Participatory Poverty Reduction: From Malappuram to Kudumbashree, Kerala

Background

Kudumbashree is a women-oriented community-based poverty reduction programme being implemented in Kerala by the state government, with the active support of the Government of India, National Bank for Agricultural and Rural Development (NABARD), and UNICEF. Two bank-linked self- employment programmes of the Swarna Jayanti Shahari Rozgar Yojana (SJSRY), namely Development of Women and Children in Urban Areas (DWCUA) and Urban Self Employment Programme (USEP), provide Kudumbashree with nominal financial resources to encourage beneficiaries of the project to set up micro-enterprises. More than 10,600 USEP micro-enterprises and 685 DWCUA micro-enterprises have already been generated in Kerala and the Kudumbashree project is gaining international recognition as well.

The Objective

The mission statement of the Kudumbashree Project is 'to eradicate absolute poverty in 10 years through concerted community action under the leadership of local governments, by facilitating organisation for the poor for combining self-help with demand-led convergence of available services and resources to tackle the multiple dimensions and manifestations of poverty holistically'.

The Thrust

The thrust of the project was on the following areas:

- Micro-level planning for social infrastructure
- Micro-level planning for economic development through income-generation activities
- Seeking and availing of bank credit for individual and group micro-enterprises
- Demand for improvement in public services especially those relating to primary health, and reproductive and child health, pre-primary and school education, welfare entitlements related to food security and social security
- Readiness to manage public assets like water supply systems
- Public action against social evils like alcoholism, which mainly affects women
- Public action to facilitate the creation of a political space to influence policy-making

The Strategy

Strategies for successful implementation of the project were as follows:

- Facilitating self-determination of the poor families through a transparent risk index composed of socially accepted indicators of poverty through a participatory survey
- Empowering the women among the poor to improve their individual and collective capabilities by organising them into Neighbourhood Groups (NHGs) at the local level, Area Development Societies (ADSs) at the ward level and Community Development Societies (CDSs) at the local government level.
- Encouraging thrift and investment through credit by developing CDSs to work as informal banks for the poor.
- Improving incomes of the poor through upgrading vocational and managerial skills and creating opportunities for self-employment and wage employment
- Ensuring better health and nutrition for all poor families. Ensuring access to basic amenities like safe drinking water, sanitary latrines, improved shelter and a healthy living environment
- Ensuring zero drop-out in schools for all children belonging to the poor families.
- Promoting functional literacy among the poor and supporting continuing education
- Enabling the poor to participate in the decentralisation process through the CDSs as subsystems of the local government.
- Helping the poor fight social evils like alcoholism, smoking and drug abuse, dowry, discrimination based on gender, religion, caste, etc.
- Providing a mechanism for convergence of all resources and services for poverty alleviation
- Collaborating with government and non-government institutions and agencies in all activities related to improving the quality of life of the poor

The Project

Malappuram Model

Malappuram has been identified as one of the most backward districts in India. The district has the highest fertility and infant mortality rates in Kerala. Malappuram has been declared as one of the 90 problem districts in India as the percentage share of families below poverty line in the district was as high as 45 per cent.

Identification of the poor

It was felt that a layman-friendly index based on a non-monetary set of indicators to determine poverty would be more reliable and acceptable. Based on a system of trial and error in Allapuzha municipality of Kerala, a nine-point risk index was developed consisting of the following elements:

1. Poor quality of house i.e. *kutcha* house.
2. Lack of access to safe drinking water.
3. Lack of access to sanitary latrines.
4. Number of illiterate adults in the family.
5. Single income households.
6. Number of individuals getting barely two meals a day or less.
7. Number of children below the age of five in the family.
8. Number of cases of alcoholism or drug addiction in the family.
9. Scheduled caste or scheduled tribe family (i.e., belonging to socially disadvantaged groups).

The households with four out of nine factors were classified as poor. Thus a community-based transparent identification system of the poor was attempted. This index represented significant innovation and a fundamental departure from existing norms.

Organisation of the Poor

So far, poverty alleviation programmes in India have focused on equipping the male head of a household with skill or wage employment so that the family could rise above the poverty line. Programmes have been delivered without any lateral linkages or follow-up appraisals. No attempt has been made to view the target groups as cohesive units and provide a suitable basket of services and schemes. A conscious attempt was made to get over these problems in the Malappuram project.

At the local level, the identified families were organised into NHGs of 20 to 30 families. Each family in the NHG was represented by a woman. These NHGs of women were networked into ADSs at the level of the Ward or electoral constituency. These ADSs were then federated into a CDS at the village panchayat or municipality level. There were also higher levels of networking at the level of the intermediate local government tier, viz., the block panchayat at the district level.

Organisational Set-up

NHG: Each NHG prepares a development micro-plan based on the needs of the members as identified through surveys and discussions. The basic building block of the community-based organisation is the NHG. This grassroots level body democratically elects five volunteers from its members who function as barefoot experts performing the following functions:

a) The President presides over the weekly meetings and imparts necessary leadership and guidance to the group members.

b) The Secretary records the details of the proceedings of the meeting and is responsible for necessary follow-up including motivation and team building.

c) The Community Health Volunteer looks after various health-related issues of the group members, particularly among children, women and the aged, and is responsible for the convergence of various programmes undertaken by the health and social welfare departments.

d) The Volunteer for Income Generation Activities looks after the collection, consolidation and maintenance of books, accounts and registers in connection with thrift mobilization.

e) The Volunteer for Physical Amenities acts as a catalyst for local development by identifying gaps in the availability of critical physical amenities; trying to integrate the resources of various government programmes; and liaising with local government organs for the follow-up of programmes.

ADS: This is formed at the ward level of the village panchayat or municipality by networking NHGs, normally 8 to 10 in number. A Monitoring and Advisory Committee is formed under the chairmanship of the elected member of the village panchayat or municipality representing that ward. Since the ward is the basic unit for laying down priorities for local development, the ADS acts as a lobby of the poor in the preparation of development plans by local governments. The ADS puts together the micro-plans of the NHGs into a 'mini-plan'.

CDS: CDS is a registered non-government organisation (NGO) formed at the level of the village panchayat or municipality and comprising of a federation of ADSs. The CDS is co-terminus with the village panchayat or municipality and prepares development plans at the local government level by consolidating the plans prepared by the ADSs. The CDS is recognised as an agency to which local governments can entrust the execution of small public works through the process of community contracting. The participation and representation of the women of the community, who constitute the core of the NHG model, imparts a gender dimension to the programme.

Informal Bank for the Poor

A major function of the organisation is to act as an informal bank for the poor. Women pool their savings at the weekly NHG meetings. The ADS is authorised to open accounts in banks to deposit the savings. So far in Malappuram, Rs. 2.67 crore has been collected out of which Rs. 2.06 crore has been circulated as loans among the members mainly for immediate needs like medical treatment, educational expenses and repayment of old debts. About 70

per cent of the disbursements are used for consumption purposes or to ward off indebtedness. The remaining disbursements are for economic development activities either for the strengthening of existing activities or for taking up new activities. Since the whole process, and in particular the financial component of the project, is transparent, there has been 100 per cent repayment of loans

Role of Government

The government acts as a proactive facilitator of the programme. At the district level, there is a full-time coordinator for the programme, appointed by the government, who acts as a catalyst without infringing upon the autonomy of the CDS system. A massive capacity building exercise has been undertaken within the CDS matrix.

Major Achievements

The major achievements of the Malappuram Project in the following spheres are:

Environmental Sanitation and Drinking Water

- A total of 5,600 sanitary latrines with the support of the government and local bodies
- 20 bore wells under the Drought Relief Scheme of the government
- 10 open wells under the Drought Relief Scheme of the government
- 53 toilets in schools
- Rural Sanitary Marts in 14 blocks.

Education

- Additional facilities created in pre-primary and primary schools.
- Formation of Mother Teacher Associations (MTAs) in primary schools
- Reduction in drop-out rate
- Remedial education for under-performing students from poor families

Community Health

- Improved use of medical facilities
- Convergence of health programmes
- Universal coverage in immunization against polio
- Reduced incidence of diseases of poverty such as cholera, typhoid, malaria and diarrhoea
- Better outreach of reproductive and child health (RCH) programmes
- Participatory implementation of AIDS control programme

- Opening of Rural Health Depots for First Aid and Oral Rehydration Salt

Micro Enterprise Development

- ❖ 12,322 micro-enterprises set up and assisted through revolving funds.
- ❖ Direct marketing groups selling consumer goods set up.
- ❖ Festival markets organised through group action.
- ❖ Micro-enterprise consultants trained to form a support network.
- ❖ Variety of initiatives ranging from solid waste management to computer centres implemented

Lessons learnt

- Community-based involvement of the poor through simple transparent criteria has resulted in better identification of the poor.
- The organisation of the poor has provided a powerful social safety net against vulnerability The poor now have a well-defined role in public life, particularly in the development process right from the planning stage.
- The Malappuram experience represents the conscious empowerment of the poor through a gender-sensitive process. Also, it is encouraged to take up implementation of public works through community contracting.
- By focusing on the social dynamics of the organisation and by encouraging thrift, the culture of self-help has been inculcated.
- The quality of interventions for reducing poverty as enunciated in the mission statement has improved through the participatory planning undertaken by the system.