

# FOURTH WORLD NEWS

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Development has become a very sophisticated business nowadays and a great deal of resources are wasted. Our long and close experience in the field shows that aid agencies and their 'experts' often fail to understand the complexities of poverty and injustice in the Third World. They do not reach the Fourth World.

Fourth World Action continues to support a small project in a remote village in India where villagers even today have to travel far for simple treatment. Access to proper healthcare is denied poor villagers. India is growing economically and in science and technology, but poor people still struggle to survive.

With the support of Fourth World Action, a group of village health workers run a project called Ekta Niketan. At their clinic villagers get treatment for common illnesses, and women come for family planning advice. Ekta Niketan is also a centre for tuberculosis care. Patients prefer this village clinic to going to doctors in the nearby town. Here tuberculosis patients get the correct treatment at a cost they can afford.

Tuberculosis treatment is long - 6 to 8 months - and the drugs are not cheap. Under the government programme to control tuberculosis there is provision for free treatment. But such provision is still not available in many poor parts of India. Patients therefore go to private doctors who may charge huge sums of money. Poor villagers often cannot continue the full course of treatment.

Manan Ganguli went to the village in February this year to help get the work better organised. In this issue, he writes about Ekta Niketan. If you would like to know more and support the work, please contact Fourth World Action.

## A small clinic in the ‘fourth world’ and ‘development’ around: an account of a short visit to Ekta Niketan

In this issue of the ‘occasional’ newsletter of Fourth World Action, I was asked to write a piece about Ekta Niketan because I visited the project recently. I spent eight days in ‘Ekta Niketan’ in early February this year. That is the name of the project, the village is called Fatepur. I spent eight years working here 28 years ago. Naturally it comes to mind to find out what has changed since then, in regard to the work and in the life of the ‘small’ people with whom Ekta Niketan works. I will write some of my observations.

I will write this in three parts; first, about the people I met and their life; then, about the Ekta Niketan clinic; and lastly, my reflections on my way back.

It is probably worth mentioning that after working in the village, I had a career in ‘international development’, and managed a few large projects in different countries. So, apart from the fact that my hair has now turned grey, I have become familiar with different jargons of ‘development’ and am quite comfortable in handling a few millions to run a project. This write up is not a polemic on rural development or about India and the poor people therein. But, while giving my account of this small tribal village in Jharkhand, I shall be tempted to point out some of the critical issues related to ‘development’.

### **Part One**

Let me start with my journey to the village from Calcutta, the capital city of West Bengal. The

village of Fatepur belongs to Jharkhand state (formerly part of Bihar), often described as a ‘tribal area’. From the nearest station Madhupur, there are a few options to reach Fatepur – either make another short train journey, then walk



or bike seven miles; alternatively, by bus or any vehicle that is going in that direction, then walk; or, you

hire a vehicle that will take you right inside the village, if you can find one and have money. It is still rare to see a car driving through the villages. These are not proper roads; they are sometimes even through fields where the holes are too big for cars to pass. Holes appear in the rainy season, and the villagers may get some work afterwards, digging earth from the roadside to fill in the holes. (This is one popular ‘food for work’ scheme run by the government to give some work to poor villagers.) It is different from those earlier days when we had mainly the first option i.e. train and bike or walk.

The older villagers, in those days, were not used to trains or buses; often they preferred to walk all the way to Madhupur, about 15 miles (or more) from their villages. They were not in a rush. It was a long walk across fields and through villages but a hassle-free journey. Not many people do that anymore; things have



changed. These days some even have motor-bikes; a trip to Madhupur is easy for those few.

Many of the older villagers I knew in those days have now grown 'very old'; in fact, most of those I knew are now dead. Kuti Singh, one of my acquaintances from the early days, is still alive. He came to see me, on the back of a bike that his nephew rode. Before he left, I took his photo (I am now a tourist!).

Kuti Singh claims that he is more than 80, but I am not convinced he is that old. In the villages they seem to grow old sooner; also, they die sooner. The terminologies, we often associate with older people, such as 'vulnerable elderly', 'risk group', 'social isolation' and so on, do not seem to apply to Kuti Singh. Indeed he looks frail and cannot see very well, and is not so mobile as he used to be. But he goes to the weekly market at Jagdishpur almost every Thursday, about five miles away from his village. He always finds someone, a relative or a neighbour, who has a bike and is willing to give him a ride.



I know his attraction to the market is not necessarily to buy things but for a cup of tea and meeting other villagers of his age, and to talk about current events and how things were before. Over the years, the market place in Jagdishpur has indeed changed – more buildings; shops advertising mobile phones; roadside vendors displaying diesel and engine oil in plastic bottles; and, even a medical shop called 'Krishna Medical Store'. There used to be three 'doctors' in the market. I knew one of them who

took up the profession after trying 'tailoring and then 'bike repairing'!

Kuti Singh has seen these developments more than anyone else has. I sometime wonder how he would describe the 'changes'. I think his version would not be quite the same as that of a development 'expert' assigned to write an evaluation report! Kuti Singh's account will lack sophistication. Unlike the development 'expert' he has no interest in producing a glossy report to impress the organisation s/he is working for or the local authority whose endorsement is vital, and he has no use of jargon and 'scientific' graphs and charts.

Sorry, I got a bit distracted by Kuti Singh. I was going to tell you about my journey from Calcutta. It took a whole day to reach Madhupur because the trains from Calcutta were not running properly; many were cancelled. I was caught in a strike that affected the trains as well. A political party called the strike when six of their supporters were shot dead as police opened fire at a rally. People were protesting against the government plans to set up industries on farmland; they were demanding work under the rural employment scheme.

When I reached Madhupur it was already dark. Although it was only just after six in the evening, it seemed very late. Electricity has not reached the area beyond the town. I was lucky to find a driver who was ready to take me to the village at that time of day, so I headed for the village in the darkness. I was one of those who could afford to hire a car. When I reached the village, it was indeed very late – after nine by my watch! The road was getting bumpier and it was very dark. So I decided not to go any further but to stay at Debima's village, the one before Fatepur.

It is not a big deal to halt for the night at a new place. Sometimes a villager who is not able to travel further, due to bad weather or darkness, would look for a village where he or she will find someone who knew someone in his/her village or even at a nearby village. That is enough as a proof of identity; the villager will let the newcomer stay for the night. S/he will get a bed and some food; in return the host will hear news about his/her relatives and others from the guest.

My case was a bit different; I did not need any proof of identity. Almost every household in the villages around knows me and will let me in. It is not quite the same in the village in Britain where I now live or in Calcutta where I grew up. That is understandable – different culture, different social norms. To me this is a remarkable achievement of Ekta Niketan; it has the affection of many. I have not enjoyed such an achievement in my career in 'international development'.

I stayed the night at Debima's house. I was given a bed in the courtyard. I joined some other members of the family who were also sleeping outside – not enough room for everyone to sleep inside. It was cold, particularly in the early morning. I woke up a few times with the cry of a baby; perhaps the charcoal pan underneath the bed needed some stirring. It was a cold night but the hospitality was truly warm. When I woke up, it was a bright sunny morning, light overflowing the courtyard that was so dark and cold last night.

They all seemed to be busy - no time to attend to the new guest!



Everyone in the house seemed to have certain tasks assigned, including the little girl who went to collect a matchbox from a neighbour. It was to make the fire for my tea, I suppose. Neighbours came to see the 'newcomer'; some asked me if all is OK in my family and then they left. Some younger ones also came whom I did not recognise, many of them were born since I left the village. Also came Hiro whom I knew well. I will not write about Hiro here; he features in Janet's book, 'Under an Indian Sky'. If you have a chance to read it, you will know Hiro, his tuberculosis and why we still struggle to treat the illness that is so curable.

Fatepur is only just over a mile from Debima's house. Good I did not try to reach there the previous night; this stretch of road, before cutting across a large open field to reach the Ekta Niketan clinic and Somra's house, was not at all useable. The road was under construction. The villagers were earning some cash by digging earth and filling the holes on the road. Many people were working – from Titmoh, Fatepur, Choura and Sultanpur. Men were digging, their wives or children carrying the earth to fill and raise the road. I met Bagloo there; he was busy carrying earth to fill the small stretch of road near his house. When at last he noticed me, he stopped his work and started asking a list of things he wanted to know about, apart from everyone in my family: if rice is grown in England, the speed of an aeroplane and so on.

Bagloo is a special person. Many years ago, in the early days of Ekta Niketan, he was one of our health workers. In those days, there was little scope for children to go to school. Bagloo started an evening school in his house. It was his own initiative to give some education to children in his village. He never thought

of earning money or become popular by doing it. Bagloo's commitment



to 'education' is genuine; his desire to learn and let others learn is something very special. Things have changed; there are kindergartens, primary schools under government schemes. Also, we have the 'millennium development goal' to provide primary education to all by 2015 and to eradicate poverty, by at least 50%, by that time. There are many NGOs whose priority now is in education! Bagloo remains the same as I have seen him all these years. His children did not manage to go to school; I doubt his grandchildren will by 2015. He remains poor although he has plenty of land; his legs are thin but they look very strong.

Over the years, I have developed a keen interest in the details of a pair of legs, of men and women alike. My interest is not from the aesthetic angle, but more to compare the shape and girth of calf muscles that reflect their social class and poverty. The strong pair of legs of the poor earns food. Without such strong legs villagers would not be able to do hard labour and carry such heavy loads. I often wonder what these legs are made of – they look so brittle (like a dry branch of a tree), but in fact are very strong.



But when the villagers get ill, their thin legs give way easily; they cannot carry heavy loads anymore. This means, no income: a villager will then depend on whatever reserve the family has. Tuberculosis, therefore, has a devastating effect on a poor family because it is a long and debilitating illness. In tuberculosis, one needs medicines to treat the illness, and good food to build up the body; a poor villager lacks both.

### **Part Two**

Ekta Niketan is now an established place for tuberculosis treatment. It may not be a recognised DOTS clinic on the government's record but it is recognised by people in the villages around. In fact, many patients come whose villages are closer to Madhupur, Giridih, the nearby towns where one is supposed to receive proper treatment from one of the recognised centres free of cost.

Somra, our 'doctor' at Ekta Niketan, knows tuberculosis well; he has been dealing with the disease for years. In most cases he will diagnose correctly just by examining patients; then examining the sputum. Somra's son knows how to stain slides and spot the bacteria under a microscope. Debima and Tikla help pack medicines and explain to the patients the importance of continuing the treatment for six months. The treatment is the proper, standard first line DOTS treatment as anywhere in the world.

Somra says the patients come from far distant villages from all directions – by train, or on the back of a bicycle, and sometimes on motorbikes, and occasionally in a hired a vehicle. He says, the patients spend many times more in other places and often cannot continue the treatment; so they come here. Everything is recorded in his book – patient's details, treatment, payment and

so on. We have improved the record keeping; so, at a quick glance, he can now say the total number of tuberculosis patients receiving treatment, how many new patients come each month, how many have completed treatment and who has discontinued. On an average, 8-10 new patients are enrolled each month in Ekta Niketan's TB register.

Women come to Debima for advice. She inserts contraceptive devices for those who come to control further pregnancies. It is still an accepted norm amongst mothers to loose a child before the baby becomes an adult. The Infant mortality rate in this area, if recorded properly, will be much higher than the average national rate. Death from diarrhoea or respiratory infection is quite common. So no one would risk having only one or two children in the family.

The 'Indira Gandhi' government once forced poor villagers (or any low income groups) to have only two - that was a disaster both for the poor and the government. Women come to Debima from their own choice.



Women come to Debima from their own choice.

Apart from family planning, Debima puts dressings on infected wounds and explains to patients about the dosage of medicines and to mothers about food for their malnourished children and about hygiene practice to control scabies. Health care in the area remains in the same sorry state as it was 20 years ago. Also, many problems are preventable; measures by the government are slow to reach these villages.

Perhaps diarrhoea is not as rampant as it used to be. Nowadays, you will find one or two tube-wells in a village; so not all villagers collect drinking water from open wells or streams that are often contaminated. But people here still die from diarrhoea. There may be more government schemes, more NGOs, and more motorbikes – but basic health care is simply not available to the villagers.

I do not know when the government will start a properly equipped health centre in this area. They may have plans for it but it is not easy to set up. Apart from a building and some medicines, it requires trained personnel who are willing to work in a rural area; and there are many more things to sort out – salaries, bureaucracy, regular supplies, corruption, and so on. This explains why the Ekta Niketan clinic remains an important activity in the area; and, why poor villagers come a long way to receive some treatment from Somra.

Not everyone in the villages around comes to the Ekta Niketan clinic. Somra explains why. He says the quacks talk against us and confuse villagers preventing them from coming. I cannot confirm if this is a fact or his hypothesis, but it is true that there are many quacks in the area. They give injections and charge a fortune. The ignorant villagers think injections are superior medicines and often opt for them rather than tablets from Somra. Over the years however many have now learnt that Ekta Niketan is their clinic.

### **Part Three**

Now it is time to return. I bring back many memories of my eight days in the village - many faces, many stories, many observations. This time I took the 'bike-train' option. I rode a bike to

Jagdishpur, then took a train to Madhupur; and from there, I took an overnight train to Delhi to catch my flight.

On my way back, I went to see Carmela. Carmela is a Fatepur girl; I have known her since she was a baby. About three years ago, Carmela got married and came to live in this village which is 3-4 miles beyond Jagdishpur. She is expecting her second child; the baby is due in two months. Her parents wanted me to examine Carmela. To save the hassle of brining her to Fatepur (possibly she would have to walk if they could not find any means of transport), I decided to go and see her instead. In any case, I was going to Jagdishpur to catch my train.

I was in a bit of rush to catch the train. So I examined Carmela and returned soon like a busy doctor who has still many more patients to see. Before I left her small hut, I reassured her that her baby was fine, and she too. But Carmela is in my mind since I left her village. Would everything be OK? Who was going to look after her when she gives birth to the new baby? Would she have some money to buy clothes for the new baby? Would she always have enough food to eat?

Carmela lives alone with her two-year old child; her husband works in some distant town, Carmela does not know where exactly, but says it is not a nearby one. He comes home occasionally, particularly when there is a festival. So he is likely to be back during Easter. The baby might have been born by then.

In Jagdishpur Guria did not leave until the train arrived. We took it in turns recollecting old memories sitting on a bench on the station platform. He got me some tea and snacks, and

would not let me pay. Guria is our old acquaintance in Jagdishpur; he still has his tea-stall but these days his son runs it. I told him how this place was when I first came to Jagdishpur 28 years ago. Guria in turn told me how the NGOs have grown in number in the area. He continued and said, 'Ekta Niketan was here from the beginning when none of these NGOs were around'. One will easily understand that Guria associates himself with Ekta Niketan with some pride. Then he added, 'You know, they (NGOs) are doing very well'. The train arrived; Guria waved goodbye, like someone seeing off a close relative. I finally left.

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My mind was full; I was feeling exhausted. Soon I dozed off to sleep in the upper berth of the train. Next morning I reached Delhi. Guria, Carmela, Kuti Singh, Bagloo, Somra started fading away slowly.

No doubt more Carmelas will continue to live with many uncertainties; and more NGOs will continue to do well! I lived in this poor village for about eight years. Not much seems to have changed in the life of the poor.





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