



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

ROLE OF CRHSE (CENTER FOR RURAL HEALTH AND SOCIAL EDUCATION) IN EMPOWERING DALIT WOMEN IN ARASALAPURAM VILLAGE

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INTRODUCTION

Non-governmental organizations exist at the international as well as national level. In a vast country of a billion-plus population like India, it is just not possible or feasible for the government to live up to its promise of a truly welfare state. There are vast areas concerning development and welfare that are left uncovered due to paucity of funds. It is in this scenario that NGOs step in and justify their existence in India. These are the agencies supposedly set up by self-effacing individuals who wish to make their contribution to make life better for their brethren in society. The invite like - minded people to carry forward the task in hand, which is largely self-chosen. This should give them all the greater impetus and momentum to excel in their calling , But ,alas, This is not always so and questions are raised about the functioning of certain NGOs misappropriation of funds by their office- bearers for self-aggrandizement and the universal human frailty for self- promotion.¹

People turn to voluntary agencies and NGOs for meeting their short - and long- term requirements in the socio-economic spheres, they feel that the government of the day failed to cope with their needs, as promised by the agenda of the welfare state. They are either disillusioned with the government or feel that the ever-increasing problems of the burgeoning population are beyond the already-scarce resources of the state. Naturally, therefore several voluntary agencies and NGOs have come to play a vital and leading role in the economic and social development of the country. There are several organizations in the country looking after eradications of illiteracy, poverty and malnutrition's at various levels.

These voluntary agencies and NGOs have spread their tentacles in every walk of life that directly concerns the masses, especially the under-privileged and the downtrodden. The main reason for the proliferation of NGOs is the abundant supply of funds, donations and subsidies from India and abroad. The government of India allocates funds for their functioning and monitors their progress periodically. Some of them have done commendable work, such as the Nirmal Hridya founded by mother Teresa in Kolkata. By their very nature, voluntary agencies and NGO's are set up to supplement and augment the government's economic and developmental efforts. Their motto is or rather should be selfless service in their chosen area.²

MICRO CREDIT AND SELF HELP

Most micro credit programmes also accept as a fundamental premise that the borrowers are the best judges of their own situation and know best how to sue credit when it is available. Each individual has the opportunity to choose the income- generating activity appropriate to her circumstances. If she is involved in group leading, she also has the benefit of constructive criticism from the member of her leading group in this way, the programmes. Stimulate both individual creativity and participatory planning by a group of peer. Most programmes provide advice for aspiring entrepreneurs. But the initiative and the final with the individual and her circle of fellow borrowers.³

“Increased income earned by a low income mother translates into a chain of positive improvements for her family. This chain starts with her capacity for purchase more food. A better diet and improved nutrition stimulate better family health. Improved health results in greater resistance to disease. Higher energy, greater capacity, higher energy, greater capacity for work and learning and thus enhanced productivity and thus enhanced productivity. As family nutrition and health are stabilized, incremental investments in the education of children are almost ceteris paribus. Close behind education expenditures come investments in home improvements. And finally, these outcomes are paralleled by a near totally transformations of the borrower's self-respect”⁴

EMERGING BEST PRACTICES

From the experience gained it is observed that the linkage program has brought into focus some of the striking new approaches being followed by the SHGs and the banks which could be considered as best practices contributing to their continued healthy growth in the rural areas of the country. These are classified as follows.

- ❖ Reduction in cost of transactions - both in credit and saving operations.
- ❖ Non-subsidy orientation – sustainability.
- ❖ Positive attitudinal change in dealing with the rural poor- confidence building and acceptability.
- ❖ Finding social banking profitable-100percent repayment.⁵

RURAL DEVELOPMENT PROGRAMMES

Several independent and commissioned studies have pointed out critical gaps in S & T inputs in government sponsored projects. Some of these are mentioned here⁶:

- ❖ In rural housing programme, there is enormous scope for infusing the cost - effective construction technologies and building designs developed by institutions such as Nirmithi Kendras.
- ❖ Most of the self-employment projects are “highly susceptible to obsolescence and face a high risk of rejection by consumers in face of branded goods from.

GROUP LEVEL

- ❖ Homogeneity and affinity among members
- ❖ Regularity in savings
- ❖ Regularity in group meetings.
- ❖ Collective decisions
- ❖ Loan availability at door step without hassle
- ❖ Not influenced by subsidy syndrome
- ❖ Social engineering
- ❖ Common fund as main bondage among members

NGO LEVEL

- ❖ Add-on activity leading to deepening of their intervention
- ❖ Concept brings in cost- effectiveness in delivery of services
- ❖ Open up possibilities of financial intermediation recognition from formal banking system

BANK LEVEL

- ❖ Dealing with groups instead of individuals outreach
- ❖ Externalization of loan functions to groups functional efficiency
- ❖ Tool kits and equipment's supplied under tool kit programme were not very different from the locally available once since they were not perceived to be more productive, the user populations did much interests in them.

SELF-HELP GROUPS

The growth of self-movements among the rural people in different parts of country in emerging as a very reliable and efficient mode for transfer of technology to user group population. Members of Self-Help Groups (SHGs) in backwards areas have discovered for themselves that SHGs offer them organizational base, larger resources, and access to modern technology leading to employment and income generations. Several success case studies of rural poor women benefiting from the modern and improved technologies through SHGs are being reported by the development functionaries. Large scale industry. In these project maximum scope for productivity enhancement through technology input is

possible in the secondary and the tertiary sectors. The basis for building up this intervention should be through building forward and backward linkages leading to higher value addition.

- ❖ The advances made in the space technology as well as information technology should be utilized for designing and monitoring watershed programmes.
- ❖ With regard to the drinking water programme, S & T inputs are crucial to tackle the following problems:
 1. Control of buckishness (reverse osmosis electro dialysis with solid dissolvent)
 2. Eradication of guinea worm (tube wells, piped water supply, supply of filters).
 3. Removal of excess iron (iron removal plants).
 4. Control of excess fluoride (treatment methods like Nalgonda techniques activated alum).

One Such case refers to hundreds of poor scheduled caste women in Kolhapur mandal of Mahbubnagar District, Andhra Pradesh who have manufactured cement bricks for constructing the toilets in their houses at 40 percent of the market price through improved, low-cost brick moulding machines. But for this appropriate technology, these women could not have created sanitation facilities in their houses. The SHG Women have acquired skills in non- traditional trades such as masonry, vaccination of popular, and manufacture of charcoal leading to higher income for themselves⁷.

CENTER FOR RURAL HEALTH AND SOCIAL EDUCATION

CRHSE was established in 1978 with the aim of organizing a community based health care and participatory development among rural and tribal population on the Vellore and Villupuram districts of Tamilnadu, India. Along with its field-based work CRHSE now also provides training in various aspects of community development.

CRHSE was founded in 1978 It provides a self-supporting health system which is simple, inexpensive and appropriate to the needs of the rural and tribal people through education and training of village level workers. Promotion of siddha an indigenous system of health care is a major activity. CRHSE facilitates programmes which promote the welfare of women. The land less unemployed and socially oppressed section in the rural and tribal provided to NGO's and other civil society organizations.

ROLE OF CRHSE IS EMPOWERING DALIT WOMEN

CRHSE (Center for Rural Health and Social Education) in Empowering Dalit women was established in 1978 with the aim of organizing a community based health care and participatory development among rural and tribal population in the Vellore and villupuram District of Tamilnadu, India. A long with its field-based work, CRHSE now also provides training in various aspects of community development, founded in 1978. It provides a self-supporting health system which is simple, inexpensive and appropriate to the needs of the rural and tribal people through education and training of village level workers. Promotion of siddha an indigenous system of health care is a major activity. CRHSE facilities programmes which promote the welfare of women. The landless unemployed and socially oppressed section in the rural and tribal provided to NGO's and other civil society organizations⁸.

A climate needed to be credited for NGO's in the South Central India region to come together informally for the purpose of working together towards a common goal of development. As we know, development does not take place until it becomes a people's movement; it is only through collective action that long-term change can be brought about it is important that NGOs do not continue to develop policies and programmes in isolation partnership will allow the quality of development programmes to be improved and the giver/ receiver model to be replaced by one of sharing.

With this perspective in mind as early as February 1993 in a discussion with some NGOs it was suggested that a south central India Development forum be formed in order to bring together a few development agencies to work together on some common problems employing innovative methodologies. The time had also come for likeminded NGOs to come together for mutual caring and sharing with an overall vision of people based participatory development. Thus was born the collective called South Central India Network for Development Alternatives through the joint efforts of EED formally called EZE, Dr. K. Rajaratnam Rev Prasanna Kumari, Dr. Badal Sengupta and Dr. Bennet Benjamin. The inspiration for a Network to collectively address regional issues also emerged from the previous experience of EED/EZE with the Orissa Drought Action Forum (ODAF). Over the years, this inspiration has been nurtured by the group and today, stands out as a vibrant example of what collective will can achieve⁹.

SCINDEA is a network of 15 NGOs from the South-west district of Andhra Pradesh (2), South-east district of Karnataka (1) and 10 districts of Tamil Nadu (12). Basically they are all field based NGOs Who have been working with communities for the last 10-15 years. The SCINDEA secretariat is strategically located at Yelagiri Hills in Vellore District of Tamil Nadu, The meeting Point of all the three southern states with its registered office in Chennai.

The area however has always been an active ground for NGOs, especially the Christian missionaries. Their efforts have been limited to small geographical pockets within the region and isolated. Moreover the NGOs had meagre access to resources and were therefore unable to cope with the eco-crisis and sustain any people based development. The mushrooming of NGOs in the early part of 1990's pointed to ideological difference amongst themselves with the result that the larger interests of the region started getting ignored. It is in this context, this study entitled. "CRHSE (center for rural health and social education) in empowering Dalit women in Arasalapuram Village was undertaken."¹⁰

OBJECTIVES OF THE STUDY

The main objective of this study is to identify to analyse the role of CRHSE in empowering Dalit women in Arasalapuram Village.

- ❖ To study the initiatives for Dalit women empowerment in Arasalapuram.
- ❖ To Analyses the role of CRHSE in the process of capacity building.
- ❖ To examine the structure and Functioning of CRHSE which activate the process of Dalit women empowerment.
- ❖ To critically analyses and suggest a few measures for the improvement of Dalit women.

METHODOLOGY AND DATA COLLECTION

The main focus of the study is on the empowerment of Dalit women in Arasalapuram Village. Here specific attention is given to study the steps taken by the particular NGO namely CRHSE to improve the social education, rural health care among the village.

The respondents have been interviewed through Interview schedule. The schedule consists of details regarding socio-economic background income generation activities available to them, and the motivation of NGOs and youth organization.

The data consist of both primary and secondary. The primary data includes data directly collected from respondent through interview schedule, observation made during field Visit. Apart from this documents given by CRHSE. Officials, and Pamphlets of Rural Social Educations was also very much useful for this study.

STRUCTURE OF CRHSE

CRHSE was established in 1978 with the aim of organizing a community based health care and participatory development among rural and tribal population In the Vellore and villupuram districts of Tamilnadu, India. Along with its field-based work CRHSE now also provides training in various aspects of community development.

CRHSE provides a self-supporting health system which is simple, inexpensive and appropriate to the need of the rural and tribal people through education and training of village level workers. Promotion of siddha an indigenous system of health care is a major activity. CRHSE facilitates programmes which promote the welfare of women. The land less unemployed and socially oppressed section in the rural and tribal provided to NGO's and other civil society organizations.¹¹

VISION

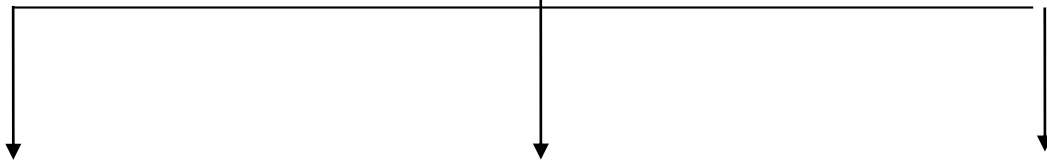
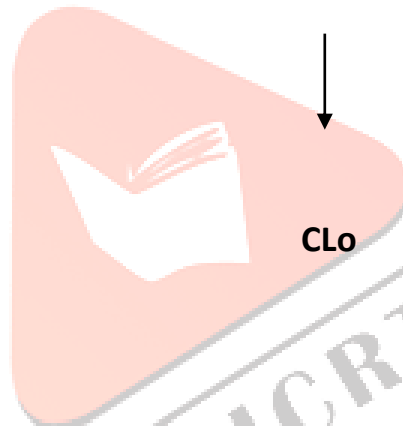
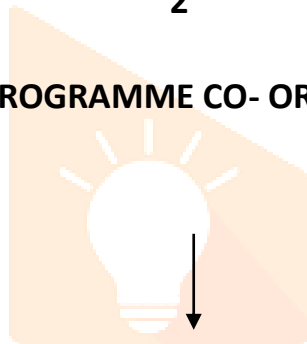
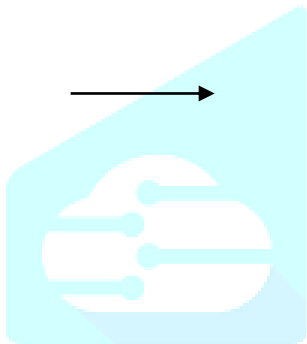
To aim at creating a secular, democratic, egalitarian and sustainable society in India.

MISSION

To promote a self-supporting health delivery system among rural and endogenous people through education and training, which is simple inexpensive, indigenous and appropriate to the need of the community; to directly empower the most disadvantaged and unorganized group. Particularly the women and children.

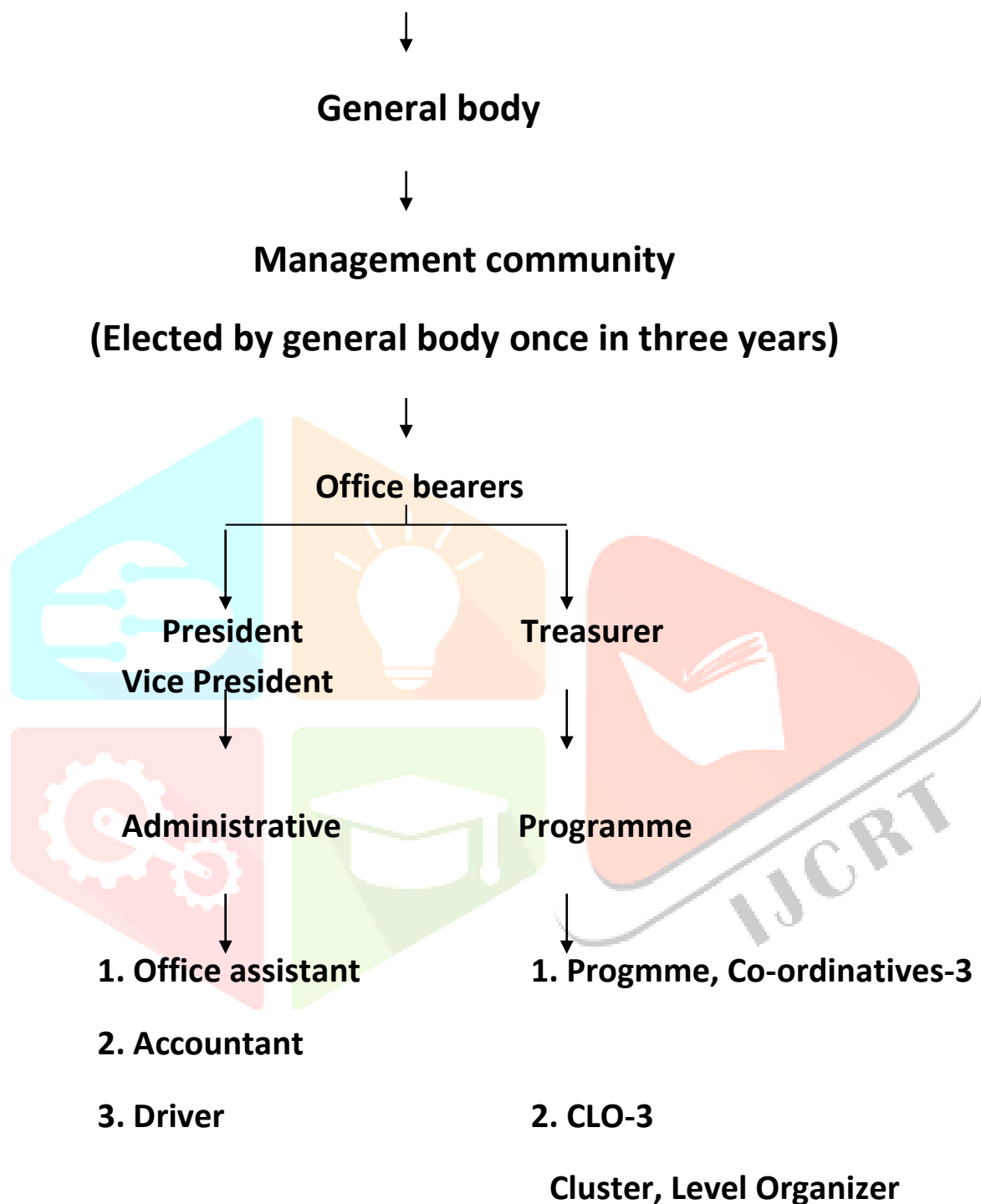
OBJECTIVES

- To promote as self-supporting health system among rural and tribal people through education and training of village level workers.
- To develop a community-based health system which is simple, inexpensive and appropriate to the needs of the communities.
- To evolve programmes promoting the welfare of women, the landless, the unemployed and the socially oppressed in the rural and tribal areas.
- To provide field-based training to students and development workers.
- To participate in programmes which promote a secular and democratic society in India.¹²

DIRECTOR**PORJECT MANAGER-(PM)****1****PCO****PROGRAMME CO- ORDIDATOR****2****3****CLo****CLo****CLo****10 Village -Cluster****10 villager-Level****10 village -organizer****Health Clinic Nemur**

ORGANOGRAM OF CRHSE

PRIMARY MEMBERS OR THE CRHSE



SOUTH CENTRAL NETWORK FOR DEVELOPMENT AITERNAIVES EMPOWERMENT OF COMMUNITIES THROUGH PEOPLE; PARTICIPATION

S.No	NAME OF STAFF	DESIGNATION	PROGRAMME RESPONSIBILITY
1.	Dr. Beneet Benjamin	Director	In charge of overall policy CRHSE, SINDEA programme
2.	Arumugam.S	Accountant	Maintaining accounts & preparation of Financial statement and financial control Programme
3.	Jayaraman.K	Project manager	Planning implementing review monitoring Reporting of the programme & staff co-ordination.
4.	Shanthi .S	Programme Co-ordinator	Community organization, ECO-development Programme, I cluster co-ordination
5.	Annal.J	Programme Co-ordinator	House-Hold programme, socio- Economic Empowerment for woman & youth programme I Cluster Co-ordinator, & T.A. Programme
6.	Minnalkodi.K	Programme Co-coordinator	Community development programme & I Cluster, Co-coordinator
7.	Jothi.S	Cluster organizer 10 Villages	Responsible for implementing all activities & their-home hold programme clusters
8.	Sulochana.N	Cluster organizer 10 Villages	Responsible for implementing all activities & their-

			home hold programme clusters
9.	Mangai.R	Cluster organizer 10 Villages	Responsible for implementing all activities & their- home hold programme clusters
10.	Georage.E	Camus Supervisor	In charge of farming and over all farm maintenance, management and upkeep of the campus
11.	Alli.P	Farm Assistant	Farm maintenance worker
12.	Lilli.J	Farm Assistant	Farm maintenance worker

CLUSTER

- 
- | | |
|-------------------|------------------|
| 1. Nemuer | 6. Narasinganoor |
| 2. Mandagappattu | 7. kundalapuliur |
| 3. Kilnandhhiyaad | 8. Ecchanguppum |
| 4. Arasalapurasm | 9. Ennaayiram |
| 5. Annanagar | 10. Prammathesam |

LEVEL

- | | |
|--------------------|-------------------|
| 1. Chinnathachur | 6. Kayattur |
| 2. Thenper | 7. Vikkiravandi |
| 3. T.Pudhuppalayam | 8. R.C.Melkondhai |
| 4. Poormanagar | 9. V.Saalai |
| 5. Aavadayarattu | 10. Sithani |

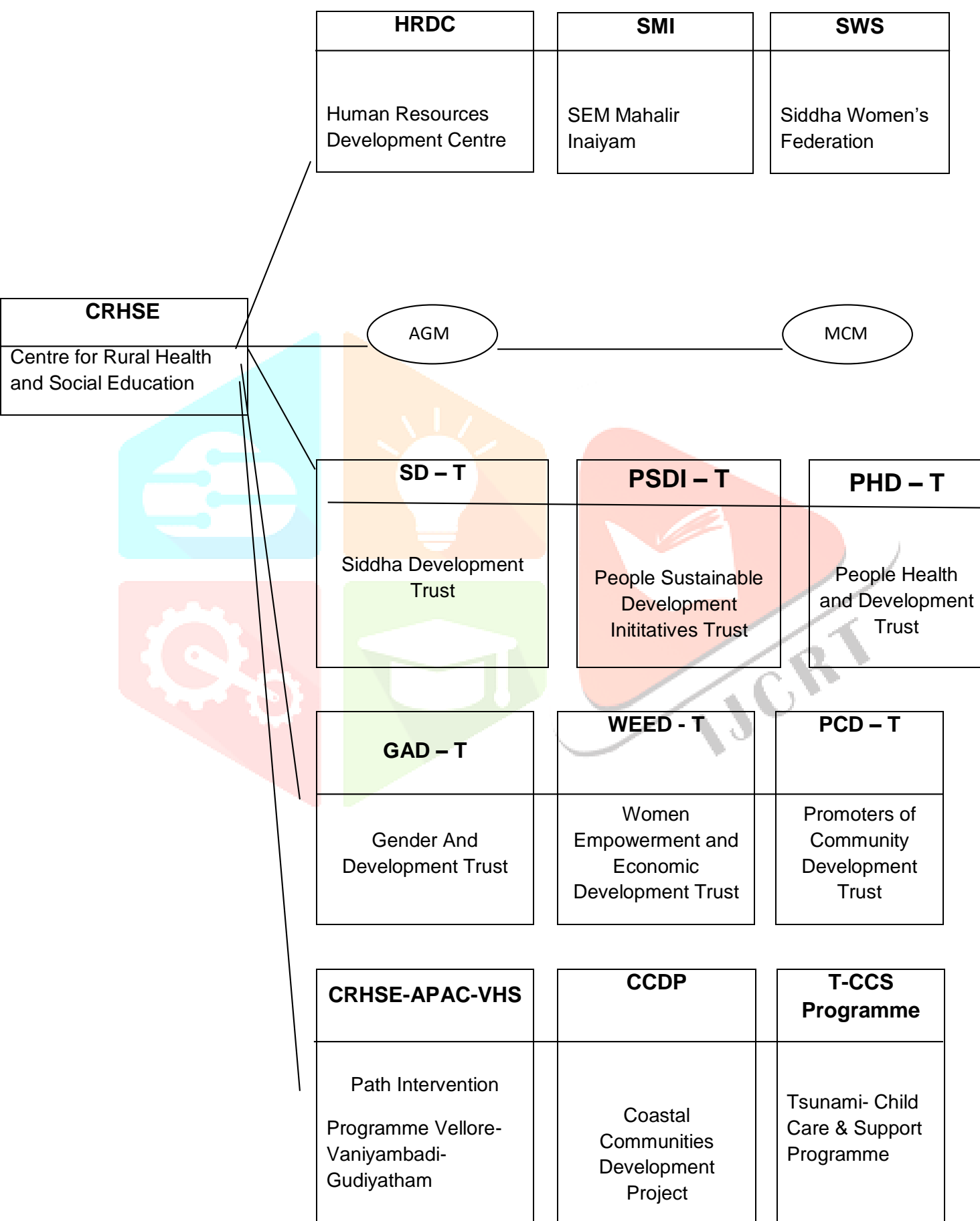
ORGANIZER

- | | |
|---------------------|---------------------|
| 1. Pannaiyapuram | 6. Mundiampakkam |
| 2. Pappanappattu | 7. Kappiyampuliure |
| 3. V.Sattanoor | 8. Orattur |
| 4. Vadakchippalayam | 9. Dhoravi |
| 5. Naddhamedu | 10. Siruvallikuppam |

CRHSE's CONCERNS

Community health; Siddha medicine; community development; youth welfare; legal and environment & welfare; AID's prevention and control; control; coastal communities development; human resources development private and public bus revises operate between Tiurupattur and hills via Jolarpettai junction.¹³

***CENTRE FOR RURAL HEALTH AND SOCIAL EDUCATION (CRHSE)-
COLLECTIVE***



CENTRE FOR RURAL HEALTH AND SOCIAL EDUCATION

- Community – Based health delivery
- Health Education
- Siddha Education
- Social Education
- Environmental Awareness
- Community organization
- Women's Education
- Self-help groups of women and youth
- Saving and credit
- Micro financial I
- Training in skills
- Human resources development
- Communication
- Legal awareness
- Aids prevention and control
- Coastal communities development
- Consultancy services

PROFILE OF CRHSE PARTNERS***Bharath Environment Seva Team (BEST) Pudukottai District, Tamilnadu.***

BEST has been working in the Pudukottai district of Tamilnadu since 1984. It works towards improving the status of rural women and promotes ecological farming and environmental development through them. Income generation and social awareness programmes through non-formal education are also major components.

Community Health and Development Programme (CHDP)-Udumalpet, Coimbatore District.

Since 1983 CHDP has been working to improve the conditions of the tribal and rural people in the Udumalpet block of Coimbatore district, Tamilnadu. Community health and education is the major focus, skill training and income generation programmes for women are also given importance.

Center for Rural Health and Social Education (CRHSE) Triupattur, Vellore District.

Founded in 1978 CRHSE operates in Vellore and villupuram districts of tamilnadu. CRHSE provides a self-supporting health system which is simple, inexpensive and appropriate to the needs of the rural and tribal people through education and training of village level workers. Promotion of Siddha an indigenous system of health care is a major activity. CRHSE facilities programmes which promote the welfare of women the landless, unemployed and socially oppressed sections in the rural and tribal areas. Field-based training is also provided to NOG's and other civil society organizations.¹⁴

Church Women's Center (CWC) Chennai, Tamilnadu.

CWC serves as a center for women in distress by providing counseling for victims of violence and other problems in relationship, short and long term shelter, skill training and sensitization

programmes. CWC endeavors to instill courage, will power and confidence in every women who approaches the center for assistance.

Division of Social Action (DSA) Chennai, Tamilnadu.

Founded in 1979, DSA provides activities for social justice, socio- economic development, health agricultural and leadership development amongst the poor and marginalized in the community with special focus on davits and tribal.

Integrated Fisher folk Development Project (IFDP) Pulicat, Chengalpattu District, Tamilnadu.

Initiated in 1984 IFDP aims to improve the quality of life of fisher folk in 35 villages in Ponneri Taluk of Chengalpattu district of Tamilnadu. The organization focus on preventive health programmes, environmental education, and income generation activities communication programmes and non-formal education. The emphasis is on people's participation and increasing awareness of their rights through the various programmes.¹⁵

Social Unit for Community Health and Improvement (SUCHI) Chittoor district, Andhra Pradesh.

Since 1982 SUCHI has been functioning in the rural areas of Chittoor district of Andhra Pradesh. It works towards people's development through an integrated preventive health and awareness education Programme in six mandals of Chittoor district. Promotion of women's development and vocational training programmes are also given major emphasis.

Slum Women's Advancement Project (SWAP) Chennai, Tamilnadu.

SWAP was initiated in 1983. It works towards people's organization and community development for the urban poor and enables their empowerment in 14 slums in Chennai. It organizes skill training and income generation programmes for the slum women and youth SWAP is also involved in health programmes and weaning people away from social evils through various awareness and training programmes.

Suvisesha Ashram Centre for Rural Education and Development (SACRED) Bididi, Bangalore District, Karnataka.

Established in 1956 and working in Bangalore Rural district, SACRED has a holistic approach to rural development. SACRED aims to empower to women and mound a new generation through gender sanitization and environmental awareness aiming for human justice and equality. Skill training is also part of the Programme towards achieving economic development.

Servarayan Hills Tribal Community Development Project (SHTCDP) Yercaud, Salem district, Tamilnadu

SHTCDP operates in 45 tribal villages in Yercaud Taluk in Salem district, Tamil Nadu. Its emphasis is on organizing the tribal people. They also train tribal in local leadership, communication health and environmental protection.

Quarry Workers Development Society (QWDS) Dindugul District, Tamil Nadu

The organization has been working to improve the awareness levels and living conditions amongst quarry workers in villages of Thenkasi and Shenkottai taluks in Tirunelveli and Dindigul districts of Tamilnadu since 1989. Unionizing of the quarry workers is an important component of the Programme. Accident relief, health education, health care and legal redress are also provided. Additionally, quarrying as co-operative enterprise for self reliance is being promoted.¹⁶

Rural Education and Action for Development (READ) Sivagangai District, Tamilnadu.

READ is a catalyst NGO working with dalits based at Manamadurai in Tamilnadu since 1983. It has extended its rural developmental activities to the neighboring districts of Armandu and Virudunagar covering 125 villages. Empowerment of Dalit women through community organization, women development programmes, community based health and protection of ecology are the core programmes.¹⁷

Rural Women's Development Society (RWDS) Tiruvannamalai District, Tamilnadu

Founded in 1986 RWDS endeavors to change the condition of Dalit women by creating awareness through education and organization in 35 villages in Chengam taluk of Tiruvannamalai district. It has promoted a strong Dalit Women's Movement. Economic and income generating programmes along with non-formal education are implemented in order to make women self-confident and self-reliant.

Village Education & Economic Development Unit (VEEDU) Sevoor, Vellore District, Tamil Nadu

Established in 1985 VEEDU works with marginalized dalit groups for their liberation and development through community health care and education in 23 villages in Gudipala block of Chittoor district of Andhra Pradesh. VEEDU also organizes poor rural women to take up issue based activities and promotes skill training for income generation programmes.

Women's Organization Rural Development (WORD) Namakkal District, Tamil Nadu

WORD was initiated in the year 1988 and works with people living below the poverty line. They include Dalit, children, landless agricultural laborers and small & marginalized farmers. The activities are spread in 85 rural villages of Namakkal district in Tamil Nadu. The core developmental activities include HIV / AIDS, women empowerment. Sustainable agriculture and vocation training. WORD also runs orphanage for HIV / AIDS affected children.

PROFILE OF THE CRHSE**Table Showing Age Group of the Respondents****No: 50**

S.No	AGE	Frequency	Percentage
1	20-30	14	28
2	31-40	16	32
3	41-50	13	26
4	51 and Above	7	14
	TOTAL	50	100

In Arasalpuram village the CENTRE FOR RURAL HEALTH AND SOCIAL EDUCATION is functioning from 1978 year. Many dalit women in this area are benefitted from CRHSE's social service. 32 percentage of Dalit women who are engaged in this belong to the age group of 31-40. 28 percentage of Dalit women who are engaged in this belong to the age group 20-30. 26 percentage of Dalit women who are engaged in this belong to the age group 41-50. 14 percentage of Dalit women who are engaged in this is belong to the age group 51 and above.¹⁸

Table Showing Community of the Respondents**No: 50**

S.NO	CASTE	Frequency	Percentage
1	OC	0	0
2	BC	13	26
3	MBC	5	10
4	SC/ST	32	64
	TOTAL	50	100

In my project this total population of the Arasalapuram village is 1350, in this village there are 450 families. Among 450 families 310 are Dalit families, there are 55 MBC families in this village. More than 64 percentage of people are dalits. CENTER FOR RURAL HEALTH AND SOCIAL EDUCATION the social concern is helping for Dalit people. The highest percentage of 64 percentage are Dalit communities. 26 percentages are BC communities and 10 percent belongs to MBC.

Table Showing Economic Status of the Dalit Women in Arasalapuram Respondents
No: 50

S.NO	Annul Income	Frequency	Percentage
1	5,000	1	2
2	10,000	8	16
3	20,000	30	60
4	Above	11	22
	TOTAL	50	100

My survey reveals that 60 percentage members received the income of rupees 20,000 per annum. 22 percentage members received the income of rupees more than above 20,000 per annum. 16 percentage members received the income of rupees 10,000 per annum. 2 percentage members received the income of rupees 5,000 per annum.

100 percentage improve this economic states, the NGO's and other governmental organizations should come forward to give them training like governmental organization should come forward. Totally their activities will improve this socio-economic status of this Arasalapuram village.

Table Showing Occupation of the Respondents

No: 50

S.NO	Blocks	Frequency	Percentage
1	Monthly Income	3	6
2	Daily wages	13	26
3	Land Owners	9	18
4	Others	5	10
5	Farmer Without Land	20	40
	TOTAL	50	100

In Arasalapuram there is different category of people,

1. Monthly income
2. Daily wages
3. Land owners
4. Farmer
5. without land

In my survey details land less laborers are very high due to lack of educational facilities. They are not getting proper education. So CRHSE the social concern started a “NIGHT SCHOOL “to educate farmer’s children. Land Less Laborers 26 percentage , and land owners 18 percentage and government employees 6 percentage , in that 40 percentage peoples who don’t have land for their own, are due to lack of finance.

Table Showing Details of Daily Wages of the Respondents No: 50

S.NO	Per day	Frequency	Percentage
1	50	5	10
2	100	28	56
3	1500	10	20
4	200	7	14
	TOTAL	50	100

In my study it is proved that 56 percentages of the people are receiving rupees 100 per day. 20 Percentage of the people are receiving rupees 150. 14 Percentage of the people are receiving Rupees 200, 10 Percentage of the people are receiving rupees 50.

The Dalit women work mostly in farmer agricultural land. During harvest season they are getting regular income. But in off-season they are suffering a lot. They are forced to search for other jobs etc., CRHSE is helping and give them regular training to improve their status.

Table Showing Sanitation Facilities of the Respondents No: 50

S.NO	Facilities	Frequency	Percentage
1	YES	31	62
2	NO	19	38
	TOTAL	50	100

Arasalapuram people don’t have a basic knowledge about the cleanness, so CRHSE select 30 village and educated cleanness and basic knowledge of education. Due to unclean environment so many disease like calara, jaundice, malaria, dengue, etc. Are affecting the people. They don’t have basic knowledge of sex education also , in my survey 62 percentage peoples are aware of cleanness and 38

percentage are not aware of cleanness have not knowledge about cleanness are telling that they are not getting water facilities, drainage and savage facilities from the government. So CRHSE is making all arrangements to rectify this defects.

Table Showing Health Facilities of the Respondents No: 50

S.NO		Frequency	Percentage
1	YES	19	38
2	NO	31	62
	TOTAL	50	100

Drainage facilities are not proper in this village, rain water is stagnant in the streets itself. So this village are suffering many diseases due to lack of cleanness. Epilepsy, dengue, malaria etc. spreading one month before a person MURUGESAN age 45 died from disease "Swine Flu" 38 percentage of the village expressed their opinion that there no healthcare facilities. 62 percentage of are people are telling that CRHSE helping us to maintain drainage sewage facilities and there by maintaining healthcare system of the Arasalapuram Village.

Table Showing Details about Public Property Rights of the Respondents No: 50

S.NO	Blocks	Frequency	Percentage
1	YES	28	56
2	NO	22	44
	TOTAL	50	100

In my study 56 percentage of the people told that they can use common properties like to some extent for their improvement. In the year 2000 big violence occurred due to caste problems between high and low caste communities. 56 percentage of people expressed that they have benefited from common properties. They used lakes and ponds for fishing moreover CRHSE is also helping the villages to create peace and tranquility. Among castes them 44 percentages of people expressed like their views that they have no rights in common pond, porampokku lands etc., they have some discrimination. Regarding caste and religion. CRHSE tried its best to compromise. Them when there's difference of opinion between upper caste and lower cost people in this village.

Table Showing Upper Caste Dominance of the Respondents No: 50

S.NO	Dominance	Frequency	Percentage
1	YES	14	28
2	NO	36	72
	TOTAL	50	100

In this village I asked the people that is there any discrimination between High-caste and low-caste they expressed their opinion there 3 types of categories SC / St are not allowed to enter into the temple where the upper caste and caste Hindus are worshipping- but offer the arrival of CRHSE, the problem slowly faded away. Now due to that untiring effort of CRHSE the SC/ST people are allowed to worship are those temples.

SC/ST people are not having proper financial support to utilize their low financial status they are not allowed to wear slippers and they are expected to bend before them and they want to fold their hands also. 28 percentages of Dalit women expressed their views that they are facing problem from upper caste. 72 percentage people expressed that are getting co-operations from caste Hindus.

Table Showing Details about Dalit Associations of the Respondents No: 50

S.NO	Women's Movements Related to CRHSE	Frequency	Percentage
1	YES	36	72
2	NO	14	28
	TOTAL	50	100

In Arasalapuram most of the works are done by CRHSE. They created 30 women organizations. In 30 villages in Villupuram district.

Some of them are:

- ❖ Annai Therasa movement
- ❖ Women's welfare associations
- ❖ Siddha women's welfare movement
- ❖ Kalvi Kendra movement
- ❖ Real age Welfare movement
- ❖ Dr. Muthulakshmi ready institutions
- ❖ Dhulasi women's welfare institutions
- ❖ Public service Welfare movement
- ❖ Sem mahalir association
- ❖ Siddha mahalir inaiyam (SMI)
- ❖ Siddha development trust

In all there, siddha women's welfare association is successfully doing all the welfare works and health services in Arasalapuram village.

At present there are 15 members in this Siddha Women's Welfare Association (SWWA); their names are maintained below.¹⁹

1.Kuppamma	2. D. Gomathi	3. A. Latha	4. V.S. Sheela
5. R.Kala	6.M.Hemavathi	7.R.Devaki	8.S.Selvi
9.H.Sumathi	10.Maheswari	11.A. Anjali	12.S.Deepa
13.R.Ramya	14. A. Rajashwari	15.K.Kavitha	

Welfare association give bank loans and 100 days works to the villages especially for women they give Sped, bond, Iron road and other instrument for the people to do their assigned work.

CRHSE prepare medicines and give it to Dalit people at low prices this was also taken care of siddha welfare association. So this helps the poor peoples to improve their health conditions.

CRHSE took much effort to give education for the poor people the started night Schools through their association. In this way they are creating awareness among the illiterate villages.

Apart from CHRSE, there are some other Associations like working for the welfare of the people.

Table Showing Violence against Women of the Respondents
No: 50

S.NO	Violence	Frequency	Percentage
1	YES	6	12
2	NO	44	88
	TOTAL	50	100

Majority of the people in the village i.e. 88 percentage of them expressed that there was no violence in this village. Only 12 percentage said that they was some violence against women in this area some of them told that they face family problems. Due to dowry and difference of opinions among husband and wife to go for work. Some Dalit women face dowry harassment. Due to the regular habit of consuming liqueur by male member, the women in the family are facing domestic violence. They lost their independence even to go to daily labour work.

Table Showing Equality between Men and Women of the Respondents***No: 50***

S.NO	Equality	Frequency	Percentage
1	YES	37	74
2	NO	13	26
	TOTAL	50	100

In the survey it was proved that 74 percentages of them are enjoying equality with men. The male members in the family consult women before taking any important decisions. But 26 percentage of them said that they are not enjoying equality due to the harassment by the male member in the family. Even women are not getting equal rights in their own assets. Through there are many legislations in favour of women, the women are not aware of them. The NGO's like CRHSE are helping them to create awareness about legal rights of women to maintain their equality.

Table Showing Details About Religious Worship of the Respondents***No: 50***

S.NO	Religious	Frequency	Percentage
1	Masque	0	0
2	Temple	16	32
3	Church	34	68
	TOTAL	50	100

68 percentage of the people are following Christianity 32 percentage of them are Hindus. There is no mosque in this village. Father Bennet Beajamin started CHRSE in 1976 in this area. He is the director of this organisation. Due to his on tiring effort and activities many people in this village. Converted themselves to chrismas. They are doing many welfare activities for the betterment of the people.

Table Showing Festivals and Function by the Village People of the Respondents***No: 50***

S.NO	Festival	Frequency	Percentage
1	YES	50	100
2	NO	0	0
	TOTAL	50	100

In this village people are living very peacefully in my study it is proved that both Christians and Hindu festivals have been celebrated with much enthusiasm.

Table Showing Details about Educational Institutionals of the Respondents
No: 50

S.NO	Institution	Frequency	Percentage
1	YES	36	72
2	NO	14	28
	TOTAL	50	100

As there are only 1350 population in this village the government is not taking any step to bring any educational institutions. There is only one elementary school in this village. CRHSE is helping to improve the infrastructure facilities in this school.

Table Showing Diseases Cured by the Effort of CRHSE of the Respondents
No: 50

S.NO	Disease	Frequency	Percentage
1	Cold	12	24
2	Jaundice	9	18
3	Periods	18	36
4	Stomach Pain	11	22
	TOTAL	50	100

CRHSE took much effort for the improvement of Health Care in this village. Health is an important aspect of human development. An essential ingredient of health is the improvement in the quality of life. The present health care system in India is highly centralized, very expensive, sophisticated, inappropriate, technology oriented and not suitable to the needs of rural and tribal communities with the support and cooperation of the local communities health clinics were organized in the villages to provide low cost health care.

Village Level Workers (VLWs) were selected by the community and trained by the health workers to provide low cost health care in their villages. They were provide with medical kits to take care of simple illnesses. Periodic references training programmes were also conducted for them. They are accountable to their respective communities at the grass roots level and to the health worker.

Community health cells have been constituted in most of the villages to monitor and facilitate the programmes for better and effective implementation. They also maintain a family profile of the community.

Community health programmes include the child-to-child & woman-to- woman programme where in every child & woman teaches another child and woman basic health education and usage of locally available herbs for treating common illnesses.²⁰

Table Showing Youth Benefited From Special Associations of the Respondents**No: 50**

S.NO	Youths	Frequency	Percentage
1	YES	15	30
2	NO	35	70
	TOTAL	50	100

30 percentage of youngsters expressed their views that they have been benefitted by the youth associations like 1.Amedkar mandram, 2.Thirumavalavan mandram.

The quarry workers movement was also started. They helped the local people to solve local problems and organize district and state. Level agitator with regards to main issues that affect quarry workers. Due to their efforts Dalit women workers are able to get reasonable salaries. They are instrumental in releasing-bonded quarry workers.

The Table Showing Details about the Benefits of This Organizations of the Respondents**No: 50**

S.NO	Organizations	Frequency	Percentage
1	YES	37	74
2	NO	13	26
	TOTAL	50	100

74 percentage of the people stated that they have been really benefitted by the CRHS- activities 26 percentages said that they are not willing to involve in this.

SUMMARY AND CONCLUSION

In India, despite huge public investments made since the advent of development planning, we have yet to provide for a large majority of the villages, access to safe drinking water, preventive health care in the form of sanitary and drainage facilities. Many of the basic services, termed “core” services usually belong to the legitimate functional domain of local governments by their very nature of being civil services. Unfortunately the existing status of their services is such that while their standards is the urban sector need “up gradation,” several rural localities do not all have access to these services. In the context of Indian rural sector, there is greater urgency and need for provision of a minimum core of these services rather than up gradation of the services that exist is a few localities. So many NGO’s are working voluntarily to provide basic services accessible to the entire rural population. Various rural development programmers and the normal departmental activities in the development sphere are not integrated.

In the changed globalized scenario today there has been a tremendous growth and multiplication of developmental benefits mainly to satisfy the needs of a volatile middle class who become the target of all development efforts.

Unfortunately, the lot of the poor has not improved and the present day benefit through a market is still a far cry of them. Subaltern communities such as the indigenous people, dalits, fisher-folk, quarry workers and generally the women therefore are largely neglected in the consideration of development planning. But the answer lies not in the advancement of knowledge and productivity but in suitably altering the nature of production be it in the field of health care, education, agriculture, development basic needs, science and technology. It is therefore necessary to bring back or re-introduce indigenous rural technologies to the communities whose life are far more traditional and radical. It is in this context one has to look at SCINDEA's efforts to promote alter native forms of development so that the fruits of development can reach directly to the needy ones. In the last 12 year SCINDEA tried its best empower these communities.

In India, the participation of NGOs in poverty alleviation and in development activities is a widely accepted hypothesis. As the state cannot do everything, it is imperative that the non- governmental organizations should participate in poverty reduction process. (Saxena , 2000) After the seventy- Third and seventy- Fourth constitution Amendment the local bodies are authorized to formulate plans for development of the area and its individuals and to implement different government sponsored programmes. As the local bodies both in the rural and urban areas have the constitutional entities, it is natural that they have greater functions and responsibilities to carry on the tasks. To involve the NGOs in the process of development it is necessary that an environment of mutual trust and respect should prevail for effective integration. The NGO-Panchayat relation in the field of action is very crucial from the viewpoint of achieving something pertinent in our country.

The CRHSE's health and education facilities to the poor people are very remarkable 64 percentage of the women in my study belong to SC community. The CRHSE contributed much for their development. More than 60 percentage of the people in this Arasalapuram villages getting 20,000 rupees income per annum. NGO's and Governmental organizations should come forward to give them training to get employment opportunities. This will improve their socio-economic status. In my study it is clear that 40 percentage of people in the village and landers, Labors and 56 percentage of them are getting below 100 rupees per day as their income. The NGO is helping to provide relief to unemployed poor. The need for planning at various level is to be fully met.

Some suggestions to improve the village system are there is a need to have stationary authority which can ensure higher funds availability at village level. In this regard possibility of localizing tax collection will be a useful measure. Another important suggestion is that the rights of the poor people to use common property resources should be produced. Government, panchayat raj and NGO's should work in this direction.

END NOTES

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¹⁸ *Personal interviews* with the Respondents Arasalapuram Village, Villupuram District, Tamilnadu, May to June, 2016.

¹⁹ *personal Interview with Dr.Bennet Benjamin*, May 10, 2016.

²⁰ *Personal Interview with Dr.Bennet Benjamin*, June 3, 2016.

