones we are used to in New York, London and Geneva. Many African NGOs are overcome by the bloodiness of this environment and remain small, disorganized and unremarkable. The miracle is that some of them do overcome their environments to become high-quality, relevant organisations capable of mounting effective projects and of making significant contributions to human security initiatives around the globe. Throughout this paper I have tried to illustrate the many ways in which NGOs, in pursuing their development mandates, are already making important contributions to work on human security and must therefore be implicated in any serious program of action on human security. Firstly, NGOs are able to draw on their existing size, reach, flexibility and experience with local communities to make unique contributions to human security programming. NGOs can touch issues that few other actors are interested in addressing. The strong work of NGOs in AIDS education, prevention and treatment is but one example of this trend. NGOs are also able to address the threats to human security that arise from ineffective political arrangements and which, in many cases, are themselves perpetuated by government officials and government policies. While human security is focused on people, people often have very little opportunity to influence the higher-level processes which affect their own security. By building

the capacity of people over time, NGOs empower and enfranchise people to influence their own long-term fulfillment. Lastly, NGOs are able to organize around issues which transcend national boundaries and which require more than short-term temporary interventions in order to be fully resolved. Addressing the plight of refugees is one such area of concern. Truly addressing this problem requires long-term solutions, not just temporary campaigns, and the participation of NGOs and NGO networks working in refugee camps and refugee resettlement in countries from Rwanda and Burundi, to Tanzania and Uganda, to Canada and Great Britain. In all of these ways, NGOs have become indispensable in the field of human security.

The cyclic and unpredictable nature of international aid funding, the conflict with government inherent in addressing political threats to human security, and the costs and difficulties associated with building strong NGO networks are all obstacles to full and effective NGO participation in human security initiatives. Addressing these barriers will be one task for interested actors like the United Nations and the Commission on Human Security and will require the organisation and facilitation of considerable dialogue between NGOs, governments and aid agencies. This will be a worthwhile task for such organizations to undertake, however. Despite the many pressures which NGOs already face on their time, the links which exist between human security and human development, and the connections and resources that NGOs stand to gain from their involvement in human security initiatives will all encourage NGOs to make a full and meaningful commitment to human security.

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HUMAN DEPRIVATION INDEX: A MEASURE OF MULTIDIMENSIONAL POVERTY OF THE NORTH-EAST INDIA

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Abstract :

Poverty is a social phenomenon in which a part of society is unable to fulfil its basic necessities of life. If a substantial part of a society, as in many Third World countries, is forced to live at subsistence level, then the society is said to suffer from mass poverty. The present study is an attempt to compare the performance of the North-Eastern states of India using a composite deprivation index. The deprivation index in the present study measures deprivation in three dimensions namely health, education and standard of living. The deprivation in health is measured by five indicators; the deprivation in education is measured by three indicators and five indicators are used to measure the deprivation in standard of living. The composite deprivation index is constructed by assigning equal weights to each of the three dimensions. The result of the study shows that Assam among the North-Eastern states not only has the highest level of overall deprivation but it also has the highest level of deprivation in each of the three dimensions if considered individually.

1. Introduction

During the first four decades of development studies poverty was primarily measured in money metric form, either from household

income or consumption expenditure. The main limitation of money metric poverty was its inability to capture the multiple deprivations of human life. But Poverty is viewed not only in terms of lack of adequate income, but as a state of deprivation spanning to social, economic and political context of the people that prevent their effective participation as equals in the development process. Poverty is often defined in terms of a person's income. But to describe its multi-dimensions different sets of indicators are required. These might include unemployment, life expectancy, mortality and morbidity, literacy level, availability and access to health services, water and sanitation etc. Even though income increase is considered as important goal of development, income alone is not the sum total of human life. National income may useful for many purposes, but may not be necessarily reveal the composition of income or the real beneficiaries. Per capita income does not always ensure enrichment in quality of life reflected in broader dimensions of well-being like in indicators on longevity, knowledge and decent standard of living. Single dimension analysis especially the income poverty analysis which gives only a partial picture of many ways of don't explicit the seat situation and it is also obscured. "Someone can enjoy good health and live quite long but be illiterate and thus cut-off from learning, from communication and from interactions with others. Another person may be literate and quite well educated but prone to premature death because of epidemiological characteristics or physical disposition. Yet a third may be excluded from participating in the important decision making processes affecting her life. The deprivation of none of them can be fully captured by the level of their income" (UNDP HDR 2007). India as a whole has the largest number of people living in multidimensional poverty in the world (364 million people). But we have no idea regarding the multidimensional poverty of the states, particularly North Eastern states, in India. With this end in view, the present study has tried to

the states of India using three dimensions namely long and healthy life, knowledge and standard of living. Their study revealed that Bihar has the highest level of overall deprivation followed by Uttar Pradesh and Assam. Madhya Pradesh is the most deprived state from the point of view of long and healthy life. Kerala, Karnataka and Maharashtra record the lowest level of deprivation. **Bagli (2015)** constructed a multidimensional poverty index for each state and for each district of the North-East India. The index covered three dimensions namely knowledge, health and living condition. The study found that Meghalaya is the most deprived state in the North-East India while Mizoram and Tripura are in relatively better-off position among the North-Eastern states. The study also explored that Kurung Kumey belonging to Arunachal Pradesh is the poorest district among the 86 districts.

3. Objectives

- I. To construct the multidimensional Human Deprivation Index for each state of the North-East India.
- II. To determine the relative position of the states of North-East India based on the value of computed Deprivation Index.

4. Conceptualisation of the Human Deprivation Index for the North-Eastern States of India

Deprivation measures are related to the capability approach as it is defined as capability shortfalls in basic dimensions of human life. Therefore, the choice of the dimensions for such poverty measure depends on the choice of relevant capabilities. As there are lots of dimensions in the list of capabilities, these are difficult to choose. India is a developing country and the non-monetary dimensions include health status, education status and access to resources that can bring basic needs for a decent standard of living and can provide people to understand their own potential. In our present study, the Human Deprivation Index is the composite index of the three indices-

- 1) Health Deprivation Index

bring the close picture of multidimensional poverty of each state of the North-East India by constructing a composite deprivation index.

2. Review of Literature

The debate on poverty has attracted a lot of attention in social sciences. Many economists have presented their views on poverty or deprivation. But in the focus so far has been on finding poverty line on the basis of income concept. Likewise, even in discussion on HDI income with education and health is taken as the indicator of human development. The exemplary work of Amartya Sen on capability approach has led to the use of Human Development Index (HDI) that includes per capita income, life expectancy and literacy to measure the average achievement of a country. The Human Poverty Index (HPI) extends HDI to focus on the poorer segments of a society and evaluates deprivation in three essential dimensions- longevity, knowledge and a decent standard of living. While the HPI measures poverty at the macro level, the UNDP (1990) introduces Multidimensional Poverty Index (MPI) identifies individuals (at the micro level) deprived in overlapping multiple dimensions and captures both the extent and intensity of poverty (Alkire and Santos 2010). In addition to the measures of UNDP, several studies have tried to report the multidimensional poverty of different regions. **Mehta and Shah (2003)** measured multidimensional poverty indices for the districts of 15 states in India including Assam from North-East India. The study covered five dimensions of poverty, i.e. the income, education, health, infrastructure and agricultural productivity. The major indicators of multidimensional poverty are infant mortality in health dimension and literacy rate and female literacy in education. Their study revealed that six of the seven most multidimensionally poor districts are located in four of the seven most income poor states. However, none of the district in Assam is included in the seven districts with highest multidimensional poverty. **Maurya and Pandey (2010)** constructed the composite deprivation index for

- 2) Education Deprivation Index
- 3) Standard of Living Deprivation Index

Thus in the present study the composite deprivation index is assumed to have the following dimensions: Health, Education and Standard of Living. These dimensions are believed to non-compensatory in nature, which implies that an improvement in one dimension cannot fully compensate for equal deterioration in another dimension. The dimensions and Indicators chosen to construct the Composite Deprivation Index for the North-Eastern states of India are shown in the following table-1.

Table-1: Deprivation Index: Synoptic View of the Dimensions and Indicators Chosen

Dimension	Indicators
Health	Percentage of women (15-49 years) whose BMI is below normal (BMI \hat{A} 18.5 kg/m ²) (V1)
	Percentage of men (15-49 years) whose BMI is below normal (BMI \hat{A} 18.5 kg/m ²) (V2)
	Percentage of children under five years who are underweight (V3)
	Infant mortality rate (V4)
	Under five mortality rate (V5)
Education	Percentage of women (15-49 years) who are illiterate (V6)
	Percentage of men (15-49 years) who are illiterate (V7)
	Percentage of children (6-14 years) not attending school (V8)
Standard of Living	Percentage of households do not have electricity (V9)
	Percentage of households do not have safe drinking water (V10)

	Percentage of households living in kutcha house (V11)
	Percentage of households using solid fuels for cooking (V12)
	Percentage of households having no access to improved sanitation(the percentage of households defecate in open space) (V13)

5. Data and Methodology

The dataset used in this context are collected from the various government reports and mainly from the reports of National Family Health Survey (NFHS)-4 (2015-16). The data of some indicators (e.g., infant mortality rate etc.) is directly observable but data for the education indicators are not directly observable from the NFHS data. In order to get the data of the education variables the following formula is used.

$$100 - \text{Percentage of achievement}$$

For constructing the index, the raw dataset has been standardized through range-based standardization method to make it free from any scale bias as the units of measurement of the variables are not same for all. As suggested by UNDP (1990) this process is as follows: In case of variables that are positively related to poverty or deprivation, the highest value will be treated as the worst value and the lowest will be considered as the Best value. In case of the variables that are negatively related to poverty or deprivation, the lowest value will be treated as the worst value and the highest value will be considered as the best value. Once the Best and Worst values are identified, the following formula is used to obtain normalized values.

$$Z_{ij} = \frac{\text{Best } X_{ij} - \text{Observed } X_{ij}}{\text{Best } X_{ij} - \text{Worst } X_{ij}}$$

Where *i* stands for observation and *j* stands for state. Range-based standardized values always lie between 0 and 1.

Once the normalized values are obtained for all the variables across states, then in the next step the normalized variables belonging to the same dimension are averaged using arithmetic mean to get the values of the component indices. Then in the last step the Deprivation index is constructed by giving equal weight to the three component indices. After constructing the deprivation index the states are ranked according to their deprivational index points. According to the rank the number one state is first in case of deprivation and can be said as worst in human development.

Deprivation Index = $\frac{1}{3}$ (Health Deprivation Index) + $\frac{1}{3}$ (Education Deprivation Index) + $\frac{1}{3}$ (Standard of Living Deprivation Index)

6. Results and Discussions

The sub-group indices are constructed at the first stage and then the overall deprivation index is constructed in the second stage for all the North-Eastern states. As the range based standardized data have been used for constructing the indices, the values of the indices lie between 0 and 1. Since these values are very small to analyse, they are multiplied by 100. Therefore the values of the deprivation index will also lie between 0 and 100. In this section the values of the three different groups of deprivation indexes (Education deprivation index, Health deprivation index and Standard of Living deprivation index) is constructed for each North-Eastern state along with their corresponding rankings.

6.1 Health Deprivation Index

The value of the health deprivation index for the eight North-Eastern States along with their corresponding rankings is shown in the table-2.

Table-2: Health Deprivation Index for the North-Eastern States of India

States	Value of Health Deprivation Index	Rank
Arunachal Pradesh	22.49	6
Assam	100.00	1
Mizoram	34.61	5
Manipur	14.02	7
Tripura	49.60	3
Nagaland	34.83	4
Meghalaya	50.44	2
Sikkim	12.83	8

Source: Author's Calculation

After examining the table-2, it is evident that Assam has the highest level of health deprivation among all the North-Eastern states followed by Meghalaya and Tripura. On the other hand Sikkim, Manipur and Arunachal Pradesh are the states to record lowest level of health deprivation respectively.

6.2 Education Deprivation Index

The value of the education deprivation index for the eight North-Eastern States along with their corresponding rankings is shown in the table-3.

Table-3: Education Deprivation Index for the North-Eastern States of India

States	Value of Education Deprivation Index	Rank
Arunachal Pradesh	83.80	2
Assam	92.57	1
Mizoram	8.33	8
Manipur	18.82	7
Tripura	38.49	5
Nagaland	58.89	3

Meghalaya	51.76	4
Sikkim	22.53	6

Source: Author's Calculation

From table-3 it is seen that Assam also has the highest level of deprivation in terms of education among all the North-Eastern states. On the other hand Mizoram has recorded lowest level of deprivation in terms of education.

6.3 Standard of Living Deprivation Index

The value of the standard of living deprivation index for the eight North-Eastern States along with their corresponding rankings is shown in the table-4.

Table-4: Standard of Living Deprivation Index for the North-Eastern States of India

States	Value of Standard of Living Deprivation Index	Rank
Arunachal Pradesh	60.85	2
Assam	67.61	1
Mizoram	11.07	7
Manipur	43.30	4
Tripura	28.75	6
Nagaland	34.21	5
Meghalaya	56.14	3
Sikkim	3.82	8

Source: Author's Calculation

Table-4 shows that Assam also has the highest level of standard of living deprivation among all the North-Eastern states. On the other hand Sikkim has recorded lowest level of deprivation in terms of standard of living.

6.4 Overall Deprivation Index

The value of the overall deprivation index for the eight North-Eastern States along with their corresponding rankings is shown in the table-5

Table-5: Overall Deprivation Index for the North-Eastern States of India

States	Value of Overall Deprivation Index	Rank
Arunachal Pradesh	55.71	2
Assam	86.73	1
Mizoram	18.00	7
Manipur	25.38	6
Tripura	38.94	5
Nagaland	42.64	4
Meghalaya	52.78	3
Sikkim	12.99	8

Source: Author's Calculation

In case of overall deprivation index it is seen that Assam has the highest level of overall deprivation among all the North-Eastern states followed by Arunachal Pradesh and Meghalaya. On the other hand Sikkim, Mizoram and Manipur are the states to record lowest level of overall deprivation respectively.

7. Policy Suggestions

This study reveals that Assam is the most deprived state among all the North-Eastern states not only on the basis of overall human deprivation index but also on the basis of the three component indices. In order to extend education and to drive illiteracy of the common people the Government should has the plan to establish primary school at each habitation which has no access to primary and upper primary, schools. In implementation part the Government has to put attention regarding language, number of teachers in the existing and coming primary schools. Moreover the govt. policies should aim at encouraging education and especially for the adults and the govt. policies should also provide vocational or skill based training programmes to enhance their skills. The state Governments should prepare plans to supply potable drinking water through piped

water supply scheme to all rural areas. North east India needs some active plans for universal sanitation program. The central government has already adopted Swachh Bharat Mission for eliminating open defecation by constructing toilets. For the purpose of eliminating open defecation the government should also made extensive and continuous campaign focusing the importance of sanitation for healthy life. In this respect the government can use the audio visual media more extensively which have high popularity. In order to reduce energy poverty the governments of north east states have to improve the infrastructure of electricity and LPG supply. The central government has also implanted schemes like Deen Dayal Upadhyaya Gram Jyoti Yojna to electrify every village of the country and schemes like Ujjwala Yojana to provide deposit free cooking gas connections to women from BPL households. After all, as there is wide disparity among the states of North East India in terms of deprivation, the therefore the fund for reducing multidimensional deprivation should be allocated on equitable basis not on equality basis across the districts.

8. Conclusion

Poverty alleviation is an urgent goal for developing countries and that in turn requires measuring poverty. But the current focus on income alone does is helpful as it ignores the multidimensionality of poverty. The human development and human deprivation studies have however, broadened our idea of poverty by capturing the multidimensionality of poverty. In this study a human deprivation index has been proposed which covers health, education and standard of living deprivation. Hence this human deprivation index would be a useful indicator for economists, academicians, researchers and policymakers to understand the multidimensionality of poverty.

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APPENDIX

Table-1
Raw data for the selected indicators

States	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	V13
Arunachal Pradesh	8.5	8.3	19.5	23	33	13.4	8.5	7.0	11.3	12.4	26.8	54.2	9.2
Assam	25.7	20.7	29.8	48	56	28.2	17.2	10.0	21.8	16.1	4.6	74.2	11.1
Mizoram	8.4	7.3	12.0	40	46	19.6	10.5	4.0	4.1	8.3	6.7	30.7	0.9
Manipur	8.8	11.1	13.8	22	26	15.0	4.0	3.0	7.6	58.1	4.2	57.6	1.3
Tripura	18.9	15.7	24.1	27	33	19.1	14.4	3.0	7.3	12.4	2.4	62.1	2.1
Nagaland	12.3	11.5	16.7	30	37	17.2	16.0	6.0	3.0	19.0	10.0	66.6	1.7
Meghalaya	12.1	11.6	28.9	30	40	34.4	15.5	4.0	8.6	31.1	7.0	74.7	7.6
Bikkim	6.4	2.4	14.2	30	32	6.6	1.9	2.0	0.6	2.4	0.8	39.1	0.3

Source: National Family Health Survey-4 (2015-16)

Table-2.1
Standardized data for the selected indicators

States	V1	V2	V3	V4	V5	V6
Arunachal Pradesh	10.88	32.24	42.13	3.85	23.33	100
Assam	100	100	100	100	100	77.70
Mizoram	10.36	26.78	0	69.23	66.67	0
Manipur	12.44	47.54	10.11	0	0	30.22
Tripura	64.77	72.68	67.98	19.23	23.33	46.76
Nagaland	30.57	49.73	26.40	30.77	36.67	44.96
Meghalaya	29.53	50.27	94.94	30.77	46.67	38.13
Sikkim	0	0	12.36	30.77	20	24.46

Source: National Family Health Survey-4 (2015-16)

Table-2.2
Standardized data for the selected indicators

States	V7	V8	V9	V10	V11	V12	V13
Arunachal Pradesh	88.89	62.5	50.47	17.95	100	53.41	82.41
Assam	100	100	100	24.60	14.61	98.86	100
Mizoram	0	25.0	16.51	10.59	22.69	0	5.56
Manipur	13.73	12.5	33.02	100	13.08	61.13	9.26
Tripura	56.21	12.5	31.60	17.95	6.15	71.36	16.67
Nagaland	81.70	50.0	11.32	29.80	35.38	81.59	12.96
Meghalaya	92.16	25.0	37.74	51.53	23.85	100	67.59
Sikkim	43.14	0	0	0	0	19.09	0

Source: National Family Health Survey-4 (2015-16)

An Analysis on Education and Human Development.

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Abstract :

Education is a very important determinant of development. In true sense education can accelerate the pace of development. Education leaves a great impact in the overall development of a society. In the process of human capital formation the role of education is inevitable. Education in all the levels can play a vital role in supporting the youths towards a positive sense of ethnic identity. The main objective of this paper is to analyze the importance, scope and contribution of education in human development process.

Key words : education , development , human development.

INTRODUCTION :

“Education is the most powerful weapon which you can use to change the world.”—Nelson Mandela.

Education is the most powerful vehicle for sustainable development. One goal of SDG ensures that all girls and boys complete free primary and secondary schooling by 2030. Human development can be defined as the process of enlarging the freedom and opportunities of the individuals in improving their wellbeing

Education can lead to exposure. It exposes the individuals to the new globalised world, invent new ideas and know how we can make our society a better place to live and our lives to a greater use.

HUMAN DEVELOPMENT INDEX AND INDIA

The Human Development Report is published by UNDP annually. The human development index is a summary measurement of the average achievement in the key dimensions of human development – life expectancy, educational attainment and descent standard of living.

The rank of India in Human development report 2017 was 130. India's value for 2017 was .640.

OBJECTIVES

1. To analyze the importance of education on human development.
2. To discuss the various determinants of education for accelerating human development.

METHODOLOGY

This paper "An Analysis on Education And Economic Development" uses mainly descriptive method of study. The data are collected mainly from the secondary sources. The sources of secondary data are journals, official website of the ministries of the government of India, human development report, various journals etc.

VARIOUS INDICATORS OF EDUCATION

The educational attainment and human development process can be analysed from the following indicators:

1. Literacy rate: Literacy is a very crucial element in bringing human development. Literacy not only enriches the life of the individuals but also provide opportunities to develop skills. The Human Development Report (HDR) published by the UNDP provide three broad dimensions or measures of well being. These three dimensions are life expectancy, education and purchasing power parity.

Adult Literacy rate: In the HDR 2018, the adult literacy rate was 69.3 %

Youth Literacy Rate: In the HDR 2018, the youth literacy rate for female was 81.8% and for male it was 90 %

2. Public Expenditure on education: Human development process can be stimulated with government spending. Here govt expenditure or spending indicates the current, capital and transfer spending on education. In 2018 HDR (for INDIA) the government expenditure as a percentage of GDP was 3.8 %.
3. School dropout rate: Primary school dropout rate is the percentage of students from a given cohort who have enrolled in primary school but who dropout before reaching the last grade of primary education. In 2018 HDR the primary school dropout ratio was 9.8%
4. School teachers trained to teach: For maintaining quality education training to the school teachers is very important.
5. Gross enrollment ratio: Gross enrollment ratio is the total enrollment in a given level of education (pre primary, primary, secondary and tertiary) regardless of age, expressed as a percentage of the official school age population for the same level of education. In 2018 HDR for India the gross enrollment ratio for, pre primary, primary, secondary, Tertiary level were 13%, 115%, 75%, 27% respectively.
6. Populations with at least some secondary education: It is the percentage of the population ages 25 and older that has reached a secondary level of education. In 2018 HDR for India population with at least some secondary education (% ages 25 and orther) was 51.6%.

CHALLENGES OF EDUCATION IN INDIA

There are certain challenges of education system of India which in turn act as barriers in human development process

1. Lack of infrastructure: Infrastructure is a basic requirement of education system. Lack of proper infrastructural facilities stands as a big challenge in current education scenario.

2. Lack of fund : Lack of sufficient fund to the educational institutions by the funding agencies is also a major challenge of education today.
3. Outdated Syllabus: In many institutions students are getting knowledge from the existing outdated syllabus. For better understanding the ground reality modification of syllabus from time to time is also very important.
4. Personality development programmes: To improve the quality or standard of education ,personality enhancement programmes also play a very important role.

CONCLUSION :

India climbed one spot to 130 in the latest Human Development Report .In 2016 the rank of India was 131 and human development index value was .640 which falls in the medium category of Human development. One of the key indicators that accelerate the process of human development is education. Role of education in human capital formation process is unevitable. Although the quality, standard and level of education in India is improving, however it is not upto the mark.

SUGGESTIVE MEASURES :

- ♦ Public spending on education should be increased .
- ♦ Mass Participation is important.
- ♦ Personality enhancement programmes should be introduced in various educational institutions.
- ♦ Modification or Upgradation of syllabus with time is also very important.

বৰপেটা জিলা চৰ অঞ্চলৰ শিক্ষা আৰু চিকিৎসা ব্যৱস্থা : এটি বিশ্লেষণাত্মক অধ্যয়ন

ড° আনন্দ ঘোষ

বাংলা বিভাগ

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ভূমিকা : নামনি অসমৰ অন্যতম প্রধান জিলা হ'ল বৰপেটা। এই জিলাৰ মাজেৰে প্ৰবাহিত হৈছে সৰু বৰ বহুকেইটা নদ-নদী। কিন্তু ইয়াৰ প্ৰধান নদীখন হ'ল ব্ৰহ্মপুত্ৰ। এই ব্ৰহ্মপুত্ৰৰ গতি পৰিৱৰ্তনৰ ফলত সৃষ্টি হৈছে চৰ অঞ্চলৰ। সৰু নৈত 'চৰ' প্ৰায়েই নপৰে, পৰিলেও মানুহৰ বসবাস কৰাৰ উপযোগী নহয়। কিন্তু ডাঙৰ নদীত অলেখ সৰু-বৰ 'চৰ' পৰে, সেইবোৰত মানুহৰ বসতিৰ উপযোগী হয়। নদীৰ বুকুত চৌদিশত পানীৰে আগুৰি থকা আৰু গঢ় লৈ উঠা ঠাইখণ্ডক 'চৰ' বোলে। নদীৰ গতি আৰু বানপানীৰ ওপৰত এই চৰবিলাকৰ স্থিতি নিৰ্ভৰ কৰে। এটা সময়ত এই চৰ অঞ্চল বিলাক হাবি-জঙ্গলেপূৰ্ণ আছিল। তাত মানুহ বসবাস কৰাৰ উপযোগী নাছিল। কিন্তু প্ৰাক্-ঐতিহাসিক কালত তাত পূৰ্ববঙ্গীয় মুছলমানসকল আহি হাবি-জঙ্গল কাটি বসবাস কৰিবলৈ ধৰে। মহাবাহু ব্ৰহ্মপুত্ৰৰ ভাঙা গঢ়াৰ ওপৰত এওঁলোকৰ জীৱন নিৰ্ভৰ কৰে। কেতিয়াবা নদীয়ে এওঁলোকৰ ঘৰ-বাড়ী ভাঙি জীৱনলৈ দুঃচিন্তা নমাই আনে। বৰপেটা জিলাৰ চৰ অঞ্চলৰ অধিকসংখ্যক মানুহৰেই জীৱন কষ্টকৰ আৰু দুঃখময়। তেওঁলোক দৰিদ্ৰতাৰ দ্বাৰা প্ৰ-পীড়িত। দুবেলা-দুমুঠি ভাত বহুতৰ কপালতেই নোজোটে। কৃষিজীৱী এই মানুহখিনিৰ এক তৃতীয়াংশৰে নিজৰ এডোখৰ খেতিৰ মাটি নাই। শিক্ষা-দীক্ষাতও তেনেই পিছপৰি গৈছে। শিক্ষিতৰ হাৰ শতকৰা পোন্ধৰৰ ওপৰলৈ এতিয়াও উঠা যেন

লগা নাই। কেৱল সেয়াই নহয়, চিকিৎসাৰ পৰাও বঞ্চিত হৈ আছে এওঁলোক। সু-চিকিৎসাৰ পৰাও বঞ্চিত হৈ আছে এওঁলোক। সু-চিকিৎসাৰ অভাৱত বহুতেই অকালতেই প্রাণ হেৰুৱাব লগা হৈছে। বৃহত্তৰ অসমীয়া জাতি গঠনত এওঁলোকৰ ভূমিকা অপৰিসীম। গতিকে এওঁলোকৰ শিক্ষা আৰু স্বাস্থ্যৰ উন্নতিৰ প্ৰয়োজন।

অধ্যয়নৰ প্ৰয়োজনীয়তা : শিক্ষা আৰু স্বাস্থ্য এটি জাতিৰ অক্ষয় নিৰ্ধাৰণৰ গুৰুত্বপূৰ্ণ বিষয়। শিক্ষা আৰু স্বাস্থ্যৰ জৰিয়তে শিশুৰ শাৰীৰিক, মানসিক বৌদ্ধিক, আৱেগিক, সামাজিক আৰু ব্যক্তিত্বৰ বিকাশ ঘটে। দেশৰ সৰ্বতো প্ৰকাৰৰ অগ্ৰগতি নিৰ্ভৰ কৰে ইয়াৰ অৰ্থনৈতিক শিক্ষা আৰু স্বাস্থ্যৰ বিকাশৰ ওপৰত। অৰ্থনৈতিক উন্নতিও শিক্ষাৰ বিকাশৰ ওপৰত নিৰ্ভৰশীল। আমি জানো শিক্ষাৰ মাধ্যমেৰে মানুহে নতুন চিন্তা আৰু জীৱনৰ নতুন পথ বিচাৰি বুদ্ধি আৰু জ্ঞানৰ বিস্তাৰ কৰি জগতৰ ভাল-বেয়া বিচাৰ কৰাৰ শক্তি লাভ কৰে। সেয়েহে ক'ব পাৰি যে শিক্ষাই মানুহৰ জীৱনৰ এক প্ৰধান তথা অবিচ্ছেদ্য অংশ। শিক্ষা অবিহনে মানুহৰ জীৱন অসম্পূৰ্ণ হৈ ৰয়। মই নিজে বৰপেটা জিলাৰ স্থায়ী বাসিন্দা হোৱা বাবে এই জনগোষ্ঠীটোৰ প্ৰতি এক আৱেগিক দুৰ্বলতা অনুভৱ কৰোঁ। অসমত বহু বছৰ ধৰি বাস কৰা আৰু অসমৰ অবিচ্ছেদ্য অঙ্গ হৈ পৰা এই মানুহখিনিৰ শিক্ষা আৰু চিকিৎসা ব্যৱস্থাৰ অধ্যয়নৰ প্ৰয়োজনীয়তা অনুভৱ কৰিব পাৰিছোঁ। মোৰ গৱেষণা পত্ৰত কেৱল নামনি অসমৰ বৰপেটা জিলাৰ চৰ অঞ্চলৰ শিক্ষা আৰু চিকিৎসা ব্যৱস্থাৰ ওপৰত আলোকপাত কৰাৰ চেষ্টা কৰিছোঁ।

অধ্যয়নৰ পদ্ধতি : মই উল্লেখিত বিষয়টো অধ্যয়ন কৰিবলৈ লওঁতে বৰপেটা জিলাৰ চৰ অঞ্চলৰ বিভিন্ন সাহিত্যিকৰ গৱেষণা গ্ৰন্থৰ উপৰিও বিভিন্ন আলোচনী, বাতৰিকাকত, চৰকাৰী নথিপত্ৰ, লোকপিয়লৰ তথ্য, গুণোৎসৱৰ ফলাফল আদিক প্ৰাথমিক উৎস হিচাপে গ্ৰহণ কৰিছোঁ।

ক্ষেত্ৰ অধ্যয়নৰ বাবে বৰপেটা জিলাৰ বিভিন্ন চৰ অঞ্চল ভ্ৰমণ কৰি বিশেষকৈ গুণোৎসৱৰ সময়ত চৰ অঞ্চলৰ বিভিন্ন বিদ্যালয়ত External Evaluator হিচাপে কাম কৰি, চৰ অঞ্চলৰ বিভিন্ন ব্যক্তিৰ সাক্ষাত গ্ৰহণ কৰি মোৰ গৱেষণা পত্ৰ প্ৰস্তুত কৰিছোঁ।

চৰ অঞ্চলৰ শিক্ষা পদ্ধতি : 'চৰ' বুলিলে আমি সাধাৰণতে নৈৰ সীমান্তৰ ওখ ভূ-খণ্ডকে বুজোঁ। এই ভূ-খণ্ড সৃষ্টি হয় পৰ্বতীয়া অঞ্চলৰ পৰা ক্ষয়মানে নমাৰ সময়ত নৈৰ তীব্ৰতা কমি অহাত সোঁতৰ গতি ধীৰ হৈ পৰে আৰু খনন কাৰ্য কমি আহে। এই ক্ষেত্ৰত নৈয়ে কঢ়িয়াই অনা বোকা বালিৰ গেদ জমা হ'বলৈ ধৰে। য'তেই বহল ঠাই পায় তাতেই গেদবোৰ জমা হয়। ফলত নদীৰ তলত বালিৰ বান্ধ (Sandbar) সৃষ্টি হয়। খৰালি দিনবোৰত বালিৰ বান্ধবোৰ ওলাই পৰে। এই বালিৰ বান্ধেই হ'ল 'চৰ'। বৈ থকা পানীত জাৰ-জোখৰ গেদ জমি পলসূৱা হোৱা টিপকেই চাপৰি বোলে। চৰ অঞ্চল বুলি ক'লে কেইবাখনো গাঁওৰ সমষ্টিৰে গঠিত এক বৃহত্তৰ অঞ্চলক বুজায়। অসমৰ ধুবুৰীৰ পৰা শদিয়ালৈ প্ৰায় দুই হেজাৰতকৈও বেছি চৰ অঞ্চলত প্ৰায় ২১ লাখ মানুহ বসবাস কৰি আছে। নামনি অসমৰ বৰপেটা জিলাতও আছে জ্বলে সংখ্যক চৰ গাঁও। প্ৰায় ২৭৭ খন গাঁওত ২,৬৮,৩৪৪ জন মানুহ বসবাস কৰি আছে।^১ এই চৰ গাঁও বিলাকত বসবাস কৰা শতকৰা ৯০ ভাগেই বংগীয় মুছলমান। চৰ অঞ্চলৰ বিশিষ্ট সাহিত্যিক ইছমাইল হোছেইনৰ মত "অসমৰ মুঠ জনসংখ্যাৰ শতকৰা ১৪ ভাগ চৰ অঞ্চলত বসবাস কৰে। ইয়াৰে সৰহ সংখ্যক মুছলমান জনগোষ্ঠীৰ অন্তৰ্গত। অসম ৰাজ্যিক চৰ উন্নয়ন কৰ্তৃপক্ষৰ (নিগম) ই ১৯৯৭ চনত চলোৱা জৰীপ মতে, অসমৰ মুঠ ২০৮৯ খন চৰত ২১,৬০,০২৪ জন চৰবাসীয়ে বসবাস কৰে। ইয়াৰে ৮৬.৪% নিৰক্ষৰ; স্বাক্ষৰতাৰ হাৰ হ'ল ১৩.৬%। আন এক তথ্যমতে ১৯৯৯ চনত অসমৰ শিক্ষিতৰ হাৰ ৫৩.৪২% ভাগ হোৱাৰ বিপৰীতে চৰ অঞ্চলৰ শিক্ষিতৰ হাৰ আছিল ১৩.৬% ভাগ।"^২

অসম ৰাজ্যিক চৰ উন্নয়ন নিগম নামৰ এটি চৰকাৰী সংস্থা থাকিলেও নিগম এটা দশকৰো অধিককাল ধৰি চৰ এলেকা সমূহত কোনো আৰ্থ-সামাজিক জৰীপ হোৱা নাই যেন লাগে। ২০০২-২০০৩ চনতে অসম ৰাজ্যিক চৰ এলেকা উন্নয়ন সঞ্চালকালয়ে অস্তিমটো তাৎপৰ্যপূৰ্ণ জৰীপ চলাইছিল। এই তথ্য অনুসৰি চৰৰ সাক্ষৰতাৰ ছবিখন ১৯৯২-১৯৯৩ চনৰ ছবিখনতকৈ অলপো উন্নতি ঘটা নাই। তলত জিলা ভিত্তিক শিক্ষিতৰ হাৰ উল্লেখ কৰা হ'ল—

জিলা	চৰ গাঁওৰ সংখ্যা	সাক্ষৰতাৰ হাৰ ১৯৯২-৯৩	সাক্ষৰতাৰ হাৰ ২০০২-২০০৩
দৰং	১২১	১০.১২	১২.৩৪
বৰপেটা	৩৫১	১২.৯০	১৭.৬৩
কামৰূপ	১৪৮	১৬.৮৫	১৫.১৬
নলবাৰী	৫৮	৭.৯০	১৬.২৪
বঙ্গাইগাঁও	১৫০	১২.৮৫	১২.৪৬
গোৱালপাৰা	১৮৭	৮.৩৮	১৩.৬৫
ধুবুৰী	৩১৩	১৯.০৬	১৪.৬০
মৰিগাঁও	৪১	৮.০২	১৮.৫০
নগাঁও	২৯	৯.৪৪	১৭.৫৯
ধেমাজি	৯৫	১৪.৪৪	১৫.৬৯
লখিমপুৰ	১৮২	১৪.০১	১৮.৫০
শোণিতপুৰ	১১৮	১২.৬৩	১৬.৯৩
তিনিচুকীয়া	৮৬	১৪.২০	১৪.০০
যোৰহাট	২১০	৩১.৯০	৬০.৫৫

(আৰ্থসামাজিক জৰীপৰ প্ৰতিবেদন, অসম ৰাজ্যিক চৰ এলেকা উন্নয়ন
সঞ্চালকালয়, ১৯৯২-৯৩ আৰু ২০০২-২০০৩)

ওপৰৰ তালিকাই চৰৰ শিক্ষা ব্যৱস্থাৰ এক কৰুণ চিত্ৰ দাঙি ধৰিছে।
যি সময়ত অসমৰ সাক্ষৰতাৰ হাৰ ৭৩.১৮ শতাংশ, যি সময়ত ভাৰতৰ
কেইখনমান ৰাজ্যৰ সাক্ষৰতাৰ হাৰ এশ শতাংশ চুইছে, সেই সময়ত বৰপেটা
জিলাৰ চৰ অঞ্চলৰ সাক্ষৰতাৰ হাৰ নিম্নগামী হোৱা পৰিলক্ষিত হৈছে।

শিক্ষা হ'ল এটি জটিল ধাৰণা। পৰিৱেশৰ লগত হোৱা ক্ৰিয়া প্ৰক্ৰিয়াৰ
ফলত মানুহৰ আভিজাত্যৰ যি পুষ্টি সাধন হয় আৰু সংস্কাৰ সাধন কৰে
তাকেই শিক্ষা বুলি কোৱা হয়। আমি জানো প্ৰকৃতিৰ নিয়ম অনুসৰি মানুহে
জন্ম লাভ কৰে। শিক্ষা আহৰণ কৰাটোই জন্মৰ পিছত এটি মহত্বপূৰ্ণ প্ৰক্ৰিয়া।
শিক্ষাই মানুহৰ জ্ঞান-বুদ্ধিৰ বিকাশ সাধন কৰে আৰু জীৱন যাত্ৰাত সহায়
কৰে। শিক্ষাৰ মাধ্যমেৰে মানুহে নতুন চিন্তা আৰু জীৱনৰ নতুন পথ বিচাৰি
বুদ্ধি আৰু জ্ঞানৰ বিস্তাৰ কৰি জগতৰ ভাল-বেয়া বিচাৰ কৰাৰ শক্তি লাভ

কৰে। সেয়েহে ক'ব পাৰি যে শিক্ষাই মানুহৰ জীৱনৰ এক প্ৰধান তথা অবিচ্ছেদ্য
অংশ। শিক্ষা অবিহনে মানুহৰ জীৱন অসম্পূৰ্ণ হৈ ৰয়। আৰু এই শিক্ষাৰ
গুণিয়াদ গঢ়াৰ দায়িত্ব নিৰ্ভৰ কৰে মহিলাৰ ওপৰত; কিন্তু বৰপেটা জিলাৰ চৰ
অঞ্চলৰ সাক্ষৰতাৰ হাৰ ভাৰি নোৱাৰাকৈ কম হোৱাৰ বাবে তেওঁলোকে
নিজৰ ল'ৰা-ছোৱালীক শিক্ষিত কৰাৰ ক্ষেত্ৰত দায়িত্ব পালন কৰিব পৰা নাই।
ইয়াৰ বাহিৰেও চৰ অঞ্চলত কিছুমান ভিতৰুৱা অঞ্চল আছে, যিবোৰ ঠাইত
এতিয়াও ভাল স্কুল নাই। সৰ্বশিক্ষা মিছনৰ দ্বাৰা সকলো ল'ৰা-ছোৱালী ৬
বছৰৰ পৰা ১৪ বছৰলৈকে স্কুললৈ যোৱা বাধ্যতামূলক কৰিছে যদিও ই চৰ
অঞ্চলত সৰ্বসন্মত হৈ উঠা নাই। ইয়াৰ কাৰণ অসমৰ প্ৰধান সমস্যা বন্ধাপুত্ৰ
নদীৰ পৰা সুঁতি বাহিৰলৈ গৈও সময়ত বিশাল নৈত পৰিণত হয়, য'ত কিছু
বছৰ থকাৰ পাছতেই আকৌ ভঙা-গঢ়াৰ চিন্তা কৰিব লাগে। সেউজীয়া গাঁও
ভাঙি নতুন চৰত পৰিণত কৰে। গতিকে সেইখিনি মানুহৰ ল'ৰা-ছোৱালীবোৰে
পঢ়া-শুনা কৰাত বাধা পায়।

শিক্ষা ব্যৱস্থাক সাৰ্বজনীন কৰি গঢ় দিবলৈ কেন্দ্ৰীয় চৰকাৰে বিভিন্ন
সময়ত বিভিন্ন আয়োগ সমিতি গঠন কৰি তেওঁলোকৰ পৰামৰ্শৰে বিভিন্ন
আঁচনি যুগুত কৰি আহিছে কিন্তু সেই আঁচনি আৰু পদ্ধতিসমূহ উচ্চস্তৰৰ পৰা
শিক্ষাৰ নিম্নস্তৰলৈ আহোতে বিভিন্ন সময়ত ৰাজনৈতিক প্ৰৱণতা, দলগত,
গোষ্ঠীগত স্বার্থপৰতা আৰু ব্যক্তিগত লাভালাভৰ ফলত চৰ অঞ্চলত ইয়াৰ
ফলপ্ৰসূ প্ৰভাৱ দেখা নাযায়। বিদ্যালয়সমূহৰ পৰিচালনা সমিতিসমূহ বিভাগীয়
নিয়মনীতিৰে গঠন কৰিবলৈ নিৰ্দেশ দিয়া হয় যদিও ই কাৰ্যত পৰিণত নহয়।
একাংশ ৰাজনৈতিক নেতা বা দালালৰ ভিতৰত ই সীমাবদ্ধ থাকে। ফলস্বৰূপে
এজন অশিক্ষিত ব্যক্তিকো এখন উচ্চ মাধ্যমিক বিদ্যালয়ৰ পৰিচালনা সমিতিৰ
সভাপতি হিচাপে নিৰ্বাচন কৰা দেখা যায়।

বৰপেটা জিলাৰ কিছুমান বিদ্যালয়ত পাঁচজনৰ পৰা সাতজনকৈ শিক্ষক
নিয়োজিত হৈ আছে। অথচ চৰ অঞ্চলৰ কিছুমান বিদ্যালয়ত এজন শিক্ষকে
পাঠদান কৰি আছে। কিছুমান বিদ্যালয়ৰ অৱস্থাও দুঃখ লগা। এটা
শ্ৰেণীকোঠাতেই তিনিটা নাইবা চাৰিটা বিভিন্ন শ্ৰেণীৰ পাঠদান কৰা দেখা
যায়। বিশেষকৈ গুণোৎসৱত এই দৃশ্য প্ৰতিফলিত হৈছে। যি সময়ত আৰ্থিক

শিক্ষক সার্বজনীন বৃত্তিমুখী আৰু বুনয়াদী কৰাৰ সপোন সমগ্ৰ দেশতে উপলব্ধ হৈছে সেই সময়তে চৰ অঞ্চলৰ বিদ্যালয় গৃহ হয় ধুমুহাই উৰুৱাই লৈ গৈছে নহয় ব্ৰহ্মপুত্ৰৰ বুকুত জাহ গৈছে। বহু ল'ৰা-ছোৱালী আধাতে পঢ়া-শুনা এৰি পথাৰৰ কামত নিয়োজিত হৈছে নাইবা চহৰলৈ আহি ঠেলা-ৰিক্সা চলাই আছে। আৰ্থিকভাবে জৰুলা এমুঠি খাদ্যৰ বাবে হতাশ হৈ গৰাখহনীয়াৰ চিকাৰ হৈ দুৰ্ভগীয়া চৰবাসীৰ বহু সংখ্যকে চহৰলৈ ঢাপলি মেলিছে। গতিকে শিক্ষাৰ পৰা এওঁলোক বঞ্চিত হৈছে।

চৰ অঞ্চল সাক্ষৰতাৰ হাৰ কম হোৱাৰ আৰু এটা প্ৰধান কাৰণ হ'ল নাৰী শিক্ষাৰ গুৰুত্ব কম। আমি জানো মাতৃসকলৰ চৰিত্ৰই নৱ-জাতকৰ চৰিত্ৰ গঠনৰ মাপকাঠি। প্ৰতিজন মাতৃৰ প্ৰথম কৰ্তব্য হৈছে নিজৰ সন্তানৰ শিক্ষা-দীক্ষাৰ ওপৰত চোকা দৃষ্টি ৰখা। সেয়েহে মাতৃসকলক সুশিক্ষিতা কৰি গঢ়ি তোলা একান্ত কৰ্তব্য। চৰ অঞ্চলৰ নাৰীক যদি শিক্ষাৰ দিশত অগ্ৰাধিকাৰ দিয়া নহয়, তেনেহ'লে নাৰী সদায় পিছ পৰি থাকিব। কিয়নো শিক্ষিত মাতৃজনে নিজৰ সন্তানৰ লগতে আন দহজনৰো ল'ৰা-ছোৱালীক স্কুলত দিয়া নাইবা শিক্ষিত কৰি তোলাৰ পৰামৰ্শ দিব পাৰে।

বৰ্তমান প্ৰজন্মক শিক্ষাৰ সঠিক উদ্দেশ্যৰ দিশ লৈ আগুৱাই লৈ যাবলৈ হ'লে শিক্ষাৰ গুণগত মান উন্নত কৰাৰ পদ্ধতি অৱলম্বন কৰা নিতান্তই প্ৰয়োজন। প্ৰাথমিকৰ পৰা উচ্চমাধ্যমিক পৰ্যায়লৈ পাঠদান যদি নিয়মীয়াকৰণ কৰা হয়, ছাত্ৰ-ছাত্ৰী সকলক ঘৰুৱা কামৰ বোজাৰ পৰা কিছু ৰেহাই দিয়া আৰু অভিভাৱক সকলে শিক্ষকৰ সমানে ছাত্ৰ-ছাত্ৰীৰ প্ৰতি সজাগ হ'লে চৰ অঞ্চলৰ শৈক্ষিক দিশটো টনকিয়াল হ'ব। বিশিষ্ট সাহিত্যিক ইছমাইল হোছেইনৰ মতে "অসমৰ অনুন্নত চৰ-চাপৰিৰ মুহলমানসকলৰ মাজত শিক্ষিতৰ হাৰ বৃদ্ধি কৰি তেওঁলোকক স্বাৱলম্বী নাগৰিকৰূপে গঢ়ি তুলিবলৈ হ'লে চৰকাৰী-বেচৰকাৰী স্তৰত কিছুমান সু-চিন্তিত আঁচনি গ্ৰহণ কৰিব লাগিব। শিক্ষাই যে ঘৰ আৰু সমাজৰ দ্ৰুত পৰিৱৰ্তনত সহায় কৰাৰ উপৰি ব্যক্তি-জীৱনকো চহকী কৰে, এই কথাষাৰ চৰ-চাপৰিবাসীয়ে বুজি উঠিব লাগিব।"^৩

চৰ অঞ্চলৰ চিকিৎসা ব্যৱস্থা : বৰপেটা জিলাৰ বেছি ভাগ চৰ অঞ্চলৰ চিকিৎসাৰ সু-ব্যৱস্থা নাই। আধুনিক চিকিৎসা ব্যৱস্থাৰ পৰা বঞ্চিত

চৰবাসী। চৰ অঞ্চলৰ বিশিষ্ট সাহিত্যিক আব্দুল মান্নানৰ মতে "চৰবাসীক বেজ-বেজালি, জৰা-ফুকা, কবছ-মাদুলী, পানী ফুকা, বজাৰত খেল দেখুৱাই তাবিজ আৰু ঔষধ বিক্ৰী কৰা প্ৰবন্ধক আদিয়ে আৱৰি ৰাখিছে।"^৪ অন্ধবিশ্বাস আৰু কু-সংস্কাৰে আৱৰি ৰখা চৰবাসীয়ে বিপদৰ সময়ত এনে চিকিৎসাৰ কোনো বিকল্পও আশা কৰিব নোৱাৰে। কাৰণ চৰ-চাপৰি সমূহত চিকিৎসা কেন্দ্ৰৰ সংখ্যা খুবেই কম। যিকেইখন আছে সেইবিলাকো জৰাজীৰ্ণ অৱস্থাত আছে। নূন্যতম সা-সুবিধাৰ অভাৱ আৰু যাতায়াতৰ শোচনীয় অৱস্থাৰ বাবে এই দুৰ্গম অঞ্চলবিলাকত চিকিৎসক আৰু অন্যান্য চিকিৎসা কৰ্মীয়ে সাধাৰণতে কাম কৰিব নোখোজে। এই চিকিৎসা কেন্দ্ৰবিলাকৰ পৰা সাধাৰণ ৰাইজে বিশেষ কোনো সেৱা নাপায়। ইয়াৰ বাহিৰে চৰ অঞ্চলত বাল্য বিবাহৰ অবাধ প্ৰচলন লক্ষ্য কৰা যায়। কম আৰু অপৰিণত বয়সত ল'ৰা-ছোৱালীক বিয়া দিয়াৰ ফলত অধিক সংখ্যক ল'ৰা-ছোৱালীৰ অকালতে শৰীৰ আৰু স্বাস্থ্য ভাঙি পৰে আৰু নিয়ন্ত্ৰণহীনভাবে অসংখ্য পুষ্টিহীনতাত ভোগা শিশুৰ জন্ম হয়। কুসংস্কাৰ আৰু জন্ম নিয়ন্ত্ৰণৰ বিৰোধী-মানসিকতাৰ ফলত কম বয়সতে বহু সন্তানৰ জন্ম হয়।

চৰ-চাপৰিৰ মানুহখিনিয়ে জীৱনৰ নূন্যতম চাহিদাখিনি ভোগকৰা দূৰৰ কথা, বিশুদ্ধ খোৱা পানীখিনিও যোগাৰ কৰিব নোৱাৰে। মানৱ দেহত বেমাৰ হোৱাৰ মূল অন্তৰায় হ'ল—দূষিত পানী, অপুষ্টি, লেতেৰা পৰিৱেশ, অ-বৈজ্ঞানিক সমাজ-ব্যৱস্থা আদি। চৰ অঞ্চলত বানপানীৰ সময়ত বিশুদ্ধ খোৱা-পানী পান নকৰাৰ ফলস্বৰূপে ডায়েৰীয়া, ডিছেণ্ট্ৰি, মেলেৰিয়া, জণ্ডিচ আদি ৰোগে আক্ৰমণ কৰে। আচলতে চৰ অঞ্চলৰ ৯০ শতাংশ মানুহৰ অণুজীৱ-পৰজীৱ আদিৰ বিভিন্ন ক্ৰিয়া প্ৰতিৰোধ সম্পৰ্কে জ্ঞান নাই। বহু ৰোগী চিকিৎসালয় পোৱাৰ আগতেই মৃত্যুক সাৱটি লয়। কাৰণ উন্নত ৰাস্তাঘাট নথকাত যোগাযোগ ব্যৱস্থা মেচিনযুক্ত নাও বা ভটভটী নাওৰ মাজতেই সীমাবদ্ধ। বৰপেটা জিলাৰ এনে কিছুমান চৰ অঞ্চল আছে য'ত ৩০/৪০ কিলোমিটাৰৰ দূৰত্বৰ মাজত এখনো উন্নত স্বাস্থ্য কেন্দ্ৰ বা চিকিৎসালয় নাই। আনহাতে চৰাঞ্চলত স্থাপিত বহুকেইখন চিকিৎসালয়ৰ ঘৰ-দুৱাৰ গৰাখহনীয়াই উটুৱাই নিয়াৰ পিছত নতুনকৈ ঘৰ নিৰ্মাণ কৰা হোৱা নাই। বৰ্তমান চৰাঞ্চলত

যি দুই-এখন চিকিৎসা কেন্দ্ৰ আছে, তাতো পৰ্যাপ্ত পৰিমাণৰ চিকিৎসক ফাৰ্মাচিষ্ট নাই আৰু ঔষধ নাই। চৰাঞ্চলত অধিকাংশ চিকিৎসালয়ত বোগীয়ে বিচনা নাপাই টেবুলৰ ওপৰতেই নতুবা গছৰ তলতেই চেলাইন লোৱাৰ দৃশ্য দেখা যায়।

উপসংহাৰ : আমি জানো অসমৰ চৰ-চাপৰিৰ প্ৰায় ৯০ শতাংশ লোক নিৰক্ষৰ (মাজুলী বাদে) আৰু দৰিদ্ৰ সীমাৰেখাৰ তলৰ বাসিন্দা। জনস্বাস্থ্য শিক্ষাৰ অভাৱতেই চৰ অঞ্চলৰ গাঁৱলীয়া পৰিৱেশত বহুতো ৰোগৰ প্ৰাদুৰ্ভাৱ ঘটে। এই সম্পৰ্কে বৰপেটা জিলাৰ বিশিষ্ট সাহিত্যিক তথা চিকিৎসা কৰ্মী আনোৱাৰ হোছেইনে কৈছে “আজি বিজ্ঞানৰ যুগতো চৰ অঞ্চলত এশ-এবি অন্ধবিশ্বাস, কুসংস্কাৰ আদিয়ে আৱৰি আছে। গাঁৱলীয়া শিক্ষিত-অশিক্ষিত লোকেও ওজা, কবিৰাজ, ফকীৰ আদিৰ ভূত খেদা বৈঠকত ৰোগ নিৰাময়ৰ উদ্দেশ্যে বেজ-বেজালী, জৰা-ফুকা, কবজ মাদুলী পৰিধান কৰি আৰোগ্যৰ উপায় বিচাৰিছে। হাটে-বজাৰে সাপৰ খেল দেখুৱাই, বাদ্যযন্ত্ৰ বজাই বা গান শুনাই গাঁৱলীয়া ৰাইজক বৰ কবচ বা ঔষধ বিক্ৰী কৰি টকা লুটিছে এচাম লোকে। এনে লোকবোৰে সমাজ বিৰোধী ঔষধ প্ৰস্তুত কৰি বিক্ৰী কৰি দুখীয়া জনসাধাৰণক লুটি আছে।”^৫ চৰকাৰে এই ক্ষেত্ৰত গুৰুত্ব নিদিলে আৰু চৰ অঞ্চলৰ ৰাইজ সচেতন নহ'লে নৱ-প্ৰজন্ম আৰু অন্ধকাৰত নিমজ্জিত হ'ব।

আলোচনাৰ শেষত আমি কওঁ যে অসম চৰকাৰে বিভাগীয় কৰ্তৃপক্ষক চৰ-অঞ্চলৰ দৰিদ্ৰ লোকৰ সাহায্যাৰ্থে চৰাঞ্চলত জনসংখ্যা অনুপাতে চিকিৎসালয় স্থাপন কৰি তাত চিকিৎসক নিযুক্তি দিব লাগে। ইয়াৰ উপৰি চিকিৎসা বিজ্ঞানৰ ডিগ্ৰীধাৰী লোকক তেওঁলোকৰ বাধ্যতামূলক ট্ৰেইনিং চৰাঞ্চলৰ স্বাস্থ্য কেন্দ্ৰসমূহত দিব লাগে। লগতে প্ৰত্যেকজন চিকিৎসক, ফাৰ্মাচিষ্টৰ চাকৰিৰ অন্তত পাঁচ বছৰ কাল চৰাঞ্চলত বাধ্যতামূলক কৰিব লাগে। তাকে কৰিলে হয়তো চৰবাসীয়ে চিকিৎসাৰ সুবিধা পাব আৰু আমাৰ অসমখনও উন্নতিৰ পথত আগুৱাই যাব।

উৎসসূত্ৰ :

- ১। ইছমাইল হোছেইন (সম্পাঃ), *Socio-Economic life of the Char People, Assam, Char Area Welfare Society for Socio-Economic Research, Alopati Major Char, Barpeta*
- ২। ইছমাইল হোছেইন, অসমৰ চৰ-চাপৰিৰ জীৱন আৰু সমাজ, অসম প্ৰকাশন পৰিষদ, গুৱাহাটী-২১, ২০০৮ পৃঃ ৭০
- ৩। ইছমাইল হোছেইন, অসমৰ চৰ-চাপৰিৰ জীৱন আৰু সমাজ, অসম প্ৰকাশন পৰিষদ, গুৱাহাটী-২১, ২০০৮ পৃঃ ৮৬
- ৪। আব্দুল মানান, জনসংখ্যা বৃদ্ধি আৰু জন্মনিয়ন্ত্ৰণৰ সমস্যা চৰ-চাপৰিবাসীৰ প্ৰগতিৰ অন্তৰায়, বেজাউল কৰিম (সম্পাঃ) কাইশা, অভ্যৰ্থনা সমিতি, অসম সাহিত্য সভাৰ বিশেষ অধিবেশন, কলগাছিয়া, ২০০২, পৃঃ ৮৯
- ৫। আনোৱাৰ হোছেইন, চৰ-চাপৰিৰ জীৱন আৰু লোক-সংস্কৃতি, বেহেনা শিকদাৰ, মন্দিয়া, ২০০৫, পৃঃ ১৭

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প্রসূতি আৰু নৱজাতকৰ যত্নত আশাকৰ্মী : এক

ক্ষেত্ৰভিত্তিক অধ্যয়ন

হেমন্ত কুমাৰ দাস

সহকাৰী অধ্যাপক,

জি,এল, চৌধুৰী মহাবিদ্যালয়

১.০১ অৱতৰণিকা :

ভাৰতবৰ্ষৰ স্বাস্থ্য আৰু পৰিয়াল কল্যাণ মন্ত্ৰণালয় (Ministry of Health and Family Welfare) ৰ উদ্যোগত ২০০৫ চনত দেশৰ গ্ৰাম্যবাসীসকলৰ স্বাস্থ্যৰ ওপৰত গুৰুত্ব দিবলৈ ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযান (National Rural Health Mission) গঠন কৰা হয়। ভাৰতবৰ্ষৰ যিবোৰ ৰাজ্য জনস্বাস্থ্যৰ দিশত দুৰ্বল, সেইবোৰ ৰাজ্যত গ্ৰাম্য অঞ্চলৰ জনসাধাৰণে যাতে সুস্বাস্থ্যৰ ফল লাভ কৰিব পাৰে সেই উদ্দেশ্যে আগত ৰাখি এই অভিযানে বিভিন্ন ধৰণৰ সেৱা আগবঢ়াইছে। মূলঃ ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযানে গ্ৰাম্য অঞ্চলৰ জনসাধাৰণক বিশেষকৈ মহিলা আৰু শিশুসকলৰ প্ৰতি ফলদায়ক প্ৰাথমিক স্বাস্থ্য সেৱা আগবঢ়াবলৈ সক্ষম হৈছে। আকৌ ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযানে গাঁও বিলাকত অনাময় ব্যৱস্থা (Sanitation), প্ৰসূতি আৰু শিশু তথা নৱজাতকৰ পৰিপুষ্টি, পৰিস্কাৰ-পৰিচ্ছন্নতা, নিৰাপদ খোৱাপানী, পৰিয়াল কল্যাণ আঁচনি, জন্ম নিয়ন্ত্ৰণ আদিৰ ক্ষেত্ৰত যথেষ্ট গুৰুত্ব প্ৰদান কৰিছে। ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযানে বিভিন্ন দিশ সামৰি লৈছে যদিও এই অভিযানৰ এটি অন্যতম মূল উদ্দেশ্য হৈছে শিশু আৰু মাতৃৰ মৃত্যুৰ হাৰ লাঘৱ কৰা।

ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযান (NRHM) ২০১৪ চনৰ পৰা ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান (National Health Mission) নামেৰে নামকৰণ কৰা হৈছে।

কিন্তু ২০১৫ চনৰ পৰাহে এই অভিযান কাৰ্যকৰী হয়। বৰ্তমান এই অভিযানে গাঁওৰ উপৰি চহৰ-নগৰৰ জনসাধাৰণকো ফলদায়ক স্বাস্থ্য সেৱা প্ৰদান কৰিবলৈ লৈছে। ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযান বা ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান সফল ৰূপায়ণৰ ক্ষেত্ৰত আশাকৰ্মীৰ ভূমিকা যথেষ্ট আছে। এই অভিযান সফল ৰূপায়ণ কৰিবলৈ গাঁও বা চুবুৰীৰ আশাকৰ্মীজনী সদা জাগ্ৰত প্ৰহৰী হৈ থাকে।

২.০১ অধ্যয়নৰ পদ্ধতি :

গৰ্ভৱতী মহিলা আৰু নৱজাতকৰ যত্ন লোৱাৰ ক্ষেত্ৰত আশাকৰ্মীৰ ভূমিকা সম্পৰ্কে আলোচনা প্ৰস্তুত কৰিবলৈ যাওতে আমি এটি ক্ষেত্ৰভিত্তিক অধ্যয়ন চলাব লগা হৈছিল। এই ক্ষেত্ৰত আমি বিভিন্নজন ব্যক্তিৰ পৰা তথ্য বিচাৰি কাষ চাপিছিলোঁ। বিশেষকৈ আশাৰ কৰ্মৰাজি বা দায়িত্ব সম্পৰ্কে জানিবলৈ তথ্য দাতাৰ লগত পোনপটীয়াকৈ আলোচনাত মিলিত হৈছিলোঁ। স্বাস্থ্যখণ্ডত আশা কৰ্মীয়ে লোৱা ভূমিকা সম্পৰ্কে আশাৰ সমল ব্যক্তি (Resource Person), আশা চুপাৰভাইজৰ, আশা কৰ্মী, ANM আদিয়ে আমাক যথেষ্ট তথ্য প্ৰদান কৰিছে। স্বাস্থ্য খণ্ডত আশাৰ দায়িত্ব আৰু কৰ্তব্য ইমানেই বেছি যে, আমাৰ এই পত্ৰত সকলোবোৰ তথ্য উল্লেখ কৰা সম্ভৱ নহয়। কেৱল মাত্ৰ প্ৰসূতি আৰু নৱজাতকৰ যত্নৰ ক্ষেত্ৰত আশাকৰ্মী সকলে কেনে ধৰণৰ দায়িত্ব পালন কৰে, অকল এই বিষয়েহে আমাৰ এই পত্ৰত সামৰা হৈছে। আকৌ, আমাৰ এই পত্ৰ প্ৰস্তুত কৰোঁতে স্বাস্থ্য বিভাগে আশাকৰ্মীক প্ৰদান কৰা পুস্তিকা, আশা মডিউল আদিৰো সহায় লোৱা হৈছে।

৩.০১ আশা কৰ্মী :

আমাৰ দেশৰ প্ৰসূতি আৰু নৱজাতকৰ স্বাস্থ্যৰ যত্ন লোৱাৰ ক্ষেত্ৰত আশাকৰ্মী সকলে যথেষ্ট সততাৰে নিজৰ কৰ্মত অগ্ৰসৰ হ'ব লগা হয়। কিয়নো স্বাস্থ্যৰান মাতৃৰ গৰ্ভতহে স্বাস্থ্যৰান শিশুৰ জন্ম হয় আৰু স্বাস্থ্যৰান শিশুৰে হৈছে আমাৰ দেশৰ ভৱিষ্যতৰ সম্ভাৱনাময় নাগৰিক। গতিকে আশাকৰ্মী এজনীৰ দায়িত্ব বহুত। এতিয়া প্ৰশ্ন হ'ল আশানো কোন? 'আশা' হৈছে ইংৰাজী শব্দৰ সংক্ষিপ্ত ৰূপ, অৰ্থাৎ Accredited Social Health Activist চমুকৈ ASHA অসমীয়া ভাষাত 'আশা' শব্দটোৱে ফল লাভৰ আকাংক্ষা, আকাংক্ষিত বস্তুৰ প্ৰাপ্তিৰ সম্ভাৱনা, ভাৰসা (reliance) আদি অৰ্থ প্ৰকাশ কৰে। স্বাস্থ্য সেৱাত

নিয়োজিত হোৱা আশা কৰ্মী সকলো প্ৰসূতি আৰু নৱজাতকৰ বাবে এটা অন্যতম ভাৰসা।

সাধাৰণতে এখন গাঁৱৰ ২৫ বছৰৰ পৰা ৪৫ বছৰ বয়সৰ বিবাহিতা বা বিধবা বা স্বামীৰ দ্বাৰা পৰিত্যক্ত মহিলাক আশাকৰ্মীৰ বাবে নিৰ্বাচন কৰা হয়। আশা কৰ্মী হ'বলৈ হ'লে কমেও দশম শ্ৰেণীলৈকে পঢ়া হ'ব লাগে। আশাকৰ্মী সকলক প্ৰায় নিয়মিতভাবে প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰ (PHC) আৰু জিলা পৰ্যায়ত প্ৰশিক্ষণ দিয়াৰ ব্যৱস্থা কৰা হয়, যাৰফলত এগৰাকী আশাকৰ্মী যথেষ্ট অভিজ্ঞতাপুষ্ট হৈ পৰে। আকৌ উল্লেখ কৰিব লাগিব যে প্ৰতিগৰাকী আশাকৰ্মীক পৰামৰ্শ বা সহায় কৰিবলৈ তেওঁলোকৰ ওপৰত একোগৰাকীকো অভিজ্ঞতাসম্পন্ন, কষ্ট সহিষ্ণু আশা চুপাৰভাইজৰ (ASHA Supervisor) নিয়োগ কৰা হৈছে।

৩.০২ আশাকৰ্মীৰ কৰ্মৰাজি :

গাঁৱত বসবাস কৰা পৰিয়ালৰ গৰ্ভৱতী মহিলা, নৱজাতক, পুষ্টিহীনতাত ভোগা শিশু, যোগ্য দম্পতী (Eligible couple) ৰ বাবে আশাকৰ্মী হৈছে নিৰ্ভৰযোগ্য স্বাস্থ্য সেৱিকা। এজনী আশাকৰ্মীয়ে সপ্তাহৰ সাতদিনেই গাঁওৰ মানুহৰ স্বাস্থ্য সেৱাত নিয়োজিত হৈ থাকে। আশা মডিউল-৬ ত আশাকৰ্মীৰ কৰ্মৰাজিৰ বিষয়ে সুন্দৰকৈ বৰ্ণনা কৰা আছে। সেই কৰ্মৰাজিৰ ভিতৰত গৃহ পৰিদৰ্শন, গ্ৰাম্য স্বাস্থ্য আৰু পুষ্টি দিৱস (VHND), স্বাস্থ্যসেৱা সুবিধা থকা স্বাস্থ্য কেন্দ্ৰ পৰিদৰ্শন, হিতাধিকাৰীয়ে পাব লগা সুবিধা বহীত (Register Book) লিপিবদ্ধ কৰা, যোগ্য দম্পতীক পৰামৰ্শ প্ৰদান, পৰিয়াল পৰিকল্পনাৰ বিষয়ে সচেতনতা বৃদ্ধি কৰা আদি উল্লেখযোগ্য। এই বিষয়ে তলত চমুকৈ আলোচনা কৰা হ'ল-

১। গৃহ পৰিদৰ্শন :

আশাকৰ্মীয়ে বসবাস কৰা গাঁও বা তেওঁৰ এলেকাৰ পৰিয়ালবোৰত সপ্তাহত কমেও চাৰি-পাঁচ দিন পৰিদৰ্শন কৰে। গাঁওৰ মানুহবোৰক আশাজনীয়ে স্বাস্থ্যৰ উন্নতি সম্পৰ্কে আৰু ৰোগ প্ৰতিৰোধৰ বিষয়ে অৱগত কৰায়। লগতে তেওঁ পৰিষ্কাৰ পৰিচ্ছন্নতা সম্পৰ্কে যেনে হাত ধোৱা (Hand Washing) পদ্ধতি দেখুৱায় দিয়ে। আকৌ, কোনো পৰিয়ালত যদি

দুবছৰৰ তলৰ শিশু বা পুষ্টিহীনতাত ভোগা শিশু বা গৰ্ভৱতী মহিলা থাকে, তেওঁলোকক আশাকৰ্মীয়ে পৰামৰ্শ প্ৰদানৰ উদ্দেশ্যে সঘনাই গৃহ পৰিদৰ্শন কৰে।

২। গ্ৰাম্য স্বাস্থ্য, অনাময় আৰু পুষ্টি দিৱস (VHSND) :

প্ৰতিখন গাঁওত মাহত এবাৰকৈ গ্ৰাম্য স্বাস্থ্য, অনাময় আৰু পুষ্টি দিৱস (Village Health Sanitation and Nutrition Day) সম্পৰ্কে গাঁৱৰ অংগনবাড়ী কেন্দ্ৰত সভা অনুষ্ঠিত হয়। মূলতঃ এ.এন.এম.ৰ সহযোগত আশাকৰ্মীয়ে নৱজাতকৰ টিকাকৰণ আৰু অন্যান্য স্বাস্থ্য সম্পৰ্কীয় সেৱা আগবঢ়ায়। এই ক্ষেত্ৰত অংগনবাড়ী কৰ্মী আৰু আশা চুপাৰভাইজৰেও সহযোগ কৰে।

৩। স্বাস্থ্যসেৱা সুবিধা থকা স্বাস্থ্যকেন্দ্ৰ পৰিদৰ্শন :

সাধাৰণতে গৰ্ভৱতী মহিলাক স্বাস্থ্য পৰীক্ষাৰ বাবে উপস্বাস্থ্য কেন্দ্ৰ (Sub-centre) বা প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰ (PHC) লৈ আশাকৰ্মী গৰাকীয়ে লৈ যায়। প্ৰয়োজনবোধে স্বাস্থ্য কেন্দ্ৰত গৰ্ভৱতী মহিলাগৰাকীৰ ৰক্তহীনতা (Hemoglobin), ৱ্লাড প্ৰেচাৰ, এইচ.আই.ভি, ওজন আৰু উচ্চতা আদি পৰীক্ষা কৰা হয়। আকৌ, আশা কৰ্মী গৰাকীয়ে স্বাস্থ্য কেন্দ্ৰত অনুষ্ঠিত হোৱা প্ৰশিক্ষণ বা স্বাস্থ্য কমিটিৰ বৈঠক বিলাকতো উপস্থিত থাকিব লাগে।

৪। বহী (Register)ত তথ্য লিপিবদ্ধকৰণ :

গ্ৰাম্য জনসাধাৰণে পাব লগা স্বাস্থ্য সম্পৰ্কীয় সা-সুবিধা সমূহ আশাকৰ্মীয়ে বহীত লিপিবদ্ধ কৰি ৰাখে যাতে উপযুক্ত হিতাধিকাৰীয়ে সেই সুবিধাসমূহ লাভ কৰিব পাৰে। এনে নিঃখুঁত পৰিকল্পনাৰ ফলত আশা কৰ্মীয়ে সহজে কৰ্ম আঁচনিৰ সফল ৰূপায়ন কৰিব পাৰে।

৫। যোগ্য দম্পতীক পৰামৰ্শ প্ৰদান :

গাঁৱৰ আশাকৰ্মীজনীয়ে যোগ্য দম্পতীক বিভিন্ন ধৰণৰ দিহা-পৰামৰ্শ আগবঢ়ায়। যোগ্য দম্পতী হৈছে ১৮ বছৰ বয়সৰ পৰা ৪৯ বছৰ বয়সলৈ বিবাহিত পুৰুষ-মহিলা। বিয়াৰ দুবছৰ পাছত সন্তান জন্ম দিয়াৰ বাবে যোগ্য দম্পতীক আশা কৰ্মীয়ে পৰামৰ্শ আগবঢ়ায়। প্ৰথম সন্তান জন্মৰ

পিছত কমেও তিনিবছৰ ব্যৱধান ৰখাৰ বাবে তেওঁলোকক আশা কৰ্মীয়ে দিহা-পৰামৰ্শ প্ৰদান কৰে। এইখিনি সময়ত যোগ্য দম্পতীয়ে পৰিয়াল পৰিকল্পনাৰ বাবে বিভিন্ন অস্থায়ী পদ্ধতি অৱলম্বন কৰিব পাৰে বুলি আশাকৰ্মীয়ে তেওঁলোকক বুজায়। তেওঁলোকে দ্বিতীয় সন্তান জন্ম দিয়াৰ আগলৈকে ব্যৱহাৰ কৰিব পৰা অস্থায়ী পদ্ধতি হৈছে- কনডম, কপাৰ-টি, গৰ্ভনিৰোধক বড়ি (Oral Tablet), অন্তৰা বেজী E.C. (Emergency Contraceptic) বড়ি আদি।

৪.০১ আশা কৰ্মীয়ে গৰ্ভৱতী মহিলাৰ ক্ষেত্ৰত লোৱা যতন :

আশাকৰ্মীয়ে এগৰাকী নৱ বিবাহিতা মহিলাক গৰ্ভৱতী হোৱাৰ আগৰে পৰা বিভিন্ন ধৰণৰ দিহা-পৰামৰ্শ আগবঢ়াবলৈ যত্ন কৰে। এগৰাকী মহিলা গৰ্ভৱতী হোৱাৰ পিছত বিভিন্ন সমস্যাৰ সন্মুখীন হ'ব লগা হয়। গৰ্ভৱস্থাত স্বাস্থ্য সম্পৰ্কীয় উপযুক্ত জ্ঞান বা পৰামৰ্শ লাভ নকৰাৰ ফলত এগৰাকী গৰ্ভৱতী মহিলা প্ৰসৱ কালত মৃত্যু বৰণ কৰিবলগীয়া পৰ্যন্ত হ'ব পাৰে। আনকি কেতিয়াবা তেনে ক্ষেত্ৰত নৱজাতক আৰু মাতৃ উভয়ে মৃত্যুমুখত পৰিবলগীয়া হয়। এনে ক্ষেত্ৰত এগৰাকী আশা কৰ্মীৰ যথেষ্ট কৰণীয় কৰ্তব্য থাকে। প্ৰতিবছৰে ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান (National Health Mission) এ গৰ্ভকালীন অৱস্থাত মাতৃৰ মৃত্যুৰ হাৰ কমোৱা আৰু শিশুৰ মৃত্যুৰ হাৰ কমোৱাৰ ক্ষেত্ৰত যথেষ্ট গুৰুত্ব প্ৰদান কৰি আহিছে। আশা কৰ্মী এগৰাকীয়ে গৰ্ভৱতী মহিলাৰ ক্ষেত্ৰ কেনে ধৰণৰ যতন লয়, এই বিষয়ে তলত উল্লেখ কৰা হ'ল-

- এগৰাকী মহিলা গৰ্ভৱতী হোৱাটো সঠিককৈ জানিবলৈ আশাকৰ্মীয়ে Nischay kit ৰে প্ৰস্ৰ পৰীক্ষা (Urine Test) কৰি মহিলা গৰাকীক সহায় আগবঢ়ায়।
- গৰ্ভৱস্থা বা প্ৰসৱান্তৰ কালত গৰ্ভৱতী মহিলাগৰাকীক পুষ্টিৰ খাদ্য, বিশ্ৰাম আৰু বৰ্ধিত স্বাস্থ্যসেৱা সম্পৰ্কে আশাকৰ্মীয়ে ফলপ্ৰসূ দিহা পৰামৰ্শ প্ৰদান কৰে।
- গাঁৱৰ আশাকৰ্মীগৰাকীয়ে প্ৰতি গৰাকী গৰ্ভৱতী মহিলাক প্ৰতিমাহত উপস্বাস্থ্য কেন্দ্ৰ (প্ৰাম্য স্বাস্থ্য কেন্দ্ৰ) আৰু পুষ্টি দিৱসত ANM ৰ দ্বাৰা

আস্থা পৰীক্ষা কৰোৱায়।

- গৰ্ভৱতী অৱস্থা বা প্ৰসৱকালীন অৱস্থাত গৰ্ভৱতী মহিলা এগৰাকীৰ ক্ষেত্ৰত বিভিন্ন জটিলতাই দেখা দিব পাৰে। সেয়ে প্ৰতিগৰাকী গৰ্ভৱতী মহিলাক সন্তান প্ৰসৱৰ আগলৈকে চাৰিটা পৰীক্ষা (4th check ups) ৰ ব্যৱস্থা কৰা হয়। এই ক্ষেত্ৰত আশাকৰ্মীয়ে পঞ্জীয়নভুক্ত গৰ্ভৱতী মহিলাক গৰ্ভধাৰণ কৰাৰ ১২ সপ্তাহ, ১৪-২৬ সপ্তাহ, ২৮-৩২ সপ্তাহ আৰু ৩৬-৪০ সপ্তাহৰ ভিতৰত উপস্বাস্থ্য কেন্দ্ৰলৈ আনি ANM ৰ দ্বাৰা পৰীক্ষা কৰোৱায়। আকৌ, গৰ্ভৱতী মহিলাৰ ক্ষেত্ৰত জটিলতা উদ্ভৱ হ'লে আশাকৰ্মীয়ে তেওঁলোকক প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰলৈ লৈ গৈ অভিজ্ঞ চিকিৎসকৰ দ্বাৰা স্বাস্থ্য পৰীক্ষা কৰোৱায়।
- আকৌ, প্ৰতি মাহৰ ৯ তাৰিখে প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰত অভিজ্ঞ চিকিৎসকৰ দ্বাৰা প্ৰধানমন্ত্ৰী সুৰক্ষিত মাতৃত্ব অভিযান (PMSMA)ৰ জৰিয়তে প্ৰতিগৰাকী গৰ্ভৱতী মহিলাৰ স্বাস্থ্য পৰীক্ষা কৰা হয়। এই ক্ষেত্ৰত আশাকৰ্মীয়ে গৰ্ভৱতী মহিলাসকলক প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰলৈ লৈ আহে।
- প্ৰতি মাহৰ প্ৰথম শনিবাৰে উপস্বাস্থ্য কেন্দ্ৰ আৰু অংগনবাড়ী কেন্দ্ৰত গৰ্ভৱতী মহিলা, দুগ্ধদাত্ৰী মাতৃ (Lactating mother) আৰু তেওঁলোকৰ শাশু সকলক লগত লৈ স্বাস্থ্য সম্পৰ্কীয় সভা অনুষ্ঠিত কৰা হয় আৰু এই সভালৈ আশাকৰ্মীয়ে তেওঁলোকক নিমন্ত্ৰণ কৰে। এই সভাখন 'মাতৃ-সভা' (Mother Meeting) নামেৰে জনা যায়।
- গৰ্ভৱতী মহিলাক প্ৰসৱ কৰোৱাৰ ক্ষেত্ৰত আঁচনি প্ৰস্তুত (Birth Plan) আৰু সুৰক্ষিত প্ৰসৱৰ বাবে আশাকৰ্মীয়ে সহায়-সহযোগিতা আগবঢ়ায়।
- প্ৰসৱৰ সময়ত আশাকৰ্মীয়ে গৰ্ভৱতী মহিলা গৰাকীক চিকিৎসালয়লৈ পৰিয়ালৰ সহযোগত লৈ যায় আৰু মহিলাগৰাকীক অভয় প্ৰদান কৰি কৰিবলগীয়া দায়িত্বসমূহ নিয়াৰিকৈ পালন কৰে।

৪.০২ গৰ্ভৱতী মহিলাৰ বিপজ্জনক লক্ষণ (High Risk Pregnancy) :

কেতিয়াবা কোনো গৰ্ভৱতী মহিলাৰ ক্ষেত্ৰত কিছুমান বিপজ্জনক লক্ষণৰ উপসৰ্গই দেখা দিব পাৰে। গৰ্ভৱতী মহিলাৰ বিপজ্জনক লক্ষণসমূহৰ বিষয়ে আশাকৰ্মীয়ে অৱগত হোৱাটো অত্যন্ত জৰুৰী। তেনে লক্ষণ যুক্ত

মহিলাক আৰু তেওঁৰ পৰিয়ালক আশাকৰ্মী গৰাকীয়ে অৱগত কৰাব লাগে আৰু ল'ব লগীয়া যত্নৰ বিষয়ে জনাব লাগে। কেনেকুৱা ক্ষেত্ৰত গৰ্ভৱতী মহিলাৰ শৰীৰত বিপজ্জনক লক্ষণে দেখা দিব পাৰে, এই সম্পৰ্কে স্বাস্থ্য বিভাগে প্ৰদান কৰা তালিকা এখন উল্লেখ কৰা হ'ল-

- ১। ১৮ বছৰৰ তলৰ অথবা ৩৫ বছৰৰ ওপৰৰ মহিলাই গৰ্ভধাৰণ কৰিলে,
- ২। ৩৮ কিলোগ্ৰাম কম ওজনৰ গৰ্ভৱতী মহিলা,
- ৩। অতিপাত ক্ষীণদেহী অথবা শকত গৰ্ভৱতী,
- ৪। ১৪৫ চেণ্টিমিটাৰতকৈ চাপৰ গৰ্ভৱতী,
- ৫। ১৪০/৯০ তকৈ অধিক ৰক্তচাপ (Blood Pressure) ৰ গৰ্ভৱতী,
- ৬। ৭ গ্ৰামতকৈ কম হিম'গ্লবিন থকা গৰ্ভৱতী,
- ৭। আগৰ গৰ্ভাৱস্থাৰ কোনো জীৱিত সন্তান নথকা,
- ৮। RH (-) ve আৰু HIV (+)ve তেজৰ গ্ৰুপৰ গৰ্ভৱতী,
- ৯। হৃৎপিণ্ডৰ অসুখ থকা, মধুমেহ (Diabetic) ৰোগত ভোগা, ৰাজহাড়ৰ ৰোগ থকা গৰ্ভৱতী,
- ১০। যমজ গৰ্ভস্থিতিৰ গৰ্ভৱতী,
- ১১। অস্বাভাৱিক গৰ্ভস্থিতি- অৰ্থাৎ সন্তান পথালিকৈ থকা বা ওলোটাকৈ থকা গৰ্ভৱতী,
- ১২। গৰ্ভাৱস্থাত ৰক্তস্ৰাৱ হ'লে,
- ১৩। আগৰ গৰ্ভধাৰণ তথা প্ৰসৱত অত্যাধিক ৰক্তস্ৰাৱ হ'লে,
- ১৪। আগৰ সন্তান অস্ত্ৰোপচাৰৰ দ্বাৰা প্ৰসৱ কৰোৱা গৰ্ভৱতী,
- ১৫। জন্মতে মৃত বা জন্ম হৈ মৃত সন্তানৰ গৰ্ভৱতী।

এনে লক্ষণযুক্ত গৰ্ভৱতী মহিলাই সন্তান প্ৰসৱৰ সময়ত যথেষ্ট জটিলতাৰ সন্মুখীন হয়। তেনে মহিলাক আগৰে পৰা প্ৰসৱ কৰোৱা সময়লৈকে সময়ে সময়ে পৰীক্ষা কৰোৱা হয় আৰু তেওঁলোকক আশাকৰ্মীয়ে স্বাস্থ্য বিধি সন্মত বিভিন্ন বিধান প্ৰদান কৰে।

৫.০১ আশাকৰ্মীয়ে নৱজাতকৰ ক্ষেত্ৰত লোৱা যতন :

গৰ্ভৱতী মহিলা গৰাকীয়ে সন্তান প্ৰসৱ কৰাৰ পিছত আশাকৰ্মীয়ে মাতৃ আৰু নৱজাতকৰ অৱস্থাৰ বুজ ল'বলৈ গৃহ ভ্ৰমণ (Home visit) কৰে।

মাতৃগৰাকীয়ে ঘৰতে প্ৰসৱ কৰিলে শিশুটিৰ জন্মৰ প্ৰথম দিনৰ পৰা ৪২ দিনৰ ভিতৰত সাতবাৰ গৃহ পৰিদৰ্শন কৰি আশাকৰ্মীয়ে মাতৃ আৰু নৱজাতকৰ স্বাস্থ্যৰ বুজ লয় আৰু কিছুমান স্বাস্থ্য সম্পৰ্কীয় পৰামৰ্শ প্ৰদান কৰে। আকৌ, মাতৃ গৰাকীয়ে যদি চিকিৎসালয়ত প্ৰসৱ কৰে তেতিয়া আশাকৰ্মীয়ে নৱজাতকৰ জন্মৰ তিনি দিনৰ পৰা ৪২ দিনৰ ভিতৰত ছয়বাৰ গৃহ পৰিদৰ্শন কৰে। গৃহ পৰিদৰ্শন কালত আশাকৰ্মীয়ে নৱজাতকৰ ওজনৰ জোখ, উত্তাপৰ জোখ, নাড়ী পৰিচৰ্যা, চকুৰ যত্ন আদি কৰ্মবোৰ কৰে।

আশাকৰ্মীয়ে নৱজাতকৰ জন্মৰ দুদিনৰ ভিতৰত ওজন জুখি চায় আৰু লিপিবদ্ধ কৰে। জন্মৰ সময়ত থকা ওজনৰ ওপৰত ভিত্তি কৰি নৱজাতকৰ বিশেষ ধৰণে যত্ন লয়। আশাকৰ্মীয়ে সেউজীয়া, হালধীয়া বা ৰঙা ৰঙৰ দাগ থকা ওজন জোখা এক বিশেষ ধৰণৰ যন্ত্ৰ (Weighting scale) ব্যৱহাৰ কৰে। শিশুৰ ওজন ০-২ কেজি হ'লে ৰঙা, ২-২.৫ কেজি হ'লে হালধীয়া আৰু ২.৫ ৰ পৰা ওপৰত হ'লে সেউজীয়া। ২.৫ কেজিতকৈ কম ওজনৰ শিশু (Low Birth Weight Baby)ৰ ক্ষেত্ৰত বিশেষ ধৰণৰ পৰিচৰ্যাৰ প্ৰয়োজন। নৱজাতকৰ ওজনে যদি হালধীয়া বা ৰঙা অংশ স্পৰ্শ কৰে তেন্তে কেচুৱাটিক গৰম কাপোৰেৰে বা উমাল কম্বলৰে ভালদৰে মেৰিয়াই (Baby Wrapping) কৃত্ৰিম ভাবে গৰম কৰি ৰাখিব লাগে। আকৌ শিশুটিক সঘনাই স্তনপান কৰোৱাৰ ব্যৱস্থা কৰিব লাগে। উল্লেখ্য যে ১.৮ কিলোগ্ৰামৰ সকলো শিশুকৈ স্বাস্থ্য সম্পৰ্কীয় সা-সুবিধা থকা স্বাস্থ্য কেন্দ্ৰ (Nutrition Rehabilitation Centre)লৈ প্ৰেৰণ কৰিব লাগে।

গৃহ পৰিদৰ্শনৰ সময়ত আশাকৰ্মীয়ে নৱজাতকৰ উষ্ণতাৰ জোখ লয়। জন্ম হোৱাৰ লগে লগে নৱজাতকে শৰীৰৰ উত্তাপ হেৰুৱায়। তেতিয়া বিজ্ঞানসন্মত ব্যৱস্থাবে শুকান কৰি মচি, মুৰৰ সৈতে গোটেই শৰীৰটো কেবাতৰপ কাপোৰেৰে মেৰিয়াই শিশুটিক ৰাখিব লাগে। নৱজাতকৰ শৰীৰৰ সাধাৰণ উষ্ণতা ৯৭° ফাৰেনহাইটৰ পৰা ৯৮.৬° ফাৰেনহাইটলৈ থাকে। ৯৫° ফাৰেনহাইটতকৈ কম উষ্ণতা হ'লে শিশুটিক হাইপ'থাৰ্মিয়া (Hypothermia) হোৱা বুলি কোৱা হয় আৰু তেনে শিশু মৃত্যুমুখতো পৰিব পাৰে। এই ক্ষেত্ৰত আশাকৰ্মীয়ে যথেষ্ট যত্ন লয় আৰু পৰিয়ালক পৰামৰ্শ প্ৰদান কৰে।

আকৌ, আশাকৰ্মীয়ে নৱজাতকৰ নাড়ি (নাভি) আৰু চকুৰ পৰিচৰ্যা কৰে। সন্তান জন্মৰ অন্ততঃ ২৪ ঘণ্টাৰ পিছলৈকে নাড়িডাল চেপেনাবে চেলি থয়। নাড়িডাল শুকালে আৰু তেজ ওলোৱা বন্ধ হ'লে চেপেনাডাল আঁতৰাই দিয়ে। নৱজাতকৰ নাভিটো সকলো সময়তে শুকান আৰু পৰিস্কাৰ কৰি ৰখাৰ বাবে আশাকৰ্মীয়ে পৰামৰ্শ দিয়ে।

সেইদৰে, আশাকৰ্মীয়ে নৱজাতকৰ চকুৰ যত্নও লয় বা চকু দুটা থাকি আছেনে নাই তাক নিৰীক্ষণ কৰে। যদি নৱজাতকৰ চকুৰ পৰা কোনো পদাৰ্থ বাহিৰ হয় তেতিয়া এণ্টিবায়টিকৰ বড়ি বা মলম ব্যৱহাৰ কৰিবলৈ পৰামৰ্শ প্ৰদান কৰে।

৫.০২ নৱজাতকৰ টিকাকৰণত 'আশা'ৰ ভূমিকা :

আশাকৰ্মীয়ে নৱজাতকৰ জন্মৰ ২৪ ঘণ্টাৰ পৰা ৫ বছৰলৈ টিকাকৰণত বিশেষ ভূমিকা গ্ৰহণ কৰে। টিকাকৰণৰ আগদিনা আশাকৰ্মীয়ে হিতাধিকাৰীৰ ঘৰে ঘৰে গৈ নৱজাতকৰ টিকাকৰণৰ গুৰুত্ব বুজাই দিয়ে আৰু পিছদিনাখন স্বাস্থ্যকেন্দ্ৰ /উপস্বাস্থ্য কেন্দ্ৰ/অংগনবাড়ী কেন্দ্ৰলৈ শিশুটিক অনাৰ বাবে জাননি দি আহে। এটি শিশুক টিকাকৰণ কৰাৰ সময় আৰু ভেকচিনৰ তালিকা তলত উল্লেখ কৰা হ'ল—

ক্রমিক নং	সময়	ভেকচিনৰ নাম
১	জন্মৰ পৰা ২৪ ঘণ্টাৰ ভিতৰত	BCG + OPV ₀ + Hep B ₀ + Vit K
২	৬ সপ্তাহ বা ১½ মাহ	PV ₁ + IPV ₁ + Rota ₁ + OPV ₁
৩	১০ সপ্তাহ বা ২½ মাহ	PV ₂ + Rota ₂ + OPV ₂
৪	১৪ সপ্তাহ বা ৩½ মাহ	PV ₃ + Rota ₃ + IPV ₂ + OPV ₃
৫	১০ মাহ	MR ₁ + JE ₁ + Vit A
৬	১৬ মাহৰ পৰা ২৪মাহৰ ভিতৰত	DPT _B + MR ₂ + JE ₂ + Vit A ₂
৭	৫ বছৰ	DPT _B + Vit A

পালনৰণ :

স্বাস্থ্য সেৱা খণ্ডত আশাকৰ্মীৰ দায়িত্ব আৰু কৰণীয় কৰ্তব্য অসীম, কিন্তু শেষ কৰিব নোৱাৰি। আশা কৰ্মীয়ে অকল যে গৰ্ভৱতী মহিলা আৰু নৱজাতকৰ যত্ন লোৱাতহে সীমাবদ্ধ এনে নহয়। তেওঁলোকে স্বাস্থ্য খণ্ডত সেৱা আগবঢ়োৱাৰ উপৰি পঞ্চায়তৰ সদস্য, মহিলা গোট, মাতৃ গোট, গৰ্ভৱতী মহিলা, দুবছৰ বয়সৰ তলৰ শিশুৰ মাতৃ, কিশোৰী ছোৱালী, গাঁৱৰ সাধাৰণ মহিলা আদিৰ লগত সঘনে যোগাযোগ ৰাখিব লাগে। গ্ৰাম্য স্বাস্থ্য ও পুষ্টি নিৰাম (VHND) ৰ প্ৰায় সমস্ত দায়িত্ব আশাকৰ্মীৰ ওপৰতে থাকে। তদুপৰি কিশোৰ-কিশোৰীৰ স্বাস্থ্য সজাগতা, পুষ্টিৰ খাদ্য গ্ৰহণ, ৰক্তহীনতা দূৰীকৰণ, মাহেকীয়া হ'লে ল'ব লগা পৰিস্কাৰ-পৰিচ্ছন্নতা আদি সম্পৰ্কে আশাকৰ্মীয়ে নিৰাম-পৰামৰ্শ আগবঢ়ায়। আকৌ, পৰিস্কাৰ খোৱা পানী, নিয়মিত নিমখ পৰীক্ষা, বুনীয়াদি অনাময়ৰ গুৰুত্ব সম্পৰ্কেও গাঁওবাসীক আশাকৰ্মীয়ে সজাগ কৰি তোলে। সেইদৰে, মেলেৰিয়া, যক্ষ্মা আৰু অন্যান্য সংক্ৰামক ৰোগীকো আশাকৰ্মীয়ে সেৱা আগবঢ়ায়। আশাকৰ্মীৰ প্ৰতিটো কাম আৰু দায়িত্বৰ লগত ANM আৰু আশা চুপাৰভাইজৰ ছাঁটোৰ দৰে লাগি থাকে।

প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰৰ পৰা প্ৰতিগৰাকী আশাকৰ্মীক একোটাকৈ দৰবৰ টোপোলা দিয়া হয়। এই টোপোলাটোত থকা দৰব সমূহ সাধাৰণতে হৈ থকা সৰু-সুৰা অসুখ বা সমস্যাৰ প্ৰতিকাৰ কৰিব পাৰে। যোগান ধৰা দৰবৰ টোপোলাটোত সাধাৰণতে পেৰাচিটামল বড়ি, এলবেনডাজল বড়ি (পেলুৰ নামে) আইৰণ ফলিক এচিড বড়ি, ক্লোৰোকুইন বড়ি, অৰেল ৰিহাইড্ৰেচন (ORS) ৰ পেকেট, চকুৰ দৰব, পেটৰ অসুখকৰ বড়ি, কটা-চিঙা শুকোৱা মলম আদি থাকে। ইয়াৰ লগতে নিৰোধ, গৰ্ভনিৰোধক বড়ি, গৰ্ভধাৰণ নিশ্চিত কৰা পৰীক্ষা আৰু মেলেৰিয়া ৰোগ পৰীক্ষা কৰাৰ সামগ্ৰীও দিয়া হয়। আশাকৰ্মীয়ে ৰোগীক দৰব প্ৰদান কৰিলে দৰবৰ টোপোলাৰ হিচাপ ৰখা ৰেজিষ্টাৰ বহীত লিখি ৰাখিব লাগে।

মুঠতে দেখা যায় যে আশাকৰ্মীৰ কামৰ শেষ নাই। আশাকৰ্মীয়ে ৫৪মণ হিচাপত গোটেই বছৰ গ্ৰাম্য জনসাধাৰণৰ বাবে দায়িত্ব পালন কৰিবলগীয়া হয়। কেতিয়াবা গৰ্ভৱতী মহিলাক প্ৰসৱ কৰোৱাৰ বাবে

চিকিৎসালয়লৈ লৈ গ'লে দুই-তিনি নিশা পর্যন্ত উজাগৰে থাকি প্ৰসূতি আৰু নৱজাতকক পৰিচৰ্যা কৰিব লগা হয়। তদুপৰি, প্ৰয়োজনবোধে উপস্বাস্থ্য সেৱা, প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰত উপস্থিত হ'বলগীয়া হয় আৰু আশা চূপাৰভাইজৰ, ANM, BCM, BPM আদিক বিভিন্ন তথ্য দাখিল কৰিবলগীয়া হয়। নিজৰ পৰিয়ালৰ দহো-বন কাটি কৰি থৈ হ'লেও আশাকৰ্মীয়ে নিজৰ দায়িত্ব পালন লগা হয়। উৎসৱ-পাৰ্বণৰ বন্ধতো তেওঁলোকৰ সেৱা অব্যাহত থাকে। কিন্তু দুখৰ বিষয়, এই সমস্ত কামৰ বিনিময়ত তেওঁলোকক সামান্য পৰিমাণৰহে পাৰিশ্ৰমিক বা মাননি প্ৰদান কৰা হয়। দেশৰ গ্ৰাম্য স্বাস্থ্য সেৱা অধিক উন্নত কৰিব লগা হ'লে এওঁলোকক অধিক পাৰিশ্ৰমিক দিয়াৰ প্ৰয়োজনীয়তা অনুভৱ কৰিছোঁ। লগতে আশাকৰ্মী সকলক উৎসাহিত কৰিবৰ বাবে শ্ৰেষ্ঠ আশাকৰ্মী সকলৰ বাবে পুৰস্কাৰৰ ব্যৱস্থা কৰিব পাৰে। এই চেগতে এয়াৰ কথা ক'ব লাগিব যে সকলো আশাকৰ্মীৰ পৰা সমানে সেৱা লাভ কৰা নাযায়, দুই-এজনী আশাকৰ্মীয়ে নিজৰ কৰ্তব্যত গাফিলতিও কৰা দেখা যায়। তেনে আশাকৰ্মীক উৎসাহিত কৰাৰ প্ৰয়োজন আছে।

সহায়ক গ্ৰন্থপঞ্জী :

- ১। 'আশা'ৰ হাতপুথি, পুস্তিকা নং- ১, প্ৰকাশক : ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযান।
- ২। আশা মডিউল- ৬, প্ৰকাশক : ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযান।
- ৩। আশা মডিউল- ৭, প্ৰকাশক : ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযান।

তথ্য দাতা :

- ১। আশা চূপাৰভাইজৰ শ্ৰী বান্ধা নাথ, শ্ৰী ভনিতা নাথ
- ২। আশাকৰ্মী শ্ৰী দীপালি দাস (মৌটপুৰী), শ্ৰী নমিতা দাস, শ্ৰী লক্ষ্মী চৌধুৰী, শ্ৰী জোনালী দাস, শ্ৰী চিকন দাস (কামাৰগাঁও এচ, ডি)

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নাৰী সবলীকৰণত শিক্ষা : এটি বিশ্লেষণাত্মক অধ্যয়ন

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০.১.০ : আৰম্ভণি :

'শিক্ষা' হ'ল এটা জাতিৰ মেৰুদণ্ড স্বৰূপ। তদুপৰি এখন দেশৰ ভৱিষ্যৎ নিৰ্ভৰ কৰে সেই দেশখনৰ শিক্ষা ব্যৱস্থাৰ ওপৰত। এই শিক্ষা ব্যৱস্থাৰ লগত নাৰী শিক্ষাৰ দিশটোও ওতঃপ্ৰোতভাৱে জড়িত। সেয়েহে ভাৰতৰ প্ৰধানমন্ত্ৰী জৱহৰলাল নেহেৰুৱে কৈছিল- "এজন ল'ৰাক শিক্ষা দিয়া মানে এজন ব্যক্তিক শিক্ষা দিয়া, এগৰাকী নাৰীক শিক্ষাদান কৰা মানে সমগ্ৰ পৰিয়ালক শিক্ষিত কৰা।"

নাৰী আৰু পুৰুষ ভগৱানৰ অপূৰ্ব সৃষ্টি। দুয়ো দুয়োৰে পৰিপূৰক। পুৰুষৰ দৰে নাৰীও সমাজৰ এক অবিচ্ছেদ্য অংগ। সমাজ এখনক উন্নতিৰ শিখৰত আগবঢ়াই নিয়াৰ ক্ষেত্ৰত নাৰীৰ ভূমিকা অতি গুৰুত্বপূৰ্ণ। সেয়েহে নাৰীৰ জীৱনটো বিভিন্ন গুণেৰে অলংকৃত কৰি আগুৱাই নিবলৈ আমাৰ সমাজ, শিক্ষা ব্যৱস্থা আৰু অভিভাৱক সকলৰ দায়িত্ব অনস্বীকাৰ্য। নাৰী মমতাময়, কৰুণাময়ী, আদৰ্শ, দাৰ্শনিক, সহনশীলনতা, ত্যাগ, ধৈৰ্য্য আদি গুণৰ প্ৰতিভূস্বৰূপ। অতীজৰে পৰা আমাৰ সমাজ ব্যৱস্থাত নাৰীক পুত্ৰী, মাতৃ, ভগ্নী, পত্নীৰ আসন দি অহা হৈছে। বিভিন্ন নামেৰে বিভূষিতা এই নাৰীসকল সৰ্ব দিশত আগবাঢ়ি গ'লেহে সমাজৰ বিবিধ

ব্যাধিবোৰ আঁতৰি যাব। নহ'লে ভৱিষ্যৎ জীৱনত নাৰীয়ে মূৰ দাঙি থিয় হ'ব নোৱাৰিব।

আধুনিক ভাৰতবৰ্ষত স্ত্ৰী বা নাৰী শিক্ষাৰ বিকাশৰ ক্ষেত্ৰত বিশেষভাৱে ভূমিকা লৈছিল আমেৰিকান খ্ৰীষ্টান মিছনেৰীসকলে। তেওঁলোকৰ প্ৰচেষ্টাত ভাৰতবৰ্ষত গঢ়ি উঠিছিল নাৰী সকলৰ বাবে 'জানানা স্কুল'। ইয়াৰ ফলত নাৰী সকলৰ শিক্ষাৰ ক্ষেত্ৰত মানুহৰ মাজত এটি নতুন ধাৰণাৰ সূত্ৰপাত হৈছিল। এই ধাৰণাৰ প্ৰভাৱ অসমীয়া নাৰী সকলৰ মাজত নপৰাকৈ নাথাকিল। মিছনেৰীসকলৰ নিৰৱ প্ৰচেষ্টাৰ ফলতেই অসমত কেইবাখনো বিদ্যালয় গঢ় লৈ উঠিছিল। কিন্তু অতি পৰিতাপৰ কথা যে সেই সময়ত ছোৱালী শিক্ষাৰ্থীৰ অভাৱ আছিল। অৱশ্যে আমি স্বীকাৰ কৰিব লাগিব যে, আমেৰিকান মহিলা কৰ্মচাৰী সকলৰ তৎপৰতাৰ বাবে অসমৰ নাৰীসকলেও শিক্ষা গ্ৰহণ কৰিবলৈ সন্মত হৈছিল।

সমাজ এখন শক্তিশালী আৰু ক্ৰমবিকাশৰ পথত আগবাঢ়ি যাবলৈ হ'লে নাৰী জাতি শিক্ষিত হ'বই লাগিব। সেয়েহে ১৯৬৪-৬৬ চনৰ ভাৰতীয় শিক্ষা আয়োগে অনুধাৱন কৰি এই কথাত গুৰুত্ব দিছিল- "মানৱ সম্পদৰ পূৰ্ণ বিকাশৰ বাবে প্ৰতিটো পৰিয়ালৰ উন্নয়নৰ আৰু শিশুৰ চৰিত্ৰ গঠনৰ বাবে শৈশৱৰ আটাইতকৈ গুৰুত্বপূৰ্ণ সময়ছোৱাত যত্ন লোৱা উচিত। ইয়াৰ বাবে পুৰুষতকৈও মহিলাৰ শিক্ষা অতি গুৰুত্বপূৰ্ণ।"

০.২.০ : অসমত নাৰী শিক্ষাৰ ইতিহাস :

অসমত বৃষ্টিছ সকলে আধুনিক শিক্ষা আৰম্ভ কৰাৰ আগতে বিভিন্ন ধৰ্মাৱলম্বী লোকসকলৰ মাজত নিজস্ব সুকীয়া সুকীয়া শিক্ষাৰ প্ৰচলন আছিল। অৱশ্যে নাৰী শিক্ষাৰ প্ৰচাৰ আৰু সম্প্ৰসাৰণ হোৱা নাছিল। যি দুই এগৰাকী নাৰীয়ে শিক্ষা গ্ৰহণ কৰিছিল, তেওঁলোকৰ আকৌ ঘৰৰ চাৰিবেৰৰ মাজত থাকিহে শিক্ষা লৈছিল। এইখিনি সময়তে বৃষ্টিছ চৰকাৰৰ পৰামৰ্শ মতে আমেৰিকান ব্যাপ্টিছ মিছনেৰীসকলে খ্ৰীষ্টান ধৰ্ম প্ৰচাৰ কৰাৰ উদ্দেশ্যে অসমলৈ আহিছিল। তেওঁলোকৰ আগমন অসমীয়া ভাষা-সাহিত্য-সংস্কৃতি তথা শিক্ষা জগতখনৰ বাবে আছিল বৰদান স্বৰূপ। মিছনেৰী সকলেই মৃতপ্ৰায় অসমীয়া ভাষাটোক পুনৰ জীৱনদান দিছিল। তদুপৰি তেওঁলোকৰ আশাশুধীয়া প্ৰচেষ্টাতে ১৮৩৯

চনত উজনি অসমত প্ৰথমখন ছোৱালী বিদ্যালয় স্থাপন হৈছিল। এয়াই আছিল শুভাৰম্ভণি। ১৮৭৫-৭৬ চনৰ ভিতৰত প্ৰাথমিক বিদ্যালয়ৰ সংখ্যা হৈছিল ৪০ খন আৰু ১৮৮৯ চনত হৈছিল ১৮৫ খন। তেওঁলোকে শিক্ষাৰ পথাৰখনত থমকি ৰোৱা নাছিল, ১৮৯১ চনত ৩ খন মাধ্যমিক বিদ্যালয় স্থাপন কৰি এটি নতুন দিশৰ সূচনা কৰিছিল। তাৰ পাছত ঊনবিংশ শতিকাৰ শেষৰ ফালে উচ্চ মাধ্যমিক বিদ্যালয় স্থাপন কৰিছিল। চাওঁতে চাওঁতে ১৯০১ চনত কটন মহাবিদ্যালয় স্থাপিত হৈছিল আৰু মহাবিদ্যালয়খনত ১৯২৯ চনত প্ৰথম গৰাকী ছোৱালীয়ে নামভৰ্তি কৰি নাৰী শিক্ষাৰ ক্ষেত্ৰত এটি নতুন দিশৰ উন্মোচন কৰিছিল। মিছনেৰীসকলৰ প্ৰচেষ্টাতেই অসমত নাৰী শিক্ষাই প্ৰচাৰ আৰু প্ৰসাৰতা লাভ কৰিবলৈ সক্ষম হৈছিল। তেওঁলোকে সমাজত প্ৰচলিত অন্ধবিশ্বাস কুসংস্কাৰ দূৰ কৰিবলৈ অশেষ কষ্ট স্বীকাৰ কৰিছিল। মিছনেৰী লেখক সকলৰ ভিতৰত অন্যতম হ'ল ড° নাথান ব্ৰাউন, এলেজা ব্ৰাউন, মাইলছ ব্ৰনচন, এ. কে. গাৰ্ণী, শ্ৰীমতি গাৰ্ণী আদি ব্যক্তি। তেওঁলোকৰ লিখনি আৰু বুজনিয়ে নাৰীক শিক্ষাৰ ক্ষেত্ৰত আগবাঢ়ি যাবলৈ অভূতপূৰ্ব অৰিহণা যোগাইছিল। হেমচন্দ্ৰ বৰুৱা, আনন্দৰাম ঢেকীয়াল ফুকন, গুণাভিৰাম বৰুৱা, পদ্মৱতী দেৱী ফুকননী, বাজবালা দাস আদিয়ে অসমত নাৰী শিক্ষাৰ মূল হৰ্তাকৰ্তা আছিল। এনেদৰেই বিংশ শতিকাত নাৰী শিক্ষাই বিশেষভাৱে গুৰুত্ব লাভ কৰিবলৈ সক্ষম হয়।

ভাৰতবৰ্ষই স্বাধীনতা লাভ কৰাৰ লগে লগে শিক্ষাৰ ক্ষেত্ৰত বিশেষকৈ অসমত নাৰী শিক্ষাৰ আমূল পৰিৱৰ্তন হ'ল। আনুষ্ঠানিক শিক্ষাৰ জগতখনতো নাৰীয়ে মূৰ দাঙি থিয় হ'ব পাৰিলে। ১৯৪৮ চনত গুৱাহাটী বিশ্ববিদ্যালয় প্ৰতিষ্ঠা হোৱাত নাৰী শিক্ষাত এক নতুন দিগন্তৰ সূচনা হ'ল। বিভিন্ন আয়োগ সমূহেও নাৰী শিক্ষাৰ দিশটোৰ ওপৰত অধিকভাৱে গুৰুত্ব প্ৰদান কৰিবলৈ ধৰিলে। বিশেষকৈ ২০০১ চনত ৰাষ্ট্ৰীয় মহিলা সবলীকৰণ নীতিয়ে মহিলাৰ সাৰ্বাংগীন বিকাশৰ ক্ষেত্ৰত অধিক গুৰুত্ব আৰোপ কৰিছিল। বৰ্তমান অৰ্থাৎ একবিংশ শতিকাত অসমত নাৰী শিক্ষাই বহু দূৰ আগবাঢ়ি গৈছে। শিক্ষাৰ বিভিন্ন শাখা সমূহত নাৰীৰ সংখ্যা অধিক হাৰত বৃদ্ধি পাইছে। তদুপৰি নাৰীসকলে নিজৰ কেৰিয়াৰ লৈ অধিক সচেতন হোৱা দেখা গৈছে। এয়া নিশ্চয় শুভ লক্ষণ গুলিয়েই আমি ক'ব পাৰো।

০.২.০১ অসমত নাৰী শিক্ষাৰ সমস্যা :

বিচাৰ্যৰ কথা যে বৰ্তমান সময়ত নাৰীসকল আগবাঢ়ি গৈছে সঁচা, কিন্তু বিভিন্ন বিভাগ সমূহত নাৰী সকল পুৰুষতকৈ পিছ পৰি থকা দেখা গৈছে। গাঁও তথা চৰ অঞ্চলত এতিয়াও নাৰী শিক্ষাৰ ক্ষেত্ৰত দ্ৰুত গতিত আগবাঢ়ি যাব পৰা নাই। ইয়াৰ আঁৰত কেইবাটাও কথা নিহিত হৈ থকা দেখা যায়। সেইবোৰৰ বিষয়ে তলত উল্লেখ কৰা হ'ল-

(ক) আৰ্থিক দুৰ্বলতা :

মাক দেউতাকৰ আৰ্থিক অনাটনৰ বাবে বহুতো ছোৱালী বিদ্যালয়লৈ যায় যদিও আধাতে এৰিব লগা হয়। কিয়নো তেওঁলোকক ঘৰুৱা কামত নিয়োজিত কৰা হয়। বিশেষকৈ, পিছ পৰা গাঁও অঞ্চল, চৰ অঞ্চল, নগৰ-চহৰৰ বস্তি এলেকাত এনেকুৱা জীৱন্ত ছবি দেখিবলৈ পোৱা যায়।

(খ) অন্ধবিশ্বাস আৰু কুসংস্কাৰৰ মনোভাৱ :

আমাৰ সমাজত প্ৰচলিত কিছুমান ৰীতি নীতি আৰু অন্ধবিশ্বাস কুসংস্কাৰেও ছোৱালীৰ শিক্ষাৰ ক্ষেত্ৰত হেঙাবস্বৰূপ থিয় দিয়া দেখা যায়। বিশেষকৈ জনজাতি এলেকা, বাগান অঞ্চলত ইয়াৰ প্ৰভাৱ অতি প্ৰকট ৰূপত গা কৰি উঠিছে। দেও-ভূত, ডাইনী আদি অন্ধবিশ্বাসৰ কবলত পৰি বহু নাৰীক এক বিপদময় অৱস্থালৈ ঠেলি দিয়া হৈছে।

(গ) কম বয়সত বিবাহ :

অতি পিছ পৰা অঞ্চলৰ দুখীয়া নিৰক্ষৰ অশিক্ষিত মাক-দেউতাকৰ কাৰণে ছোৱালী সকলক অতি কম বয়সত বিয়া দিয়া দেখা যায়। সংবিধানত বয়সৰ কথা উল্লেখ আছে যদিও তাৰ কোনো উমঘাম নাপায়। ফলত কম বয়সতে ছোৱালীবোৰে শিক্ষা আধাৰুৱা কৰি একো নজনাকৈয়ে সংসাৰৰ ধৰ্ম পালন কৰে।

(ঘ) বিদ্যালয়ত সা-সুবিধাৰ অভাৱ :

কিছুমান অঞ্চলত ছোৱালীবোৰে বিদ্যালয়ত পাব লগা সুবিধাখিনিৰ পৰা বঞ্চিত হোৱা পৰিলক্ষিত হয়। বিশেষকৈ বিশুদ্ধ খোৱা পানীৰ অভাৱ, বিদ্যালয় গৃহৰ জৰাজীৰ্ণ অৱস্থা, শৌচাগাৰ, স্নানাগাৰৰ অভাৱ আদিয়ে নাৰী

শিক্ষাৰ ক্ষেত্ৰত বাধাৰ প্ৰাচীৰ হিচাপে থিয় দিয়ে।

(ঙ) যাতায়ত ব্যৱস্থা :

যাতায়তৰ দিশটোৱেও নাৰী শিক্ষাত প্ৰতিবন্ধকতাৰ সৃষ্টি কৰা দেখা যায়। আমাৰ অসমভূমিত ৰাস্তা-ঘাটৰ অৱস্থা তথৈবচ। তদুপৰি পিছপৰা ঠাইসমূহত গাড়ী-মটৰৰ সুবিধা উন্নত বুলি ক'ব নোৱাৰি। ফলত ছোৱালীবোৰে বিভিন্ন ধৰণৰ সমস্যাৰ মুখামুখি হ'ব লগা হয়। বিদ্যালয়ৰ দূৰত্ব বেছি হোৱা আৰু যাতায়তৰ ব্যৱস্থাৰ অভাৱৰ বাবেই ছোৱালী বিলাকে ইচ্ছা থাকিও শিক্ষা গ্ৰহণ কৰিব নোৱাৰে।

(চ) পাঠ্যক্ৰমত আসোৱাঁহ :

এখন ঘৰ পৰিচালনা কৰাৰ ক্ষেত্ৰত নাৰীগৰাকীৰ ভূমিকা অতি গুৰুত্বপূৰ্ণ। সেয়েহে তেওঁলোকৰ জীৱনত প্ৰয়োজন হোৱা ব্যৱহাৰিক বিষয় এতিয়াও পাঠ্যক্ৰমত অন্তৰ্ভুক্ত হোৱা নাই। বিশেষকৈ কুটিৰ শিল্প, বয়ন শিল্প ইত্যাদি।

০.২.০২ : সমস্যা সমূহৰ সমাধানৰ উপায় :

প্ৰত্যেক কাৰ্যৰে যিদৰে কাৰণ থাকে ঠিক তেনেদৰে নাৰী শিক্ষাত সমস্যা থাকিলে বুলিয়ে আমি হাত সাৰটি বহি থাকিলে নহ'ব। সমস্যা সমূহৰ সমাধানৰ উপায় নিশ্চয় থাকিব; আমি কেবল অন্তঃকৰণেৰে সেইবোৰ অনুধাৱন কৰিব পাৰিব লাগিব। তলত এই বিষয়ে উল্লেখ কৰা হ'ল-

ক) যিসকল লোক অতি দুখীয়া তেওঁলোকক স্বাৰলম্বী হোৱাৰ বাবে পথসমূহ দেখুৱাব লাগিব। তেতিয়াহে তেওঁলোকে নাৰী শিক্ষাৰ বাবে আগবাঢ়ি যাব পাৰিব।

খ) কিছুমান অঞ্চলত প্ৰচলিত হৈ থকা কুসংস্কাৰ, অন্ধবিশ্বাসৰ বিপক্ষে সবলভাৱে মাত মতিব লাগিব আৰু নাৰীৰ বাবে আমাৰ সমাজে এক দৃঢ় পদক্ষেপ গ্ৰহণ কৰাটো অত্যন্ত প্ৰয়োজনীয় হৈ পৰিছে।

গ) বিদ্যালয় গৃহ ছোৱালীসকলৰ বাবে উপযুক্ত কৰি তুলিব লাগিব। দৈনন্দিন প্ৰয়োজন হোৱা বিভিন্ন ধৰণৰ সা-সুবিধাবোৰ ছোৱালী সকলে যাতে লাভ কৰিবলৈ সক্ষম হয়, তাৰ প্ৰতি গুৰুত্ব দিয়াটো উচিত।

ঘ) পাঠ্যক্ৰমত নাৰীসকলৰ প্ৰয়োজনীয় কিছুমান বিষয় অন্তৰ্ভুক্ত কৰাটো নিতান্তই প্ৰয়োজনীয়। তেতিয়াহ'লে নাৰীসকল অনাগত জীৱনত অধিক উপকৃত হ'ব বুলি ভাবিবৰ খল আছে।

ঙ) নাৰী শিক্ষাৰ প্ৰসাৰ আৰু সম্প্ৰচাৰৰ বাবে বিশেষকৈ গ্ৰাম্য, চৰ, বালি অঞ্চলৰ অভিভাৱক সকলক সচেতন কৰি তুলিব লাগিব।

চ) ছোৱালী সকলক শিক্ষিত কৰি তোলাৰ স্বার্থতেই বিদ্যালয় পৰ্যায়ত অধিক হাৰত মহিলা নিযুক্তি আগস্থান দিয়াটো সমীচীন হ'ব বুলি আমি ভাবিবো পাৰো।

সৃষ্টিৰ মূলতেই হ'ল নাৰী। গতিকে সেই সৃষ্টি সৌন্দৰ্যময় কৰি তুলিবলৈ হ'লে নাৰীৰ শিক্ষাৰ ক্ষেত্ৰত আমি গুৰুত্ব দিবই লাগিব। অন্যথা আমাৰ হাতত আন কোনো উপাই নাই। নাৰীৰ জয় হোৱা মানে সমাজ তথা দেশৰ জয়।

০.৩.০ : নাৰী সবলীকৰণৰ বাবে শিক্ষা ব্যৱস্থা :

“Education is a power.” শিক্ষাই হ'ল শক্তি। শিক্ষাই মানুহক সকলো দিশত বিকশিত কৰি তোলে। সমাজৰ এটি অবিচ্ছেদ্য অংগ নাৰী সকলক সবল কৰি তুলিবলৈ হ'লে শিক্ষাৰ ভেটি টনকিয়াল কৰিবই লাগিব। এই ক্ষেত্ৰত আমি স্পষ্টভাৱে ক'ব পাৰোঁ যে শিক্ষিত নাৰীয়েহে এখন সুস্থ, সবল সমাজ আমাক দিব পাৰে। ‘শিক্ষা’ বুলিলে অকল লিখিব পঢ়িব জনাটোকেই বুজা নাযায়। নাৰীৰ শাৰীৰিক আৰু মানসিক দিশ প্ৰশস্ত কৰি তোলাটোৱেই ‘শিক্ষা’ৰ লক্ষ্য হোৱা উচিত।

‘সবলীকৰণ’ শব্দটিৰ অৰ্থ হ'ল ব্যক্তিৰ মৰ্যাদা সকলো স্থানতে উন্নত হোৱা। এই দিশৰ পৰা চাবলৈ গ'লে নাৰী সবলীকৰণ কৰি তুলিবলৈ হ'লে শিক্ষাৰ লগত জড়িত ব্যক্তিৰ লগতে সমাজখনৰো এক গুৰু দায়িত্ব আছে। সমাজখনে বুজি উঠিব লাগিব যে নাৰী আৰু পুৰুষ ইটো সিটোৰ পৰিপূৰক। সেয়েহে পুৰুষৰ সমানে সমানে নাৰী সকলোকো আগুৱাই লৈ যাব লাগিব। তেতিয়াহে এখন সমাজ তথা এখন দেশ প্ৰগতিৰ উচ্চ শিখৰলৈ আগবাঢ়ি যাব পাৰিব। মাতৃৰ সাহচৰ্যত থাকিয়েই একো একোজন সন্তানে শিক্ষা লাভ কৰে। যদি মাতৃ গৰাকীয়ে অশিক্ষিত হয়, তেতিয়া হ'লে সন্তানকো শিক্ষা দিয়াত ব্যৰ্থ হ'ব। বৰ্তমান পৰিস্থিতিত এগৰাকী সন্তানক সু-শিক্ষাৰ মহিমামণ্ডিত কৰি তোলাত মাতৃ গৰাকীৰ ভূমিকা অনস্বীকাৰ্য। সেয়ে আমি ডাঠি ক'ব পাৰো যে নাৰী সবলীকৰণত শিক্ষাই হ'ল মূল চালিকা শক্তি।

এই ক্ষেত্ৰত তলত উল্লেখ কৰা পদক্ষেপ সমূহ ল'ব পৰা যায়-

ক) নাৰীক বিভিন্ন দৃষ্টিকোণৰ পৰা সন্মান জনোৱা।

খ) শিক্ষা, স্বাস্থ্য, সংস্থাপন আদি বিষয় সম্পৰ্কে নাৰীসকল যাতে সহজে লোভগম্য হয়, তাৰ ব্যৱস্থা কৰা।

গ) লিংগ বৈষম্য দূৰ কৰিব পাৰিলেহে নাৰী সবলীকৰণ ফলপ্ৰসূ হৈ উঠিব।

ঘ) সমাজত প্ৰচলিত হৈ থকা কু-কৰ্মবোৰ আঁতৰাব লাগিব অৰ্থাৎ নাৰী-নিৰ্যাতন, যৌতুক প্ৰথা ইত্যাদি।

ঙ) বিশ্বৰ মহান মহান নাৰীসকলৰ জীৱনীভিত্তিক গ্ৰন্থাৱলী সমূহৰ লগত আমাৰ নাৰী সকলক পৰিচয় কৰি দিয়াৰ ব্যৱস্থা কৰিব লাগে, যাতে তেওঁলোকৰ কৰ্মময় জীৱন শৈলীৰ দ্বাৰা উদ্বুদ্ধ হ'ব পাৰে।

চ) নাৰীয়ে যাতে অধিকাৰ আৰু আইন সম্পৰ্কীয় বিভিন্ন কথাবোৰ জানিব পাৰে তাৰ ওপৰত গুৰুত্ব দিব লাগে।

ছ) সামাজিক, ৰাজনৈতিক, অৰ্থনৈতিক, সাংস্কৃতিক আদি দিশত যাতে পানদৰ্শিতা দেখুৱাব পাৰে তাৰ প্ৰতিও দৃষ্টি নিবদ্ধ কৰিব লাগিব।

জ) নাৰীসকলে স্বাস্থ্যৰ প্ৰতি যে গুৰুত্ব দিব লাগে তাৰো উপযুক্ত জ্ঞান প্ৰদান কৰা।

ঝ) সমাজত নাৰীৰ দায়িত্ববোধ, নাৰীৰ স্থিতি এই সম্পৰ্কে বিশদভাৱে আলোচনা কৰাৰ প্ৰয়োজন আছে।

ঞ) নাৰীক উপলক্ষ কৰি যিবিলাক আঁচনি যুগুত কৰা হৈছে সেইবোৰৰ নিয়মে সম্যকভাৱে জ্ঞান দিয়াটো উচিত।

গতিকে দেখা গ'ল যে ওপৰোক্ত পদক্ষেপ সমূহ বাস্তৱত ৰূপায়িত কৰিব পাৰিলেহে নাৰীয়ে প্ৰকৃত শিক্ষা লাভ কৰিবলৈ সক্ষম হ'ব লগতে নাৰী সবলীকৰণ বিষয়টোও কাৰ্যক্ষম তথা ফলপ্ৰসূ হৈ উঠিব। সেয়েহে নেপোলিয়ন বোনাপাৰ্টে কৈছিল-

“মোক এগৰাকী শিক্ষিত মাতৃ দিয়া, মই এটা সুসভ্য জাতি গঠনৰ প্ৰতিশ্ৰুতি দিম।”

০.৪.০ : সামৰণি :

শিক্ষা অবিহনে মানৱ জীৱন অন্ধকাৰছন্ন। শিক্ষাই হে আমাক আলোকৰ সন্ধান দিব পাৰে। বৰ্তমান একবিংশ শতিকাত ছোৱালী শিক্ষাৰ ক্ষেত্ৰত সকলো দিশতে যথেষ্ট গুৰুত্ব আৰোপ কৰা হৈছে। সমাজৰ বিভিন্ন দিশত ছোৱালীসকলে নিজৰ শ্ৰেষ্ঠত্ব প্ৰতিপন্ন কৰিছে যদিও এতিয়াও আমাৰ সমাজত প্ৰচলিত হৈ থকা ৰীতি-নীতি, কুসংস্কাৰ অন্ধবিশ্বাসসমূহ বহু সময়ত আছকালৰ সৃষ্টি কৰা দেখা যায়। তদুপৰি চহৰ-নগৰ অঞ্চলত নাৰী শিক্ষা আগবাঢ়ি গৈছে যদিও কিছুমান গাঁও, চৰ অঞ্চলসমূহত নাৰী, শিক্ষাৰ পৰা কিছু পৰিমাণে বঞ্চিত হৈ থকা আমি দেখিবলৈ পাবোঁ। সমাজত যদি নাৰীসকল পিছপৰি থাকে তেতিয়া হ'লে সেই সমাজ বা দেশৰ উন্নতি কেতিয়াও নহয়। নাৰীয়ে বৰ্তমান যুগত এনে শিক্ষা গ্ৰহণ কৰা উচিত যি শিক্ষাই তেওঁৰ সৰ্বাঙ্গীন বিকাশ সাধন কৰে। লগতে তেওঁ স্বাধীনভাৱে চিন্তা-চৰ্চা কৰি নিজৰ যুক্তি সমূহ সুন্দৰভাৱে উপস্থাপন কৰিব পাৰে। তেতিয়াহে নাৰী শিক্ষাই সাৰ্থকতা পাব।

নাৰী শিক্ষাৰ ক্ষেত্ৰত দেখা দিয়া সমস্যা সমূহ বিলুপ্তি কৰিবৰ বাবে আমি মাৰ বান্ধি থিয় হ'ব লাগিব। প্ৰয়োজন সাপেক্ষে বিভিন্ন ধৰণৰ আলোচনামূলক অনুষ্ঠান, কৰ্মশালা অনুষ্ঠিত কৰি নাৰীসকলক অনুপ্রাণিত কৰি তুলিব পাৰিলেহে নিশ্চয় সুফল পোৱা যাব।

পৰিবেশত আমি ক'ব খোজো-

“বেটী বচাও, বেটী পঢ়াও।”

===xxx===

Sanitation of India: Status and Measures

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'Sanitation is more important than Independence'

- Mahatma Gandhi

Literally Sanitation delineates the steps significant for improving and protecting health and well-being of the people. The system promotes appropriate disposal of human wastes, proper use of toilets and discourages open space defecation. Life without toilets for us cannot be imagined at this juncture, but it is a reality for approximately 206 crore people in the world. More surprisingly, nearly 40 % of world's population still do not have access to adequate sanitation facilities. It has been often seen that lack of sanitation facilities are main cause of some of the life-threatening diseases. Hence, sanitation facilities are often related to one of the key elements in sustaining human lives.

India has done a commendable job in improving the sanitation facilities and providing clean drinking water to all. India has acknowledged the fact that sanitation is a cornerstone in the well-being of a person as unsanitary surroundings form the base for spread of numerous diseases. The (WHO) observes that polluted water is the root cause of 80% of diseases, a result of inadequate sanitation and sewage disposal methods. A huge number of people even today relieve themselves in the open contaminating water bodies and other

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natural resources. This shows that people need to be educated on the importance of sanitation and its use in rural and urban areas alike. Inadequate sanitation facilities and lack of awareness often result in a number of health problems such as intestinal worms, most commonly the human roundworm and the human hook worms. Occurrence of these diseases is generally very high in low-income semi-urban and rural areas. Therefore, sanitation is the basic infrastructure component that could contain excreta-related diseases.

The Ministry of Drinking Water and Sanitation has formulated the Rural Sanitation and Hygiene Strategy for the period of 2012 to 2022. The main purpose of this strategy is to provide a framework to realize the vision of Nirmal Bharat, an environment that is clean and healthy. A Nirmal Bharat is a dream of clean and healthy nation that thrives and contributes to the welfare of our people. This vision seeks to visualize a nation in which the traditional habit of open defecation is entirely eliminated, the worth of every human being is respected, and quality of life is improved. To achieve this in rural areas, the department has following strategies and goals to meet in coming years.

- a. Completely eliminating the traditional habit of open defecation and making this a relic of the past.
- b. Operationalizing systems for the safe management of solid and liquid waste at scale.
- c. Promoting the adoption of improved hygiene behaviours.
- d. Addressing inequalities in access with special attention to vulnerable groups such as women, children, aged and disabled.
- e. Ensuring that providers have the capacity and resources to deliver services at scale.
- f. Stimulating and enabling cooperation across public sector agencies concerned with rural development, health, environment and vulnerable sections.
- g. Working with business, academic and voluntary partners to achieve the goals of the strategy.

Goals

- i. Creation of Totally Sanitized Environments - By 2017: The end of open defecation and achievement of a clean environment where human faecal waste is safely contained and disposed.
- ii. Adoption of Improved Hygiene Practices - By 2020: All people in the rural areas, especially children and caregivers, adopt safe hygiene practices during all times.
- iii. Solid and Liquid Waste Management - By 2022: Effective management of solid and liquid waste such that the village environment is kept clean at all times.

NIRMAL GRAM PURASKAR

To give fillip to the objectives of Total Sanitation Campaign, the government initiated the Nirmal Gram Puraskar. A cash award, the Puraskar recognizes fully covered PRIs and those individuals and institutions that work towards ensuring full sanitation coverage in their area of operation. The project implemented in rural areas taking district as the unit. The main objectives of Nirmal Gram Puraskar are:

- a. To bring sanitation to the forefront of social and political discourse for development in rural India.
- b. To develop open defecation free and clean villages that will act as models for others to emulate.
- c. To give incentives to PRIs to sustain the initiatives taken by them to eliminate the practice of open defecation from their respective geographical area by way of full sanitation coverage.
- d. To increase social mobilization in TSC implementation, by recognizing the catalytic role played by organizations in attaining universal sanitation coverage.

The Central and State governments have now increased activities and funding to achieve the sanitation MDG (Millennium Development Goal) target. Water supply and sanitation is a State responsibility under the Constitution of India and following

the 73rd and 74th Constitutional amendments, the States give the responsibility and powers to the Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs) to implement them. **The success of any government policy lies in its functional purpose, which is implementation.**

During his maiden Independence Day speech the Prime Minister Narendra Modi spoke about the urgency of the situation. He spoke about a nationwide program to clean up India and eliminate open defecation by 2019. Presently less than 50 percent of households in the country have access to sanitation facilities, only 30 percent of the generated wastewater and generated sewage gets treated before being let into rivers and streams. An estimated 4 lakh children die of diseases such as cholera, dysentery and suffer from stunted growth as a result of poor sanitation each year. But, several such programs have been in progress in the country for close to three decades. However, the achievements have been slow and disappointing.

Historically, the Indian society has often given high priority to sanitation. Excavations from the Indus Valley Civilisation and Harappa reveal ingenious solutions to facilitate waste water conveyance through underground drainage systems. Sanitary engineering, as far as 5000 years ago, was at a developed stage. Such visions on improved sanitary practices continued across the reign of various dynasties – like the Mauryas, Guptas or the southern kingdom of Vijayanagara – that ruled the subcontinent. Even from an ideological point of view, various social reformers of India propagated the importance of sanitation. From Patanjali's philosophy to writings of Vivekananda and the Gandhian concept of sanitation, the emphasis on sanitation was integral to India's cultural foundation.

Though built on a history of understanding the relevance of sanitation, marginal concern was accorded to it among human settlements developed in the pre-independent period under British

rule. Issues of governance were dealt through the lens of Britain's experience in India. For instance, when rampant outbreaks of cholera and plague were affecting the health of the British Army personnel, it invoked the intervention of establishing improvement trusts to clean up cities, the first of which was the Bombay Improvement Trust in 1898. The trust was given an institutional mandate, which was lost post-Independence.

It was in 1986 that the government launched the Central Rural Sanitation Program (CRSP), the first nationwide sanitation program. Several other large sanitation programs have been launched since then such as the Nirmal Bharat Abhiyan (NBA) in rural India, and Basic Services for Urban Poor (BSUP) (under Jawaharlal Nehru National Urban Renewal Mission) and in urban India. Though sanitation was historically and culturally rooted in India even today a huge percentage of country's population defecates in the open. Open defecation is not rural phenomenon, considering India contributes to 46 percent of global open defecation in urban areas. Gender related issues exist with 70 percent of crimes against women occurring due to defecation in the open.

The negative implication of lack of sanitation is reiterated wisdom. A World Bank study estimates that inadequate sanitation accounts for a loss of \$53.8 billion (as estimated for 2006) in India, which includes economic losses recorded from tourism, access time, water use and health related economic impacts. This implies a per capita annual loss of \$48. India is also a signatory of the Millennium Development Goals, but is lagging severely in meeting its goal on sanitation i.e. "halving the proportion of the population without sustainable access to safe drinking water and basic sanitation by 2015".

The Government of India (GoI) has launched multiple sanitation policies across rural India. The Central Rural Sanitation Programme (CRSP) in 1986 was formulated with the objective of

providing for 80 percent subsidy for construction of individual sanitary latrines for BPL households on demand basis. The CRSP was restructured in 1999, with a shift from a high subsidy to a low subsidy model. The supply driven approach was altered to a demand driven model with increased emphasis on public participation. In 2001 the CRSP was overhauled with the introduction of the Total Sanitation Campaign (TSC), which carried forward the demand driven approach focusing on awareness building. The programme costs in TSC were shared between Union (60 percent share), state governments (20 percent share) and the beneficiary (20 percent share).

In 2007 TSC was renamed Nirmal Bharat Abhiyan (NBA). NBA envisages facilitating individual household toilets to the Below Poverty Line and Identified Above Poverty Line households and providing school and community level sanitation. The NBA has now been converged with the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) to facilitate the rural households with fund availability for creating their sanitation facilities. It was not until the inception of the National Urban Sanitation Policy (NUSP) in 2008, that urban sanitation has been allotted focused attention at the national level. The NUSP instated a framework for cities to prepare City Sanitation Plans under the scheme of a State Sanitation Strategy. Urban Sanitation awards and ratings were also introduced based on the benchmarking of sanitation services.

Centrally sponsored schemes such as JNNURM, Urban Infrastructure Development Scheme for Small and Medium Towns (UIDSSMT), Rajiv Awas Yojna, etc. provide funds for creation of sanitation assets like individual toilets, community toilet blocks and wastewater disposal and treatment facilities at the city level. The benchmarking initiative was an important recognition of the Ministry of Urban Development (MoUD) to increase accountability for

service delivery, thus diverting – at least in principle – the focus of these centrally sponsored schemes on service delivery outcomes rather than on infrastructure creation. Even the 13th Finance Commission has endorsed the compliance with service level benchmarks as a necessary pre-condition for urban local bodies (ULBs) to obtain performance linked grants.

An analysis of India's sanitation policies and programs thus far shows that their implementation has been purely government-led, infrastructure-centred, supply driven and subsidy-based. Our approach towards sanitation has been purely programmatic. This lack of a holistic overview has cost us very dearly; billions of rupees have been spent in building toilets that are not being used. Only 20 percent of the toilets constructed since 2001 were in place in 2011. The rest either had become unusable due to bad construction quality and lack of maintenance or were not just being used.

In survey conducted in rural Odisha, respondents reported that they felt no stigma associated with open defecation and preferred it over using a latrine as they felt using a latrine caused accumulation of faeces near the house. Case studies show that elimination of open defecation will require high degree of awareness creation and behavioural change for the population. Urban sanitation is faced with an additional challenge of multiple institutions in the form of water and sewerage boards and municipalities/municipal corporations, which creates a scenario of a lack of a clear mandate for institutions to govern urban sanitation services.

Sanitation Policies and Programs should facilitate participation of civil society (including women) in the design, implementation and monitoring of local priorities in rural and urban areas. The mistake of the programmatic paradigm adopted thus far has been the lack of localisation. This has led to a variety of issues like slow implementation, misplaced priorities of local government and complete dissatisfaction of the communities.

India also needs a very aggressive IEC program to influence people's behaviour, preferences, and choices to make the country open defecation free. Strengthening of institutions, efficient monitoring and evaluation for improved accountability and innovations in design and implementation will have to mark the final sanitation journey that India is going to embark upon. No policy is bad by itself, in so far as it is not too specific or too broad in its functional scope. The success of any government policy lies in its functional purpose, which is implementation.

Central Rural Sanitation Programme (Total Sanitation Campaign) :

1. Individual health and hygiene is dependent largely on adequate availability of drinking water and proper sanitation. There is, therefore, a direct relationship between water, sanitation and health. Consumption of unsafe drinking water, improper disposal of human excreta, improper high infant mortality rate is also attributed largely to poor sanitation. It was in this context that the Central Rural Sanitation Programme (CRSP) was launched in 1986 with the objective of improving the quality of life of rural people and to provide privacy and dignity to women.
2. The concept of sanitation was earlier limited to disposal of human excreta by oess pools, open ditches, pit latrines, bucket system, etc. Today, it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, personal, domestic as well as environmental hygiene.

Proper sanitation is important not only from the general health point of view but it has a vital role to play in our individual and social life too. Sanitation is one of the basic amenities people must have as it has a direct link to food hygiene. Good sanitation practices prevent contamination of water and soil, and thereby, prevent diseases. The concept of sanitation was, therefore, expanded to include personal hygiene, home sanitation, safe

water, garbage disposal, excreta disposal and waste water disposal.

3. A comprehensive baseline survey on knowledge, attitudes and practices in rural water supply and sanitation was conducted during 1996-97 by the Indian Institute of Mass Communication, which showed that 55 percent of those with private latrines were self-motivated. Only 2 percent of the respondents claimed the existence of subsidy as the major motivating factor, while 54 percent claimed to have gone in for sanitary latrines due to convenience and privacy. The study also showed that 51 percent of the beneficiaries were willing to spend upto Rs. 1,000 to acquire sanitary toilets.
4. Keeping in view the above facts, the Central Rural Sanitation Programme has been improved. Thus, CRSP moves towards a 'demand-driven approach. The revised approach in the Programme titled 'Total Sanitation Campaign (TSC)' emphasizes more on Information, Education and Communication (IEC), Human Resource Development, Capacity Development activities to increase awareness and demand generation for sanitary facilities. This will enhance people's capacity to choose appropriate options through alternate delivery mechanisms with beneficiary participation to meet their demands. The programme is being implemented with focus on community-led and people centred initiatives.

Objectives :

The main objectives of the TSC are as follows :

1. Bringing about an improvement in the general quality of life in the rural areas.
2. Accelerating sanitation coverage in rural areas.
3. Generating felt demand for sanitation facilities through awareness creation and health education.
4. Covering schools in rural areas with sanitation facilities and promote sanitary habits among students.

5. Encouraging cost-effective and appropriate technologies in sanitation.
6. Marketing endeavour to reduce the incidence of water and sanitation-related diseases.

Activities of TSC:

1. The start-up activities include initial publicity, motivational campaign, conducting of preliminary survey to assess the demand with the aim to prepare the District TSC project proposals for seeking Government of India assistance.
2. Information, Education and Communication (IEC) are the important components of the Programme. These intend to create the demand for sanitary facilities in the rural areas for households, schools, anganwadi, balwadies and women complexes. The activities carried out under this component should be area-specific and should also involve all sections of rural population in a manner, where willingness of the people to construct latrines is generated.

Rural Sanitary Marts and Production Centres:

The Rural Sanitary Mart (RSM) is, an outlet dealing with the materials required for the construction of not only sanitary latrines but also other sanitary facilities required for individuals, families and the environment in the rural areas. The RSM should have those items, which are required as a part of sanitation package. It is a commercial enterprise with a social objective.

The main aim of having a RSM is to provide materials and guidance needed for constructing different types of latrines and other sanitary facilities, which are technologically and financially suitable to the rural areas. Production centres are the means to improve production of cost effective affordable sanitary materials.

Construction of Individual Household Latrines:

A duly completed household sanitary latrine shall comprise a basic low cost unit (without the super structure). In the first phase,

the programme is aimed at covering all the families subsisting below the poverty line. Subsidy disbursement shall be subject to close supervision and monitoring, and linked with the construction activity so as to ensure sincere participation and full involvement of the community.

Women Sanitary Complex :

Village Sanitary Complex for Women is an important component of the TSC. These complexes can be set up in a place in the village acceptable to and accessible to women. The maintenance of such complexes is very essential for which Gram Panchayat should own the responsibility or make alternative arrangements at the village level.

School Sanitation :

Children are more receptive to new ideas and school is an appropriate institution for changing their behaviour, mindset and habits of open defecation to the use of lavatory through motivation and education. The experience gained by children through use of toilets in school and sanitation education imparted by teachers would reach home and influence parents to adopt good sanitary habits.

School sanitation, therefore, forms an integral part of every TSC project. Toilets should be constructed in all types of government schools, i.e., primary, upper primary, secondary and higher secondary.

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Seminar Paper on Swachh Bharat Mission: One Step Towards Cleanliness A Case Study of Gohekhanda Village of BTAD

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Introduction:

According to an UN report in May 2014, it was found that approximately 58% of the total world population practice open defecation which has increased the risk of life taking diseases like Cholera, diarrhoea, typhoid etc. which has detrimental effect on humanbeing. As a result of poor hygiene and sanitation, India loses 64% GDP per year, according to World Bank Report 2006. According to the report, water of the Ganga river is contaminated by faecal coliform bacteria which is not safe for bath at all. This contamination is due to open defecation. Lack of toilets is also responsible for victimising one third of Indian women as rape victim. In order to save our country from health hazards and GDP loss, proper health and sanitation should be ensured. It was the need of the hour to under take some programme to address the problem and make India clean and healthy.

Swachh Bharat Mission in India:

In order to make the nation clean and eliminate open defecation, PM Modi launched the Swachh Bharat Mission (SBM) on 2nd October ,2014 to commemorate Gandiji's 150th birth

anniversary on 2nd Oct. 2019. It has two sub missions- the Swachh Bharat Mission (Gramin) for rural areas and Swachh Bharat Mission (Urban) for urban areas. Besides eliminating open defecation, SBM-(G) also aims to create measures about sustainable sanitation practice in the rural as well as urban areas of our country. This scheme will end on 2nd Oct. 2019. Government of India aims to construct 90 million toilets in rural India by 2nd October 2019 to reach the goal. The Department of Drinking Water and Sanitation manages Swachh Bharat Mission Grameen-SBM-G. Under SBM-G all BPL households and APL households restricted to SCs/ STs, small and marginal farmers, physically handicapped and women headed households shall get a financial incentive amount up to Rs 12,000 for constructing one unit of Individual Household Latrines (IHHL) and provision of water for hand washing and cleaning of toilet. Central and State share in the financial incentive is 75:25. But for North Eastern State and other special category state it is 90:10.

The last three census data shows that there is an improvement in the number of household with toilet in rural areas. In 1991 household with toilet in rural areas of India was only 9% and it 31% in the 2011 census. Although there is an improvement in the number of households with toilets during last thirty years from 1991 to 2011, but the number was not satisfactory at all. Hence the mission was launched. Sanitation coverage, which was 39% in 2014, has increased to 99% in June 2019 in rural India. Based on this progress government has declared 28 states and UTs as open defecation free area.

Swachh Bharat Mission in Assam:

The mission was launched in Assam, along with other state of India, on 2nd Oct. 2019. Before the launch of the programme, a large number of people in Assam did not have sanitary latrine system. As a result life taking disease like diarrhoea, malaria etc was common in villages of Assam. SBM-G achieves 88% completion of work in

Assam. According to Govt. of Assam, 'No Latrine' cases are rarely found here at present. Till mid 2016 implementation of SBM-G was very slow. Only 171 villages out of 26395 villages were declared open defecation free by this time. But afterwards SBM-G implementation works were done at a faster rate. According to ministry of drinking water and sanitation in 98% village households in Assam have access to toilet at present. Assam is very close to 100% IHHL coverage. Very soon Assam will get Open Defecation Free State status.

Objective:

Objectives of this paper are to study

1. implementation of Swachh Bharat Mission (Gramin) in Gohekhanda revenue village under Barnagar revenue circle of Baksa district, Assam
2. their awareness about the mission
3. implementation of the mission in actual sense.

Data collection:

Both primary and secondary data are used for the study. For secondary data various websites, different issues of yojona, printing leaflets supplied by government of Assam etc. are used. For primary data I personally met head of Gaon Panchayet, owner of fair price shop, officials of the respective department and the beneficiaries of the scheme and collected the data.

Methodology :

Methodology used in this paper is mainly descriptive. Besides different sampling methods are used for information collection, averages and percentages are used for data analysis.

Village profile :

Gohekhanda is a medium sized vilage under Barnagar Revenue Circle, Baksa District of BTAD. Gohekhanda revenue village consists of two villages- Porabharal and Hatijana. Village Porabharal is inhabited mainly by Assamaese people and village

Hatijana is mainly inhabited by Boro people. Village Kaurpara is to the east of Gohekhandra, to the south village Howligaon, to the north village Khatalpara and to the west the Howly town.

According to 2011 census the village has population of 1313 out of which 666 are male and 647 are female. At present 310 families reside in this village, 150 families reside in Hatijana village and 160 reside in Parabharal village. Out of 160 families in Parabharal, 14 are BPL families and 146 are APL families. In Hatijana village out of 150 families 15 are BPL and 115 are APL families. The village has a literacy rate of 76.70 % which is higher than the literacy rate of Assam (72.19%). The villages are administered by Gaon Panchayats.

The standard of living of people in this village is average. Agriculture is the primary means of livelihood in these villages. Very few people work in different offices. Some people in Hatijana village also practise pig rearing

Analysis:

Gohekhandra revenue village consists of two villages-Parabharal and Hatijana. Residents of Parabharal village are mostly Assamese people and that of Hatijana village are Boro people. Few Rava-Hajong families also reside in Hatijana village. Before the launch of SBM-G, maximum household of Hatijana village were without sanitary latrine. Some households even did not have insanitary latrines. But after the launch of the scheme 140 out of 150 families received financial incentive from govt. for constructing Individual Household Latrine (IHHL). Thus, 93% households of Hatijana village have received govt. incentive to be a household with sanitary latrine. As most families are ST, numbers of beneficiaries are more in this village. Other families in this village have constructed sanitary latrine of their own. At present maximum young boys and girls are going to school and colleges. They are aware of the demerits of open defecation and understand the value of good health. But elderly people

are not much aware of it. All household of the village have a sanitary latrine does not necessarily mean the village is clean and open defecation free. Still now children of some house defecate openly. They show different causes in their support. But regarding the storage of water near toilet for hand washing and toilet cleaning is not maintained properly. Another village under Gohekhandra revenue village is Parabharal. This village is mostly resided by Assamese people. 40 out of 160 household of this village have received govt. incentive for constructing sanitary latrine. Thus, 25% households have received govt. incentive. Thus the number of beneficiary in Parabharal is less than that of Hatijana. Other households have constructed sanitary latrine of their own. No household is without sanitary latrine in this village at present. People of this village are aware of the use of toilet and benefit of using sanitary latrine. Although children of some households defecate openly, but the number is less than that of Hatijana. Storage of water near toilet for hand washing and toilet cleaning is not always maintained properly. Thus, implementation of the mission in Gohekhandra revenue village is almost same with the state. Young generation is aware of the aim of the mission, but awareness among the aged people is less than that of the young people. Regarding implementation of the mission in actual sense, the satisfaction level is average.

Conclusion:

Although Modi Govt. has claimed a great success in the implementation of Swachh Bharat Mission in rural India, independent surveys do not support this. Rather surveys show a mixed picture. The Research Institute for Compassionate Economics (RICE) conducted a survey of 3235 households in four north Indian states of India in 2014 and 2018. The survey found a reduction in open defecation by 26% during this period. The survey also found that 23% household with toilet still practise open defecation in the state like MP, Rajasthan. Construction of toilet does not necessarily mean

a full stop to open defecation. It is a matter of health consciousness which the rural people of Gohekhandra village lack. Change of human mentality is the utmost necessity for the implementation of the mission in actual sense. But it is better to have something than nothing. Let us hope for clean and green India very soon.

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