

**C O R D**  
**(Chinmaya Organisation for Rural Development)**  
**Tapovan, Sidhbari, Distt. Kangra, H.P. – 176 057**

**About Our Programmes : -**

With Param Poojya Gurudev Swami Chinmayanandaji's blessings, the Chinmaya Rural Primary Health Care and Training Centre (CRPHC&TC) began in 1985 under the direction of Dr. Kshama Metre, as an isolated primary health care programme with special emphasis on maternal and child health in six villages surrounding the Sidhbari Centre. Dr. Metre, lovingly referred to as 'Doctor Didi,' began training uneducated village women as village health workers, to provide basic health care and health awareness in the neighboring villages. During their health awareness camps and education sessions, it became apparent that health could not be viewed in isolation. Health is evidently interlinked with multiple complex issues in the family and community, primarily poverty, alcoholism, gender discrimination, and lack of education. Therefore, the approach to health at this Centre began to transform into the sustainable, holistic, women's empowerment programme, that is in operation today.

From June 2005, CRPHC&TC has become **CORD at Tapovan**. CORD is a national organization, aiming to expand and reach out to people in other parts of India **based on experiences from CORD, Sidhbari**. CORD at Tapovan, Sidhbari, will be the National Resource Centre and CORD, Delhi will be its registered office. Many people and agencies have helped to establish CORD at Tapovan. The role of CIDA (Canadian International Development Agency) and CMHR (Chinmaya Mission Halton Region) is beyond doubt. For the past 11 years, since 1994, they have not only been our financial partners through grants in-aid as donors, but have also been deeply involved in the programme's growth as a people-centered programme of an integrated nature. Their inputs have given the programme newer directions every few years. For further information regarding their role as our partners, please contact Mr. Joti Chakraborty (President, CMHR and Trustee, CORD), Mrs. Gaitree Danesh (Chairperson Development), Mrs. Meenakshi Bhaga (Secretary) at the following address : -

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**The Backdrop**

A typical village woman in Himachal Pradesh used to be poor, semi-illiterate, or uneducated. After getting married at a very young age, she was commonly living a submissive existence in her joint family, birthing multiple children, and serving an alcoholic, abusive husband. She lacked any opportunity for change, as her days passed slowly and predictably with the field farming work and housework. This common predicament brought about the need for Mahila Mandals, village women's groups. The **Mahila Mandal** is a forum for rural women to discuss personal and economic concerns, as well as common village interests and issues. Currently, there are approximately 408 independent Mahila Mandals in District Kangra, all providing the village women with an opportunity to step outside of the home and field. Each Mahila Mandal meets once a month in their respective village, and is assisted by a female Mahila Mandal field worker from the Centre. Additionally, in 1994, the Indian government allocated 33% of seats in **Panchayati Raj Institutions**, local government councils; therefore, the CRPHC&TC trained workers

in the required leadership qualities and mobilization of women in villages, so that they can actively participate in their village councils.

Through women in the Mahila Mandal, the need to engage adolescent girls became evident as gender discrimination ensured no outlet from the cycle of poverty and oppression. Thus, **youth groups** for girls began to be formed to provide a platform for girls to encourage education and trade skills' development. Additionally, girls learnt about adolescent health issues, which are not openly discussed in the family and community. And thus, through Mahila Mandals and **Yuvati (Adolescent Girl) Groups**, the path to women's empowerment began.

With gender discrimination in the family, oftentimes girls are not permitted to go to school and were confined to the home to care for their younger siblings as surrogate mothers. Meanwhile, their mothers are handling other housework and field farming work while their brothers are encouraged to go to school. This demonstrated the need for childcare in the village community, which started the **Balwadi programme**. A Balwadi is a nursery school in a village, which enrolls children from age two to six, and provides a stepping-stone for them to enter the regular public school. Each Balwadi has a trained teacher, Balsevika, and an assistant, Balsahayika, that work with the children in an age-wise manner. Children in the Balwadis are exposed to spirituality through morning prayers, physical education, alphabets and numbers. Through play, they grow physically, mentally and socially. Once a month, the Balwadi teachers host their former students, six to twelve years old (who have moved up to the local school) in the Balvihar programme. At the Balvihar too, spiritual growth is encouraged, besides engaging the students in discussions on hygiene, sanitation, and good habits. In addition, once a month, the teachers meet with the mothers of the children in their Balwadi to discuss issues concerning maternal and child health care. Currently, there are approximately 20 Balwadi schools in various villages in Distt. Kangra.

Alcoholism remains an ongoing battle in the villages of Himachal Pradesh, furthering the cycle of poverty and violence in the community. Even those families with no funds for food are making potent alcohol in their own homes. Subsequently, domestic violence, specifically wife-beating and sometimes child abuse, is a common scenario in families behind closed doors. Women remained silent survivors with no forum to seek social justice. The CRPHC&TC thus began their **Informal Legal and Social Justice Programme**, allowed women to meet the police and lawyers to seek protection from violence and, rightfully, due justice for evident that crimes within their homes. Among 259 cases being handled by the Legal Cell, 164 have been resolved and women are becoming increasingly independent and empowered.

Fully alive to the negative impact of alcoholism on a family and a community, it is a stated goal of the programme to steer youth away from such vices. Along with the need for **adolescent girls groups**, there is a strong need for youth, or yuva groups for adolescent and young adult males in the community. **The Yuva Groups provide a positive venue for young adults to share questions, fears, and concerns as opposed to the easier outlet of alcohol, tobacco, and drugs.** In addition to alcoholism, unemployment is a prominent issue the youth are facing in village communities; although, all youth aspire for government jobs after completing their education, the opportunities are simply not there in sheer numbers. In the Yuva Groups, youth can learn about other opportunities for employment - like trade skills or services within their community. The youth leaders that attend the meetings assist village youth in linking them with these other avenues for future financial stability. These 220 Yuva Clubs have now also started to undertake community development programmes and partake in the Panchayati Raj Institutions in their respective villages.

Through both the Mahila Mandals as well as the Yuva Groups, the Centre became aware of the importance of financial independence and stability in their holistic approach to health. Hence, in 1994, the NGO introduced the concept of **Self Help Groups**, a form of micro banking, into the community. Groups of women with Mahila Mandals, and groups of youth within Yuva Mandals, began the process of small-scale savings and loans. In addition, these SHGs were linked with local banks in order to receive higher quantity loan funds. Today, the Centre has 1335 SHGs with over 19,122 women involved. In District Kangra, women who otherwise lacked resources, now have an opportunity to improve their domestic livelihoods, agricultural status, as well as consider other forms of income generation.

Through the introduction of SHGs in communities, people have become financially stable. Knowing that rural families earn their livelihood through multiple means, the programme at the Centre has a flexible and broad-based approach to livelihood. As a result, a large number of people have grown, as per their efforts and abilities, in many directions. Consequently, the project imitated the **Income Generation Schemes Programme**, through which women can move ahead from this financial stability to an independent sustainable financial growth. The premise of the IGS programme is for women to explore hidden potentials and upgrade their skills in a trade, in a particular activity group. Currently the programme offers over 75 activities, with the range varying from agriculture/dairy/poultry, to shops/food products, to weaving/sewing/embroidery, to bamboo products, and several services. Many poor rural women who were sewing and weaving needed to upgrade their skills to enhance their market value. Since 1999, the Centre has been nominated as a Resource Centre for training and sensitizing bank officers, government and non-government officers and functionaries to promote Self Help Groups to alleviate poverty. The Resource Centre has trained over 20,000 people in five states of Northern India, both at the Centre and at field sites.

**The Chinmaya Rural Primary Health Care and Training Centre now known as CORD**, began as an isolated primary health care programme. Today, it has become a comprehensive integrated rural development programme with the end goal of holistic health and women's empowerment. Thus, the premise of **health** must be spread and continued through all these programmes. At the main Centre in Sidhbari in District Kangra, there is a free outpatients' clinic, which is open six days a week for all walk-in patients, under the direction of Dr. V.P. Gupta. In addition, there are two **subcentre clinics** in local villages, which are looked after by trained **Village Health Guides**, non-licensed nurses. In total, the NGO has 10 trained Village Health Guides who regularly report to the Centre and receive monthly follow-up health training.

The Project has also actively supported the institution of midwifery, or **Traditional Birth Attendants**, in rural villages where, due to the mountainous terrain, residents live in remote locations and medical treatments are inaccessible; in fact, approximately 70% of deliveries are performed at home in this region! Traditional Birth Attendants, Dai Ammas, are commonly the most destitute women within the community that take to this profession out of desperation and poverty. However, the institution of the Dai needs to be recognized. They have been promoting home-based and convenient health services to the villages over many years. They have proven to be an essential link in promoting Maternal and Child Health, through providing safe and effective deliveries as well as educating villagers regarding immunizations, family planning, HIV/AIDS, and nutrition. The programme currently has 30 trained Dais that report to the Centre and receive monthly follow-up health training.

In congruence with the health programme, it became apparent that in many village homes, disabled children were being sheltered and often locked away from the outside world. Often, their neighbors were not even aware that such a child existed next door. This demonstrated the need for a comprehensive **community advocacy-based rehabilitation programme**, which began in 1994 at the Project. Today, this programme - **Holistic Community Based Rehabilitation and a Full Life of the Differently Abled** is providing institutional day-care as well as home services for over 395 disabled children in villages in District Kangra. This rehabilitation programme is promoting the understanding and inclusion of children within their communities, who were otherwise hidden and discriminated against in their own families. Inclusion extends beyond the home; it involves enrolling children in local schools and/or providing them with training opportunities for possible employment, in keeping with their abilities.

Himachal Pradesh is a rural, mountainous region, in which the local people rely on their land resources for survival through agriculture. However, today residents misuse their resources, and because of this degradation, people are forced to leave their natural environment. Residents become migrants to cities in search of work, and resort to living in slums without any amenities. In the past few years, the Centre has taken up the responsibility to educate the people on **Participatory Natural Resources Management**, in order to ensure their future in Himachal Pradesh. The relationship between ecological poverty and economic poverty cannot be denied. The resources of water, forests, land, and animals are all beautifully interlinked with the lives and livelihood of the people. All elements nourish each other and must be kept in balance. The Centre has undertaken a three-year pilot project in the mountain Panchayat Kand Kardiana, spread over 582 hectares of land area. The PNRM Team is motivating and training the people in water and soil conservation, and forest preservation. The goal of this project, in association with the Sir Ratan Tata Trust, Mumbai, and with guidance from the People's Science Institute, Dehradun, is to place natural resources in the hands of the people, for them to appropriately manage their needs as well as ensure their future sustenance.

The Project, today, by truly engaging the people into a comprehensive integrated rural development programme through women's empowerment, embodies the real nature of primary health care. This programme covers over 400 villages; directly, it impacts 45,000 individuals and indirectly, through families, this programme is impacting 2,50,000 people in Himachal Pradesh. This is a convergent programme that addresses diverse issues of life, to improve people's living conditions and health. It harnesses people's capacity through their active participation, organizing community level institutions, unfolding people's potentials, and abilities to design, operate, and own their programmes for individual and group growth. This is a developmental necessity, which is quite difficult to achieve. CORD, Sidhbari's, strength lies in facilitating the process of enabling people to find ingenious solutions to local problems, through the synergy of traditional wisdom and modern knowledge. It also networks extensively with existing infrastructure and institutions, both government and voluntary, to share programme components, and advocate policies in different fields, for people's participation in their own growth and development.

