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Enhancing Human Development in Sonbhadra District, UP, India

Final paper written for the graduate level seminar:

„DEVELOPMENT FLOWS FROM THE BARREL OF THE GUN“

– NATIONALE ENTWICKLUNG UND DIE FRAGE DER MENSCHENRECHTE AM BEISPIEL INDIEN

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INTRODUCTION

Development. What is development? Who defines it? Which goals should it have? Who should foster, plan and implement development? And last but not least whom should it benefit?

Development is a highly contested concept present in discussions and policies around the globe and yet without an agreed definition among academics, policy makers or the people at large. Marked by the progress-orientated modernization theory that claimed universal applicability, in the 1950s and 60s, the discourse on development today has shifted to a multiplicity of regional and local debates on what development ought to look like (Linkenbach 2004: 1). Governments, societies, ethnic and tribal groups emphasize first and foremost the right of self-determination when it comes to defining the goals and policies of development. Development is claimed to be a culturally specific concept. The insight that there is no single or 'best' path to increased well-being of a people and moreover that people have a highly diverse understanding of what well-being itself means has been very important. A growing number of academics and international organizations, spearheaded by the United Nations¹, however, have come to support the view that there ought to be some universal guidelines to development.

The departure point for these approaches is the concept of basic human needs (Bown 1999: 7). Beyond competing societal and cultural systems drawing on diverse sets of values and ideas, there is a universal agreement that all humans have a right to a life in human dignity (Nohlen/Nuschler 1992: 64). In a first, short-term step this means the satisfaction of elementary material human needs (e.g. nutrition, health, shelter). In the long-term, however, development must go beyond the provision of mere subsistence and physical survival, opening up choices and opportunities for people to live a life they have reason to value. Development, in this view, is first and foremost about individual people and therefore about *human* development. The United Nations Development Programme (UNDP) has made the concept of human development – the enhancing of every person's choices – the basis of its policies. In the 1990 Global UNDP Human Development Report², human development is defined as

“a process of enlarging people's choices. In principle, these choices can be infinite and change over time. But at all levels of development, the three essential ones are for people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living. If these essential choices are not available, many other opportunities remain inaccessible.

But human development does not end there. Additional choices, highly valued by many people, range from political, economic, and social freedom to opportunities for being creative and productive and enjoying personal self-respect and guaranteed human rights.

Human development has two sides: the formation of human capabilities - such as improved health, knowledge and skills - and the use people make of their acquired capabilities - for leisure, productive purposes or being active in cultural, social and political affairs. If the scales of human development do not finely balance the two sides, considerable human frustration may result.

According to this concept of human development, income is clearly only one option that people would like to have, albeit an important one. But it is not the sum total of their lives. Development must, therefore, be more than just the expansion of income and wealth. Its focus must be on people."

Building on this all-embracing and surely ambitious, but in my eyes nevertheless universally to be aspired, definition of human development, the UNDP has constructed the Human Development Index (HDI) to measure human development. The index is a composite summary indicator of development. It aggregates the three elements mentioned in the definition above that are considered critical for assessing the level of human development: **longevity** – the ability to live a long and healthy life; **education** – the ability to read, write and acquire knowledge; and **command over resources** – the ability to enjoy a decent standard of living and have a socially meaningful life.³ Today, the HDI is widely used for measuring and comparing development among countries.

The UNDP largely owes the Human Development Approach to the Economist Amartya Sen who laid down the theoretical foundations for this concept in his works on the 'capability approach'. While Sen has focused on developing and refining a universal framework of thought, the UNDP has used Sen's approach to design concrete guidelines for development policies and indices to measure development, like the HDI, the Human Poverty Index (HPI), and the Gender Equality Index (GEI).

This paper draws on both works. First, Amartya Sen's Capability Approach will be discussed as a truly universal approach to human development. The second part consists of a case study evaluating developmental projects and achievements of a non-governmental organization (NGO) in Southern Uttar Pradesh, India. The NGO's activities will be discussed in the light of Sen's approach and its achievement put in a wider regional and national perspective by using the statistical approach of the HDI. A summary of the findings and conclusions are discussed in a final section.

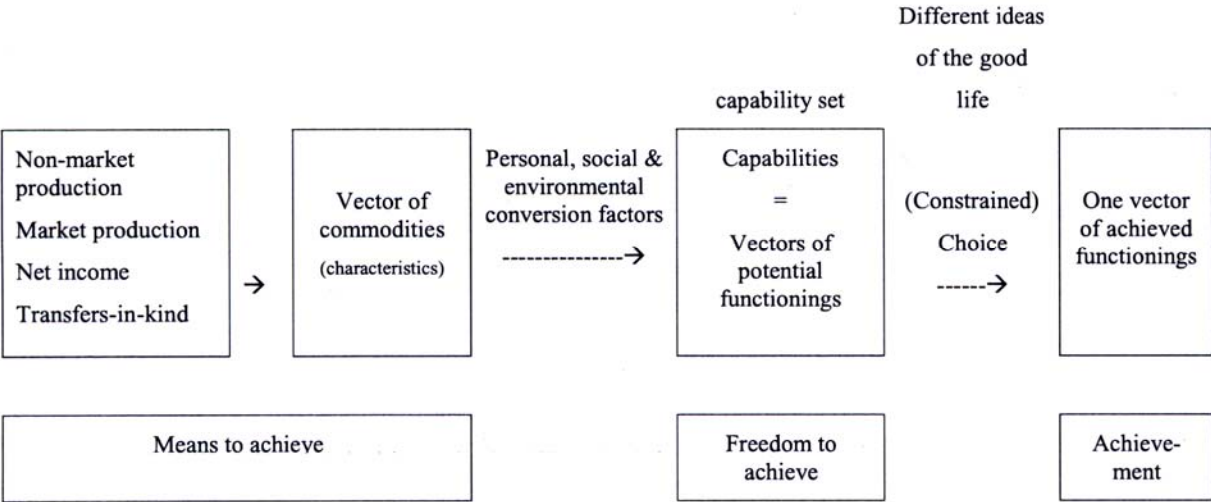
PART 1: AMARTYA SEN'S CAPABILITY APPROACH

The capability approach is a broad normative framework for the evaluation of individual well-being and social arrangements (Robeyns 2003: 5). While philosophical approaches concentrate on people's happiness or desire-fulfillment and many theoretical and practical approaches focus on income, expenditures, consumption or basic needs, the core characteristic of the capability approach is its focus on what people are effectively able to do and to be, that is, on their capabilities. Sen's basic proposition, put forth in his book *Development as Freedom*, is that development should be evaluated in terms of "the expansion of the capabilities of people to lead the kind of lives they value – and have reason to value" (Sen 1999: 18). He argues that in social evaluations and policy design, the focus should be on the quality of people's lives, on removing obstacles and eliminating oppression in their lives on the one hand (negative freedoms) and providing facilities like basic education, health care and a social safety net on the other hand (positive freedoms) so that they have more freedom to live the kind of life which, upon reflection, they find valuable (Evans 2001: 2).

The two major elements of the capability approach are functionings and capabilities. *Functionings* represent parts of the state of a person, in particular the things that he or she manages to *do* or *be* in leading a life – they include being well-nourished, being healthy, being literate, working, being part of a community, being respected, etc. – whereas a person's *capability* represents the various combinations of functionings a person can achieve. Capability is, thus, a set of vectors of functionings, from which he or she can choose one collection, reflecting the person's freedom to lead one type of life or another, to choose between possible livings (Sen 1993: 31;38). The distinction between achieved functionings and capabilities is between the realized and the effectively possible, in other words, between achievements and freedoms. "A functioning is an achievement, whereas a capability is the ability to achieve. Functionings are, in a sense, more directly related to living conditions, since they *are* different aspects of living conditions. Capabilities, in contrast, are notions of freedom, in the positive sense: what real opportunities you have regarding the life you may lead" (Sen 1987: 36). The difference between functioning and capability is best clarified with an example. Consider the following variation on Sen's classical illustration of two persons who both don't eat enough to enable the functioning of being well-nourished. The first person is a child growing up in the South of Uttar Pradesh, in Sonbhadra District, a region periodically afflicted by droughts and famines, while the second person – maybe Mahatma Gandhi – decides to go on a hunger strike to protest the partition of India. Although both persons lack the functioning of being well-nourished, the freedom they had to avoid being hungry is crucially different. To be able to make this distinction, we need the concept of capability, i.e. the functionings that a person *could* have achieved. What is ultimately important to Sen is that people have the freedoms (capabilities) to

lead the kind of lives they want to lead, to do what they want to do and be the person they want to be. Once they effectively have these freedoms, they can choose to act on those freedoms in line with their own ideas of the kind of life they want to live.⁴ (Robeyns 2003: 7)

Another crucial distinction in the capability approach is the distinction between commodities, i.e. goods and services, and functionings. Robeyns has represented the different constituents of the capability approach and the role that commodities have to play schematically:



Source: Robeyns 2003: 12

She explains that commodities are goods and services. A commodity has certain characteristics, which makes it of interest to people. For example, we are not interested in a bike because it is an object made from certain materials with a specific shape and color, but because we can ride it to places where we want to go. These characteristics of the good enable a certain functioning. In the above-mentioned example, the bike enables the functioning of mobility (Robeyns 2003: 12). However, three conversion factors influence the relation between the good and the functionings to achieve certain beings and doings. Personal characteristics (e.g. physical condition, sex, intelligence) influence how a person can convert the characteristics of the commodity into a functioning. To a disabled person or a person who has never learned how to ride a bike, the bike will be of limited help to enable the functioning of mobility. Social (e.g. social norms, gender roles, societal hierarchies, discriminating practices, power relations) as well as environmental characteristics (e.g. climate, infrastructure, public goods) play a role in the conversion from characteristics of the good to the individual functioning. If all roads have large potholes, or if a society imposes a social norm that women are not allowed to cycle, then it becomes much more difficult or even impossible to use the good to enable the functioning. Hence, knowing the goods a person owns is not enough to know which functionings she can achieve; therefore we need to know much more about the

person and the circumstances in which she is living. (Robeyns 2003: 13)

The capability approach does not consider the functionings that a person has achieved as the ultimate normative measure. Instead, it is concerned with people's capabilities, with their affective freedoms to be whom they want to be and do what they want to do. As a liberal philosophical framework, valuing individual autonomy and freedom, one of the strengths of the capability approach, therefore, is that it respects people's different ideas of a good life. The capability approach accounts for diversity in life-style in two ways: by its focus on capability and not achieved functioning as the appropriate political goal, and by the explicit role it assigns to personal and socio-environmental conversion factors of commodities into functionings. While primarily focusing on *individual* well-being, the capability approach, therefore, also acknowledges the normative importance of groups on individual freedom and choice by taking into account social conversion factors.⁵

In line with what has been said above, the capability approach evaluates policies according to their impact on people's capabilities. It asks, for example, whether people are being healthy, and whether the resources necessary for this capability, such as access to medical doctors, clean water, vaccination against diseases, basic knowledge on health issues, etc are present. Or it might ask whether people have access to a high quality education, to real political participation, to community activities, or to religions. For some of these capabilities the main input will be financial resources and economic production but for others it can also be political practices, such as the effective guarantee and protection of freedom of thought, religion or political participation, or social or cultural practices, public goods, social norms, traditions and habits.⁶ The capability approach thus covers the full terrain of human well-being. Development and well-being are regarded in a comprehensive and integrated manner, and much attention is paid to the links between material, mental, and social well-being, or to the economic, social, political, and cultural dimensions of life (Robeyns 2003: 7/8). Within this framework, however, Sen does not prescribe concrete policy advice or a list of functionings that should be taken into account. Instead, he insists that each application of the capability approach will require its own list, since a list of capabilities *must* be context dependent (Robeyns 2003: 37).⁷

From the discussion so far, it is clear that the capability approach attaches great importance to personal choice. This means it belongs to the class of "opportunity-based" approaches instead of "outcome-based" approaches. "The [capability] approach (...) is much concerned with the opportunities that people have to improve the quality of their lives. It is essentially a 'people-centered' approach, which puts human agency (rather than organizations such as markets or governments) at the centre of the stage. The crucial role of social opportunities is to expand the realm of human agency and freedom, both as an end in itself and as a means of further expansion of freedom" (Dreze and Sen 2002: 6). However, there is one main difficulty⁸ regarding the fact that the capability approach is opportunity based. It concerns the question of

how to measure opportunities instead of outcomes. There are a number of reasons why it is much more difficult to measure the capability of a person rather than her realized functionings. While achieved functionings are observable, a person's capability also includes all the opportunities this person had but chose not to take. The capability set thus contains *potential* beings and doings, where it is not obvious how this set should be measured let alone evaluated. Moreover, the transition from achieved functionings to capabilities involves the process of choice. The choice process itself, therefore, has to be evaluated if we want to use the capability approach to judge individual advantage or social arrangements. For all these reasons, almost all the empirical applications of the capability approach – including the case study in this paper – are limited to the measurement of achieved functionings.

Today, the capability approach is applied in a wide range of fields, most prominently in development thinking, welfare economics, social policy, and political philosophy. It can be drawn on to evaluate a wide variety of aspects of individual well-being. It can also be used as an alternative evaluative tool for social cost-benefit analysis or to design and evaluate policies in developed as well as developing countries. In academia, it is being discussed in abstract and philosophical terms as well as used for applied and empirical studies. As mentioned above, in development policy circles it has provided the theoretical foundations for the human development paradigm that is propagated by the UNDP. It is the focus on individual well-being and opportunity enhancement that makes this approach universally applicable. And it is an excellent tool to analyze developmental questions from a distinctly anthropological point of view, as it is not culturally bound to the ideas or values of any nation or culture but takes its starting point at the level of the individual.

Part 2: Banwasi Seva Ashram: Shaping functions, Enlargening capabilities

2.1 Poverty and Human Development in India: Getting Priorities Right⁹

Nearly sixty years ago India gained independence. On August 18, 1947, on being sworn in as the first prime minister of independent India, Jawaharal Nehru called for "the ending of poverty and ignorance and disease and inequality of opportunity."¹⁰ Likewise, Mahatma Gandhi had insisted that India would only become truly independent when the poorest of its people would be free from human suffering. Every major Indian policy and plan since then has expressed foremost a concern with poverty eradication. The *First Five Year Plan* (1951-56) stated that "the central objective of planning in India is to raise the standard of living of the people and to open them opportunities for a richer and more varied life." (1st Five Year Plan 1951: 1) Successive five-year plans continued to emphasize poverty eradication and the attainment of economic equality and social justice as key objectives. The *Eighth Five Year Plan* (1992-97) identified human development as the ultimate goal for the first time. It aimed to create jobs, contain population, eradicate illiteracy, universalize elementary education, and provide safe drinking water and primary health care facilities to all. The *Ninth and Tenth Five Year Plan* (1997 and 2002) reemphasized the importance of focusing on human development.

Since Nehru's first call for the eradication of poverty, several significant changes have taken place in India. The adoption of new technologies, diversified production, and sophisticated management has visibly strengthened the economic sphere. In the social sphere affirmative action for disadvantaged communities, the weakening of untouchability and caste discrimination, and the empowerment of women have strengthened the position of traditionally discriminated groups in the Indian society. On the political front, India has remained a stable democracy with increased participation by its people in political decision-making and a vibrant civil society. In terms of the goal set forth by Nehru and Gandhi, however, India's performance during the past 50 years has been decidedly mixed. Overall, the country has recorded a significant reduction in the intensity of poverty, but it is still far away from truly ending even the most basic human deprivations in some of its states. The following numbers and graphs will give a short overview of the advancements India has made as well as the challenges that still lie in front of the country. Between 1951 and 1996, per capita income more than doubled, food grain production increased fourfold, and industrial production went up 15 times. Still some 36 per cent of the country's population lives below the poverty line.¹¹ The country has achieved self-sufficiency in food grain production and famines have been virtually eliminated. Even so, some 53 per cent of children under four years remain malnourished. In 1951, the country had only 735 primary health care centres. This increased to more than 150,000 primary health centres and sub-centres by 1995. Life expectancy nearly doubled to 61 years and infant mortality was halved to 74 deaths per 1,000 live births during 1951-95. Still, close to 2.2 million

infants die each year. Apart from impressive achievements in higher education, the number of primary schools increased almost threefold. As a result, literacy nearly tripled during 1951-91. Yet almost half the population are still illiterate. (Kumar 1996: 1/2). Still, overall, human development as reflected by the HDI has improved significantly within the last 25 years (see Table 1).

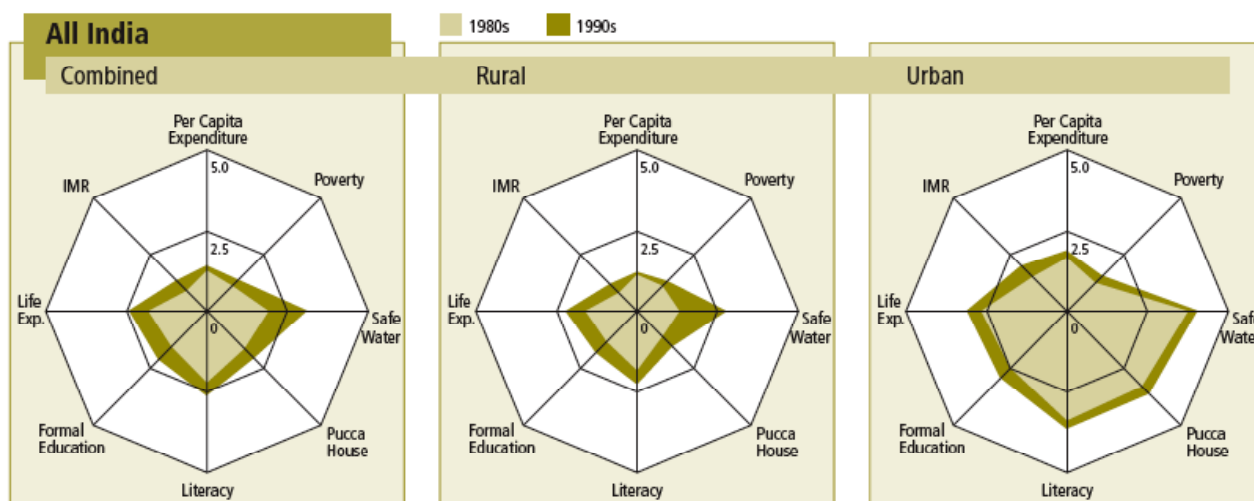
Table 1: Human Development Index for selected Indian states (rural and urban combined)

States/UTs	1981 Value	1981 Rank	1991 Value	1991 Rank	2001 Value	2001 Rank
Andhra Pradesh	0.298	9	0.377	9	0.416	10
Assam	0.272	10	0.348	10	0.386	14
Bihar	0.237	15	0.308	15	0.367	15
Gujarat	0.360	4	0.431	6	0.479	6
Haryana	0.360	5	0.443	5	0.509	5
Karnataka	0.346	6	0.412	7	0.478	7
Kerala	0.500	1	0.591	1	0.638	1
Madhya Pradesh	0.245	14	0.328	13	0.394	12
Maharashtra	0.363	3	0.452	4	0.523	4
Orissa	0.267	11	0.345	12	0.404	11
Punjab	0.411	2	0.475	2	0.537	2
Rajasthan	0.256	12	0.347	11	0.424	9
Tamil Nadu	0.343	7	0.466	3	0.531	3
Uttar Pradesh	0.255	13	0.314	14	0.388	13
West Bengal	0.305	8	0.404	8	0.472	8
All India	0.302		0.381		0.472	

Source: National Human Development Report 2001

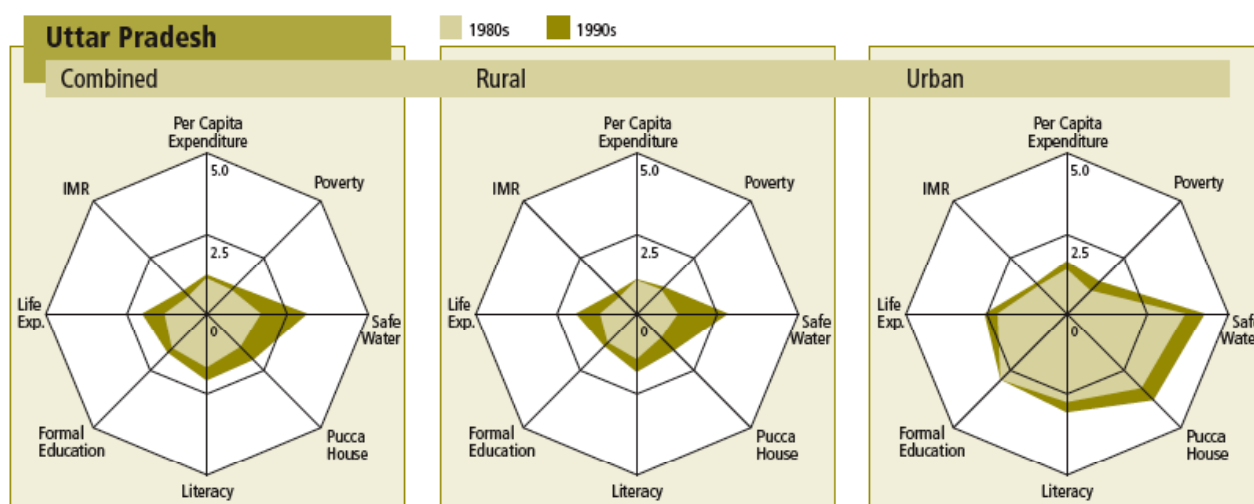
Graphically, development radars – specially developed diagrams for the representation of changes in levels of human development – show a country's, state's or region's advancement in human development in eight dimensions, namely (1) per capita income consumption expenditure, (2) incidence of poverty, (3) access to clean drinking water, (4) proportion of households with pucca houses (i.e. houses made from sturdy material like stone, cement, etc), (5) literacy rate for the age group 7+, (6) intensity of formal education (i.e. school enrolment numbers), (7) life expectancy at age 1, and (8) infant mortality rates. The following development radars give a graphical overview of the changes in human development in India and Uttar Pradesh (UP) for the 1980s and 1990s for rural and urban regions.

Graph 1: Development Radar India



Source: National Human Development Report 2001

Graph 2: Development Radar Uttar Pradesh



Source: National Human Development Report 2001

The Graphs and Table show not only the absolute level of severe human deprivation in rural UP compared to urban UP and India as a whole, but also the fact that there are wide disparities in the level of human development at state level. India today remains a country of stark contrasts and striking disparities. Some states and districts of India report levels of social advancement similar to leading industrialized countries. In other parts of India achievement levels are worse than the average of the poorest countries in the world. The life expectancy of a girl born in the state of Kerala today, around 74 years, is 20 years more than that of a girl born in Uttar Pradesh. In Kerala, less than 15 per cent of adult women are illiterate. In Bihar, Rajasthan and Uttar Pradesh on the other hand, 75 per cent or more women are illiterate. Moreover, there is not only a considerable difference in the level of attainments of people on various aspects of

well-being depending on their place of residence on the Indian subcontinent, but also on their sex and the social group or segment of population (i.e. scheduled tribes or castes) they belong to. In general, therefore, indicators show lower levels of attainments for women, scheduled tribes and castes and people living in rural areas (National Human Development Report 2001: 11). For example, despite the narrowing of gender gaps along several fronts, India is one of the few countries where there are fewer women than men - 927 females per 1000 males – a reflection of systematic deprivation and a strong anti-female bias that pervades society.

The eradication of poverty and deprivation has been one of the few issues on which there exists a strong political consensus. The real issue is not the strong intent to battle poverty, however, but the nature of public action. Much of it has been guided by displaced concerns and misplaced priorities (Kumar 1996: 2). One of these “misplaced priorities” has been an overwhelmingly concerned with *income* poverty. This limited view on such a multifaceted and multicausal phenomenon as poverty has resulted in a gross neglect of other serious forms of human deprivation. “Some of these deprivations are loud and visible – child labour, illiteracy, damaged environments. Others are largely silent but visible – caste discrimination, discrimination against women and girls. Many other forms of deprivations are, to this day, silent and invisible. These include for instance issues of women's health, domestic violence, child malnutrition.” (Kumar 1996: 5) These deprivations are not directly related to income or income poverty levels in any predictable manner. Haryana, for example, is one of the richest and fastest growing states in terms of per capita income. Yet infant mortality at 68 per 1,000 live births is four times higher than in income-poorer Kerala. Rural Andhra Pradesh and rural Madhya Pradesh, for example, both suffer from similar levels of educational deprivation – an illiteracy rate of 64 per cent – the proportion of income poor, however, is 45 per cent in Madhya Pradesh but only 29 per cent in Andhra Pradesh. (Kumar 1996: 5) Income levels often fail to capture deprivations along other dimensions of human life. “All this is not to say that income does not matter. It does, but people often value other things in life much more than income. Even to the very poor, self-respect and a good reputation mean a lot. They often articulate their immediate needs as a good education for their children, access to good health care facilities, and a safe environment. They detest exploitation and discrimination. To most people, to be treated with dignity and respect matters much more than incomes.” (Kumar 1996: 6)

Looking at concrete cases of Indian development planning, another “misplaced” focus has produced highly controversial achievements in the field of development. India has focused its main strategy of development on centrally planned large-scale projects fostering modernization and industrialization. Most prominently, these projects include large dams used for water management as well as hydroelectric power plants and massive open coalmines that are

exploited for electricity production in thermal power plants. While the projects have undoubtedly benefited the urban areas of Northern India, making millions of people in New Delhi better off, they have hurt the rural population in general and indigenous groups in particular. Traditionally living in regions of India with high occurrence of natural resources these tribal people are dependent on the very land that the government seeks to exploit and industrialize. This has led to about 21 million people being resettled in the name of national development since India gained independence (Parasuraman 1999: 9). The predominant majority of these people has not been compensated for their losses in land and income, let alone cultural sights, and many have sunken into poverty. Moreover, the government has so far fallen short of integrating its rural and indigenous population in its plans and policies. They are neither consulted during the planning stages nor integrated in the benefits of these projects – be it the provision of electricity or irrigation water to the immediate surrounding regions or the creation of jobs in those very industries for the local population.

The two examples open up the questions listed at the very beginning of this paper on what development ought to be – solely the increase of per capita income or a multidimensional approach to human well-being? And for whom development should be – for the urban regions, the middle and higher classes, for those concerned with industrialization and modernization or for all the different indigenous, ethnic and caste groups making up the Indian people?

In the light of the above mentioned deficits in development planning and policy, the government of India needs to get its development priorities right. Poverty must not be viewed only in terms of lack of adequate income, but as a state of deprivation spanning the social, economic, and political context of people that prevents their effective participation as equals in the development process (National Human Development Report 2001: 3). Likewise, state-centred development planning and policies focused on large-scale development projects must be designed in a participatory and integrating way. Central planning must be complemented if not replaced by regional and local planning and management to guarantee the participation of those people, whose lives are affected, in the developmental process.

Banwasi Seva Ashram has over the last 40 years consistently used a multidimensional view of human poverty and deprivation to tackle the problems in Southern Uttar Pradesh and follows a truly integrating and participatory approach to development by incorporate the indigenous and rural population into its projects. Further, I will to discuss the work of Banwasi Seva Ashram in the light of Amartya Sen's capability approach and will show how the NGO has made *human* development its greatest goal and is committed to strengthen the functions people can be and do and to enlarge capabilities.

2.2 Banwasi Seva Ashram: shaping functions, enlargening capabilities

2.2.1 A short outline of the history and objectives of BSA

Banwasi Seva Ashram (BSA) was established in 1954 with the objective to promote holistic and sustainable development of the people living in the Southern forest region of the district Sonbhadra in Southern Uttar Pradesh (UP) (see map 1 for geographical details described throughout this chapter).¹² The Ashram's area of operation, the Sonpar area south of the river Sone, has been one of the most underdeveloped regions of India. The tribal people inhabiting this region practiced shifting cultivation and kept large herds of cattle. They supplemented their self-grown food with collected leaves, flowers and roots on a substantial scale. The region only became accessible to outsiders fairly recently after the river Son was bridged and a railway line was laid in 1960. The erection of the Rihand dam in the same year and the subsequent construction of hydroelectric power stations as well as a series of super thermal power stations fed by local open coal mines in the 1980s attracted aluminum, chemical, and cement industries to the region. A modern infrastructure of railway lines, roads, electricity supply, and telecommunication were built and new townships, like Renukoot, with educational and health facilities developed around these industrialized centers. These large-scale projects, constructed in the name of national development by the Indian government, however, did not in any way benefit the local population. On the contrary they meant greater hardship for the people of the area. The people from the flooded fertile Renu river valley of Singrouli, for example, were displaced and forced to resettle on rocky forestland already inhabited by forest tribes. Moreover, the industries of the region attracted rural peasants from other regions to migrate into Sonbhadra District, making the pressure on land and resources even greater. Tribal groups suffered proportionately more as they were ignorant about strategies of exploitation by moneylenders, forest contractors, revenue officials or even the police (Total Literacy Report 1997: 22).

The region today presents a stark contrast between modern and traditional, high technology and simple village life. Forests, fertile soil, and grazing land have been severely depleted. Most of the land is now undulating, heavily rocky, eroded and infertile. Irrigation facilities are minimal and rain fed agriculture fails to provide even subsistence standard of living for most of the population. Periodic droughts and subsequent famines have been a hallmark of this region for a long time and are still not fully contained. The local (tribal) youth and many adults lack the skills to secure employment in the industrial area and there is no appropriate infrastructure for training and educating them in the necessary skills. In the words of Dr. Ragini Prem "the elimination of drought and famine, the development of agriculture and village industries, the provision of suitable employment opportunities for the local people" as well as the promotion of education,

health care, gender equality and awareness building is the need for Sonbhadra District. (Prem 1997: 22)

Map 1: Location of Banwasi Seva Ashram



Source: Hoody 1999

BSA's covers a total area of 4,500 sq km. Its activities are organized in 433 villages with a total population of 513,700 out of which 272,800 are from tribal groups and scheduled castes. The Ashram's initial task was to get acquainted with the people of the area, their situation, gain the trust of the locals and then introduce developmental reforms. It started out with short-term projects in the field of education, health, agriculture and forest based village industries. After a severe famine hit the

region in 1966, the Ashram changed its approach to a long-term strategy based on problem oriented research and activities geared towards making people self-sufficient in terms of their basic needs and self-reliant in managing their daily lives. In 1967 the late Prem Bhai and his wife Dr. Ragini Prem, a physician, took over the management of BSA. It has been their aim to achieve well-being of the people of the region through a Gandhian approach following the ideals of 'Gramswarajya'. "In the philosophy of 'Gramswarajya', every village is conceived as a self-reliant, self-contained community for most of its needs. The villages cooperate and share life with each other with the faith that the welfare of every individual should be the concern of all. This is also accompanied by a concern to preserve the environment" (Total Literacy Report 1997: 21).

BSA set up the 'Agrindus Institute' in 1967/68 with support of various Gandhian Funds and a British NGO. The plan of action, the Agrindus scheme, was oriented towards agriculture and related industrial development. Later, the Ashram's activities were made more comprehensive, incorporating health care and educational projects as well as activities focusing on women empowerment, community organization, and political empowerment.

The Ashram started its experiments in water harvesting, gravity, and lift irrigation schemes along with improved seed and fertilizer use for the development of agriculture. It designed and constructed dams for the conservation of (irrigation) water and dug and deepened wells to resolve the problem of scarce drinking water. To tackle the pressing problem of unemployment it also introduced vegetable and orchard cultivation and used local labor for all its projects. Further, a food for work program and the introduction of village community funds kept people from getting indebted to moneylenders. Along with its economic development activities, the Ashram started a literacy program to battle the rampant illiteracy of the region (a survey conducted in 1968 showed that literacy was as low as 9 per cent!) and educate the local population on more efficient agricultural practices, hygiene and health care rules, and government regulations. Later on, the Ashram formalized its educational program building up schools and education centers. Medical care activities started out with the construction of a clinic at the Ashram's headquarters and subsequent founding of health centers in the region as well as training for local personnel in the field of primary health care. The Ashram has been active in promoting the rights of the local population fighting – and winning – court cases (up to the Supreme Court) to secure land titles and freeing bonded land and labor. The Ashram follows a highly participatory approach in its activities. It has promoted a three tier (village level, village centre level and Ashram level) people's representative organization, Gram Swarajya Sangathan, to promote people's initiatives to community development and implement its programs in close consultation and cooperation with the village committees, the Gram Swarajya Sabhas. As a policy, the Ashram initiates its development programs on a small scale before extending them to other villages as feasible.

The Ashram itself owns 250 acres of land with a demonstration and training farm, a building complex for residents and students, a school, vocational training sheds, a library, several workshops, a dairy, a hospital, a post office, a bank, various shops and a community hall. It truly is like a self-sufficient small village. Besides this, the Ashram runs twelve sub-centers in the project area, each clustering 20-30 villages and having their own training sheds, health and education centers, employing 10-12 trained social workers, doctors and teachers.

BSA is following a truly holistic approach to development in Sonbhadra District, enlarging the local population's capabilities. The above short outline of the Ashram's history and activities has shown that the NGO is active in a wide variety of fields, battling a wide range of deprivations faced by the people of Sonbhadra District. Due to the severe deprivations in that region and the

acute level of backwardness, the Ashram primarily focuses on shaping very basic capabilities, namely sufficient food and water supply, as well as health care and employment. In a second step it fosters education, women empowerment, and political awareness, all with the aim to make the people physically and mentally self-sufficient and able to live lives they have reason to value. An analysis of BSA using the capability approach as a theoretical framework needs to focus on a list of basic capabilities and functionings respectively. The list of capabilities relevant for the people of Sonbhadra District includes the freedom to be well-nourished, well-sheltered, to escape avoidable morbidity and premature mortality, to have command over resources, to work, to be literate, to gain self-respect and respect from others, to avoid exploitation and harassment. Out of this list, I will discuss in detail three functions – being healthy, being literate and working – which BSA strengthens through its activities and will show the impact the NGO has had on the well-being of people in Sonbhadra District. I have chosen these three fields of activities – health care, education and employment opportunities – as they correlate with the three dimensions of well-being of the HDI – longevity, literacy and command over resources. Using the data from my research at BSA and the data of the 2001 National Human Development Report on India in general and UP in particular, I will contrast the status of well-being in Sonbhadra District with the regional and national level.

2.2.2 Being Healthy

For most individuals, living a long and healthy life is a crucial attribute to personal well-being. While good health and a long life are valued attainments in themselves, for most people, the realization of other goals and ambitions – like the ability to do hard work – very much depend on having a reasonable life-span and robust health. Moreover, individuals suffering from ill health may have to devote parts of their resources to mitigate their suffering and only then may have well-being levels comparable with attainments and well-being of healthy persons. Better health also contributes directly to economic growth, as it reduces production losses on account of illness of workers or, potentially, also in terms of higher work productivity for healthy workers. So being healthy and being able to live a long life brings some indirect benefits to individuals or to the society as a whole in enabling the release of resources that, otherwise would be spent on treatment of ill health and ailments, either at the household level or at the level of public health care provisioning. Thus, besides its intrinsic value, a healthy and long life has an instrumental value in attainment of other valued goals in enhancing personal and social well-being. (National Human Development Report 2001: 64)

The relationship between health and poverty is complex, multi-dimensional and multidirectional. Poverty is usually both a manifestation as well as a determinant of an individual's health. In its most basic form poverty – as a state of food deprivation and nutritional inadequacy – has a

direct bearing on the morbidity and longevity of people. In a worst-case scenario, this form of poverty leads to starvation. But already nutritional deficiencies severely affect physical and mental development of children, impairing health and productivity of work. Although India is free of severe famines since independence and has achieved self-sufficiency in food production, with mounting public food stocks at its command, the prevalence of under-nutrition – a condition resulting from inadequate intake of food or essential nutrients, resulting in deterioration of physical growth and health – is wide-spread in the country. Over half of the children under the age of five years in India are moderately or severely undernourished, 30 per cent of newborn children are significantly underweight and nearly 60 per cent of women are anemic.¹³ Life expectancy of the rural Indian population is still below 60 years (59.4 years). In UP the rural population even live 3 years less than that. In 1991 23.5 per cent of the rural population of UP were not expected to survive beyond age 40. Moreover, systematic discrimination against females, girls and girl babies has resulted in a overall sex ratio of 904 females per 1000 males within the total population and the life expectancy of women (55.4 years) to be lower than that of men (57.1 years).

Health care facilities for the treatment of diseases and ailments as well as education about basic rules of hygiene and health care are only part of the solution to longer and healthier lives in India. In many rural parts of India in general and in Sonbhadra District in particular a major key is food security. In the following I will describe the health care activities of BSA, however, it is important to keep in mind that these measures have only had a significant impact on the health of the people in combination with other activities. Most importantly projects targeting: higher agricultural productivity (the introduction of higher yielding crops and fertilizers, as well as more efficient agricultural techniques), supply of irrigation water (drilling of wells and construction of earthen dams) as well as clean drinking water (deepening and drilling of wells) and education (see chapter 2.2.3) and non-agricultural employment opportunities (see chapter 2.2.4).

BSA began its health care program in 1968 with the goal of making people self-reliant in primary health care and motivating them to accept small families. The Ashram focused its activities on three fields: First, the identification and treatment of local health problems and research into indigenous medicines, second, the promotion of basic rules of hygiene and health care through regular health education programs, and third, the establishment of a four-level rural health service.

The main underlying health problem throughout Sonbhadra District is the fact that the majority of the population and especially children are undernourished, i.e. suffer from a lack of adequate food throughout the year. Also, people live of a diet that is almost totally lacking fat and oils and seasonally lacks protein-rich pulses and vitamin-rich green leafy vegetables (Hoddy 1999: 90). This influences the people's growth, delaying puberty and causing an early appearance of

ageing in general and cataract in particular. Moreover, as mentioned above, a chronically weakened and undersupplied body heavily influences a person's productivity, as weak underfed people are unable to do hard work and children are unable to concentrate in school. Additionally, these people are more susceptible to infections and common illnesses and infections often turn chronic. "Ashram workers encountered people with disabling joint pains and chronic pulmonary tuberculosis; endemic malaria manifested itself as anemia rather than high fever; and (...) there were also regular outbreaks of conjunctivitis, scabies, gastroenteritis, diarrhea and dysentery." (Hoddy 1999: 82) Due to the extreme poverty of the local population, it has always been the Ashram's concern to improve people's health and educate them about health issues without making them dependent on expensive outside nutritional supplements or medicine. People are, for example, motivated to grow certain vegetable and fruit in their garden and to add self-grown oils (from sesame seeds, e.g.) and fat to their diet. In line with this approach, the Ashram researches local and indigenous medicines. They not only have shown to be highly effective in treating respiratory, digestive and other diseases, they also reduce the dependence on medicines from the open market, commodities that are relatively expensive and not always available.

The Ashram promotes health care and information on health issues through a wide range of activities and in a wide range of fields. It organizes regular meetings with the local population to brief them on first-aid issues and basic rules of hygiene and health care. Most Ashram staff is trained in treating a number of often-encountered illnesses, like diarrhea, colds, malaria, dysentery, and vitamin deficiencies. The Ashram organizes a health check up for children in all its schools twice a year and uses other campaigns, like the Total Literacy Campaign (see chapter 2.2.3), as platforms to promote health care issues. Finally, the Ashram has built up a four-level rural health service to deal with cases of illness. On the first level so-called village health friends (Swasth Mitra) voluntarily support the Ashram's health care program. They have no particular working schedules but rather are expected to use the knowledge they gain from the Ashram's training courses on a day-to-day basis for themselves, their family and neighbors. Additionally, they are supposed to keep an eye on the health condition and situation in their village and report health problems, such as polluted drinking water or the outbreak of illnesses, to the village doctor. Health friends have made a significant contribution to healthy living conditions of the local population (Hoddy 1999: 88). On the second level, a village doctor – a full-time, paid doctor – is responsible for 15 to 20 villages. The village doctors keep in touch with the health friends to keep an overview of the situation in their region. Likewise, they refer cases they are unable to treat to the Ashram's clinic or government-run health institutions. The Ashram's own clinic operates on a third level. Like all Ashram institutions it serves as a training-cum-health care centre. Its medical facilities comprise a clinical laboratory for blood analysis and the testing of various diseases, like typhoid, and a centre for the treatment of tuberculosis.

The clinic also organizes camps to treat eye diseases like cataract or to promote family planning. For complicated and very serious cases that cannot be treated on the first three levels, the Ashram advises the people to turn to clinics and medical institutions in the region.

The Ashram's clinic and ten village health centers treat between 25,000 and 30,000 patients annually. In general the health care program of BSA has led to a more hygienic life style in the communities and has improved people's health through supplying them with information and education about health issues and providing various institutions that can take care of people in need of medical treatment. People and especially women show greater awareness of the importance of suitable nutrition and good health. These efforts have not only had a direct influence on the health situation of the region – like the marked decrease in nutritional deficiencies and the incidence of diarrhea as well as the containment of epidemics like small pox, scabies, gastroenteritis, and water-borne diseases¹⁴ – but have also led to a reduction of alcoholism, a preference for smaller families, accelerated agricultural development, and increased employment opportunities, since the people are healthier and more productive.

2.2.3 Being Literate

“Education, in the present day context, is perhaps the single most important means for individuals to improve personal endowments, build capability levels, overcome constraints and, in the process, enlarge their available set of opportunities and choices for a sustained improvement in well-being. It is not only a means to enhance human capital, productivity and, hence, the compensation to labor, but it is equally important for enabling the process of acquisition, assimilation and communication of information and knowledge, all of which augments a person's quality of life. Education is important not merely as means to other ends, but it is an attribute that is valued in itself, by most individuals. More importantly, it is a critical invasive instrument for bringing about social, economic and political inclusion and a durable integration of people, particularly those 'excluded', from the mainstream of any society.” (National Human Development Report 2001: 48)

Education is one of the basic components of the concept of human development. The process of education not only provides people with skills like literacy or numeracy but has an impact on many other aspects of life, as it also positively affects the capability of communication and participation in community life. In this sense it alters an individual's as well as community's collective perceptions, aspirations and goals, as well as their ability and their means to attain these objectives (National Human Development Report 2001: 48). Education is thus the best social investment, given the synergies and positive externalities it generates for the well-being of the people (National Human Development Report 2001: 49). After 50 years of planned efforts from the side of the Indian government and states in the field of education, close to 300 million Indians – a third of the population – remain illiterate.¹⁵ According to the 2001 census 65.2 per cent of the population today are literate. There are, however, huge regional and inter-state discrepancies in literacy in the country. The literacy rate for rural areas aggregated for India as

a whole is for example only 59.2 per cent.¹⁶ In UP rural literacy stands at 53.7 per cent with a wide gap between male (68 per cent) and female (37.7 per cent) literacy. With these numbers the state ranks 30th among the 35 states and union territories of India. Looking at rural adult literacy (39.5 per cent)¹⁷ and at the literacy levels for scheduled tribes (35.7 per cent) and scheduled castes (26.9 per cent)¹⁸ in UP paints an even grimmer picture (see Table 2). As Sonbhadra District is a predominantly rural region with roughly half of the population belonging to scheduled tribes or castes, the Ashram works with and for these three groups.¹⁹ Early on, Banwasi Seva Ashram identified education as one of the main pillars to development and change in Sonbhadra District. “Literacy, reading, writing, numerical skill along with the awareness and the initiative to acquire knowledge about changing environment and to acquire abilities to promote one’s own welfare and that of the community, is the basic input required to equip the people to bring about a favorable change in the rural situation.” (Report of the Total Literacy Campaign 1997: 30) The Ashram has followed a highly flexible approach to its educational program to best suit the needs of its different target groups, namely young children, school children and adults. When looking at data on school enrollment (as little as 9 per cent of children in the age group of 5-8 years and 6.7 per cent in the age group of 9-14 were enrolled in schools throughout Sonbhadra District in 1990) or levels of dropout, it soon becomes very clear why literacy levels are so extremely low. There are two main causes for the high incidence of school dropout or the low enrolment: on the one hand many families still don’t value education as a tool that in the long run will enhance their well-being. On the other hand many families don’t send their children to school out of economic considerations, as the children can work in the household or even for wages or they have the task of looking after younger siblings while their parents work. One main objective for BSA was therefore, to give villagers the confidence that education and especially school education for children and youths does not lead to a loss of working hands within the family but it means improved efficiency and reduction of exploitation in the long run. To make the attainment of education easier for the various groups, the Ashram runs its education programs at different times and in different places. Moreover, all efforts to promote literacy are accompanied by programs to enhance environmental and political awareness and teach people about methods and skills in the fields of agriculture and health care, so people are taught things that are relevant for their day-to-day lives.

In 1968, Banwasi Seva Ashram started its *adult literacy program*, which marked the beginning of its educational planning. Under the program, 100 education centers and an equal number of mobile libraries were set up benefiting 107,500 adults. The Ashram designed special schoolbooks relating the learning of the adults to the distinctive environment in Sonbhadra District and the particular life style the people there have. Moreover, teachers instructed the people on new knowledge in agriculture, health issues and motivated them to create village councils – Gram Swarajya Sabhas – to deal with daily problems collectively. Since more and

more children started attending the night schools designed for adult learners, the Ashram started *night classes* – Graminshalas – and several non-formal education centers in 1977/78 for children. In 1989 the number of non-formal education centers had risen to 160. The night schools mainly targeted children in the age group between 9-14 years who would attend these classes after finishing their daily chores within the household. Younger children, however, were unable to attend classes in the evening and also could not reach government run primary schools because of the distance of the schools from their villages. Accordingly, the Ashram started three-hour *morning schools* called Balmandirs for children between the ages of 5-8 and older dropout children. These centers benefit 14.000 children in the region. Despite these efforts, not all people could be reached, either for geographical reasons or because the people simply did not have enough spare time to attend classes regularly. To resolve this problem, literate people were encouraged to create *small learning centers* called Grishalas themselves and teach a small number of illiterates, especially women and girls. In 1969 the Ashram started a primary school on its campus and in 1972 a residential junior high school. Later on a total of six schools were set up in other villages and village centers. 3000 Children are enrolled at the Ashram's various schools. Besides offering its own classes, Banwasi Seva Ashram conducted a survey to assess deficits of government-run schools in its area and subsequently approached the state demanding from it appropriate measures to enhance the functioning of its schools.

Though all these programs showed positive results, they were not sufficient in making a substantial impact on the literacy level of the people in general. In 1990, still only 14,6 per cent in the age group of 5-46 years were literate (Hoody 1999: 68). The rapid industrialization of the region, which took its toll on fertile land fit for agriculture and meant the displacement and resettlement of hundreds of families and with pressures on employment and harassment and exploitation growing, the Ashram decided to start a comprehensive, multipronged campaign to promote total literacy and awareness for the people's rights.

The 'Total Literacy Campaign' was conducted between 1990 and 1996 targeting 89.598 persons between the ages of 5-46 from 212 villages.²⁰ The Indian government and UNICEF cofinanced the project that aimed at imparting 100 per cent literacy (reading, writing and numerical skills), universalizing elementary education, linking literacy with vocational training and generating awareness in social and political matters. The following components were used to reach these aims: (1) Building a favorable environment to literacy and education, especially for children and women; (2) Running educational centers for different age groups (200 Balmandir centers for 5-8 year olds, 200 Graminshalas for 9-14 year olds and one adult education center in every of the 212 villages targeting the 15-46 year olds); (3) Promoting regular functioning of the government-run primary schools and raising enrolment; (4) Development of a post-literacy program to ensure that neo-literates do not lose their newly acquired skills; (5) Organization of the District Resource Unit that trained the personnel involved

in the campaign, produced the learning material used and evaluated the achievements of the campaign periodically.

The 'Total Literacy Campaign' more than doubled adult literacy within the target group (see Table 2), pushing it even higher than the literacy rate of rural UP as a whole (53.7 per cent) and considerably higher than adult literacy rates for scheduled castes and tribes in UP (see Table 3). However, stark contrasts still persist between female and male literacy rates.

Table 2: Literacy rates in Villages targeted through the Total Literacy Campaign

Age Group	1990			1996		
	Male	Female	Total	Male	Females	Total
9-14 years	--	--	12.1%	--	--	--
15-46 years	32.0%	5.5%	19.7%	75.3%	33.3%	55.9%
46 and above	--	--	16.6%	43.9%	9.4%	28.1%

Source: Total Literacy Report 1997; Hoody 1999

Table 3: Literacy rates in India and UP

Group	Male	Female	Total	<i>Data compiled in</i>
India rural (7+)	71.2	46.6	59.2	2001
UP rural (7+)	68.0	37.7	53.7	2001
UP rural (15+)	56.9	20.7	39.5	1995/6
UP scheduled tribes	50.0	19.9	35.7	1991
UP scheduled castes	40.8	10.7	26.9	1991

Source: National Human Development Report 1999

Due to the Ashram's pressuring 50 government-run schools started to function better and showed an increase in enrolment. The shift from Balmandir centers to regular primary schools was so large, that the number of morning schools was reduced to 150 in the last year of the campaign. Most importantly, the attitude towards education has changed among the population, especially regarding education of girls and women. The campaign has created a demand for permanent education facilities in the villages covered by the campaign and a demand for educational projects in the villages not included in the campaign creating positive circumstances for future projects.

The Total Literacy Campaign, however, changed much more than only the levels of literacy. In line with the comprehensive development approach of the Ashram, the campaign was used to spread information on local political institutions, the Panchayat Rajs, on rural schemes made available by the government, on agriculture, forestry, animal husbandry, environmental issues,

health care, and household remedies. This information not only provided the local population with increased knowledge in the above mentioned fields but also had a decisive impact on community life and the people's self awareness. Village meetings have become forums for collective action and community planning and people show a greater concern for community welfare as well as higher willingness to formulate their problems in front of the community and engage in joint efforts to solve them. Moreover, people are taking more interest in the functioning and work of the Panchayat Rajs. On the individual level, people are more aware of their situation and the rights and possibilities they have. They expressed more confidence in dealing with government officers, for example.

The Total Literacy Campaign is a good example of the complementary development approach of Banwasi Seva Ashram. A project geared towards increasing literacy has resulted in changes in many other fields not only strengthening the functions of being literate but giving the people more freedom regarding community organization, political empowerment, legal and political awareness, avoidance of harassment and exploitation and respect from others and self-respect. Moreover, in providing information and education in various fields like health and agriculture, people's capabilities in those areas were enhanced, too.

2.2.4 Being at Work

Economic indicators, such as per capital income or GDP, are usually seen as measuring the means available to people to achieve functionings they have reason to value. In this sense, these indicators are useful in capturing the stock of or command over available resources that facilitate other attainments for individuals and the society at large. Income levels are fairly difficult to assess in Sonbhadra District, as the predominant majority of the population lives off agricultural subsistence. A substantial percentage of the work force, however, is engaged in non-farm activities during the slack season from November to March (Hoddy 1999: 133). In this context especially rural industries assume significance as providers of off-farm employment. They reduce the pressure on the land and simultaneously raise the income levels among the rural population. This not only heightens the income level of the rural population in absolute terms but also contributes to the narrowing of the income gap between town and countryside thereby slowing down the rural exodus to the cities. But not only people in search for off-farm employment opportunities migrate to urban areas, especially high school and university graduates from rural areas are unwilling to return after their education. Part of the solution to both of these problems is the creation of more attractive rural employment opportunities. In the following, I will describe the programs of BSA geared towards training people in Sonbhadra District in various vocations and thereby shaping employment opportunities resulting in higher income levels and hence heightened command over resources.

BSA started its development of village industries in 1968/69 with the support of the Khadi and Village Industries Commission (KVIC) and various donors over the years. The Agrindus Institute started out by setting up a brick kiln, a mechanics' and carpenters' workshop as well as a blacksmith's shop to provide for its own needs. Besides training locals in vocations at these workshops, local youth were trained in the operation, maintenance and repair of equipment used for agriculture and irrigation. Over time, the NGO has expanded into training locals in the processing of cotton, silk and wool, forest-based industries, the processing of materials from animal carcasses, production of bricks, tiles and pottery, as well as various crafts and arts. The different village industries are described shortly in the following.

Spinning and Weaving of Cotton, Silk and Wool: The hand spinning and weaving of cloth on handlooms, using cotton, silk, or woolen yarn is one of the oldest techniques used in India. To Mahatma Gandhi, the spinning wheel represented a complete philosophy of life. In his spirit and with the awareness that hand spinning and weaving provides over 150 times the employment compared to India's modern textile mills, the Ashram introduced its kadhi village industries with the help of the KVIC's kadhi program. The Ashram built training-cum-production centers, workshops, depots, hostel facilities for the workers and other amenities to train locals in pre-spinning, spinning, weaving and post-weaving operations, like tailoring. The annual production of handspun cotton cloth is now between Rs. 300.000²¹ and 400.000 annually, of which most is sold locally at eight Ashram shops scattered throughout Southern Sonbhadra. The total annual sale of cotton kadhi is about Rs. 1.300.000, including purchases from other Gandhian institutions (Hoddy 1999: 139). In 1979, BSA began rearing silkworms and since then has planted over 25.000 mulberry saplings, establishing the growing of silk cocoons in the area. Subsequently, the training of local spinners and weavers began. The Ashram's own silk spinning and weaving unit provides employment for about 15 persons annually. In addition, however, the Ashram has trained 200 families in the region the techniques of hand-spinning. Recently, the Ashram introduced the bleaching and dying of kadhi as well as batik cloth. By 1997, the total silk production was around Rs. 400.000. 50 per cent is sold locally and the rest exchanged for kadhi from other Gandhian institutions. There is a great potential for expanding sericulture. Next to the processing of cotton and silk, the Ashram trains local women in spinning wool and weaving blankets. The women pick up the raw wool at the Ashram and take it home where they spin it to yarn. At the Ashram, part of the yarn is woven into blankets. For many women this offers an opportunity for employment and extra income without having to leave their household chores or the attendance of their children. Today, about Rs. 1.300.000 worth of woolen yarn and blankets are produced annually. Up to two thirds of the production is exchanged for kadhi cloth products from other Gandhian institutions.

Forest-based industries: Between 1978 and 1983 the Ashram promoted forest-based industries and helped to establish them as attractive employment opportunities during the slack

season, mainly by training the local population to collect, process and sell forest-products by themselves instead of working for private contractors and middlemen who exploited them as cheap laborers. The Ashram focused its activities on the manufacture of grass-fiber ropes from Bagai grass growing in the area and the collection of medical plants and herbs. The former employs about 2.000-3.000, the latter about 200 laborers from November to March. The Bagai grass industries were taken over by the Government Forest Corporation in 1983. Likewise, the Ashram put the collection, storage, and marketing of medical plants and herbs in the hands of local contractors once the wages and prices had risen and stabilized.

Bones, hides and leather goods: The traditional skills used in the processing of hides and other materials from animal carcasses did not make the trade a very profitable income opportunity. The task BSA took up was to make people aware that the use of certain techniques can make these activities very profitable. Training programs were organized to teach efficient techniques of flaying and tanning of hides as well as the utilization of by-products. Additionally, cobblers were trained in the making of shoes and sandals. This activity provides seasonal and part-time employment for over 500 people. The promotion of these vocations has turned out to be difficult, however. Traditionally the handling of animal carcasses and subsequently the processing of animal hides and bones was a task for lower castes and a particular group of tribals. People are still reluctant to view tanning as an employment opportunity or even to use bonemeal as fertilizer. The jobs are regarded as unpleasant and unclean and seen as strictly low-caste occupations. In general, all products produced by local craftsmen – at their home or at the Ashram's workshops – are promoted at exhibitions and markets around Sonbhadra District.

As mentioned above, the Ashram trains **carpenters** and **blacksmiths** in the workshop on its own premises. Likewise, the Ashram's brick kiln is used to train people in **making bricks** as well as other clay-based skills like **tile making** and **pottery**. Finally, BSA promotes the production of edible oils, spices, dal, soap, incense sticks, the dehusking of paddy and the grinding of wheat flour. These skills are predominantly for home use and the promotion of self-reliance and independence of the local population. Moreover, villagers can utilize the Ashram's facilities to saw wood or grind grains for example.

From 1983 to 1997 approximately two thousand people received training in a total of 27 vocations from the Ashram. Of these about one hundred remained in the Ashram. The majority, however, has set up their own workshops; others have found employment in villages and towns in the region. It is obvious that these vocations guarantee a regular supplementary source of income for thousands of people and have even made it possible for families to generate savings, thereby heightening the people's command over resources. However, the activities of BSA in the field of rural industries have had wider effects. Many traditionally known skills were made more efficient and other skills taught by the Ashram have made families self-sufficient in

the processing of agricultural products (e.g. flour, spice and oil production). Private contractors or middlemen no longer exploit people, generating independence and (self-)respect. Moreover, the Ashram considers the village industry sector as having vast untapped potential for further employment. On the one hand many industries, like the silk industry, are not working to full capacity and on the other hand many potential industries, like the making of porcelain from local china clay, have not yet been tapped. However, it is important to bear in mind that the village industries are predominantly meant for self-sufficiency and to supplement and complement farming. They rely heavily on the Ashram's network within Sonbhadra District as well as with other Gandhian institutions for marketing – they could not compete with market prices.

PART 3: CONCLUSIONS

Development today can only mean human development – a strategy to increase the well-being of all individuals in a society by strengthening their functionings and consequently enlarging their capabilities. Banwasi Seva Ashram does exactly that. The NGO provides a whole range of means to the people of Sonbhadra District that support them in achieving various functions and ultimately enlarges their choices and freedoms, i.e. their capabilities. The Ashram predominantly supports the achievement of functions by providing training and awareness building in fields, like literacy, health care, agricultural techniques, rural industries, women empowerment, political participation, and legal rights. Additionally, it has created organizations in these fields like its clinic and health centers, the various education centers, workshops and so on that provide the people with services and training. As the above analysis of the activities of the Ashram has shown, the work of the NGO has led to an overall increase of well-being among the population of Sonbhadra District. The strength of the development approach of BSA lies in its complementary activities. No field is targeted in an isolated approach, rather every project is used to promote awareness and skills in other fields. Moreover, BSA focuses on the well-being of every single individual to enhance the situation of the communities as a whole.

The impressive improvements BSA has made in Sonbhadra District – compared to earlier times and the situation in UP as a whole – should not, however, cover up the fact that the situation of the people in this region in absolute terms is still severely underdeveloped. A lot of work still lies ahead of the NGO until poverty and ignorance and disease and inequality of opportunity are truly ended. Moreover, new challenges (e.g. new diseases, pressure from market forces, etc) are constantly opening up, potentially threatening the well-being of the people. The Ashram's system of employment opportunities, production and marketing of crafts relies on the internal trade within the Ashram's area of operation and on external trade with other Gandhian organizations. Neither wages nor prices can compete with market prices. Moreover, the work of the Ashram relies heavily on the population in general and the Ashram's (social) workers in particular believing in and living by the ideals of 'Gramswarajya'. Especially the former point opens up the question how long the Ashram will be able to sustain its current course and method.

Nevertheless, Banwasi Seva Ashram has made an enormous difference in the life of the people of Sonbhadra District and is an impressive example for the improvement of human development through the strengthening of functions and the enlarging of capabilities.

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Personal Notes taken by the Author

Notes taken at meetings at BSA and at interviews with locals in Sonbhadra District.

Notes taken during a lecture of Martha Nussbaum at the Deutsch-Amerikanisches-Institut (DAI), Heidelberg, 10 December 2004.

Endnotes

- ¹ General Assembly Resolution 41/128 “Declaration on the Right to Development” (4 December 1986) at <http://www.unhchr.ch/html/menu3/b/74.htm>.
- ² Definitions of Human Development at <http://www.undp.org/rbec/nhdr/1996/summary/part1.htm>. For detailed information on the Human Development Reports see: <http://hdr.undp.org/>.
- ³ Specific information on the Human Development Index (HDI) can be found at <http://www.undp.org/rbec/nhdr/1996/summary/part1.htm>. To learn more about the statistics behind the Human Development reports go to <http://hdr.undp.org/statistics/>. Also, the National Human Development Report 2001 for India explains at length the different composites of the various human development indicators, their applicability and modifications to assess human development on sub-national levels.
- ⁴ Although Sen keeps his framework of thought very general to make it universally applicable to countries in all developmental stages, he has introduced the concept of ‘basic capabilities’ for the analysis of human development in developing countries in general and poverty analysis in particular. Basic capabilities are a subset of all capabilities; they refer to the freedom to do some basic things that are necessary for survival and to avoid or escape poverty (e.g. being well-nourished, well-sheltered, escaping avoidable morbidity and premature mortality) (Sen 1993: 31; pp.40). The relevance of basic capabilities is “not so much in ranking living standards, but in deciding on a cut-off point for the purpose of assessing poverty and deprivation” (Sen 1987: 109). Hence, while the notion of capabilities refers to a very broad range, basic capabilities refer to the freedom to do some things that are necessary to keep one out of poverty. Basic capabilities are thus crucial for studying the well-being of the majority of people in developing countries, while in affluent countries well-being analysis would often focus on capabilities which are less necessary for physical survival. (Robeyns 2003: 18-24)
- ⁵ It is clear that in real life our ideas of a good life are profoundly shaped by our family, tribal, religious, or cultural background. There are very few children from Muslim parents who end up being Jewish, for example. One could question, therefore, to what extent this is a choice at all, and if we characterize it as a choice, it would still remain a constrained choice. There is very little about these constraints that one could say in general terms, as they are so closely interwoven with a person’s own history, personality, emotions, values, desires and preferences. It is, however, important to question to what extent people have genuinely access to all the capabilities in their capability set, and whether or not they are punished by members of their family or community for making certain life-style choices (Robeyns 2003: 14/15).
- ⁶ A key analytical distinction in the capability approach is that between the means and the ends of well-being and development. To Sen, only the ends (e.g. being healthy) are genuinely important, whereas means (e.g. access to doctors, clean water, etc) are only instrumental to reach the goal of increased well-being and development. However, in reality these distinctions often blur. The importance of the distinction, therefore, lies at the analytical level (Sen 1993: 33).
- ⁷ Martha Nussbaum, in contrast, has used the capability approach to develop a universal theory of the good. Within her theory Nussbaum has put forth a strongly prescriptive list of ten “central human capabilities”: life, bodily health, bodily integrity, senses, imagination, and thought, emotions, practical reason, affiliation, other species, play and control over one’s environment (Notes of author).
- ⁸ For a full discussion on the problems of opportunity based approaches, see Robeyns 2003.
- ⁹ I have borrowed this title from the paper „Poverty and Human Development in India: Getting Priorities Right“ by A.K. Shiva Kumar (1996).
- ¹⁰ For the full text of Nehru’s so often quoted speech given in front of the Constituent Assembly see <http://www.edwardhugh.net/IndiaAthepledge.html>.
- ¹¹ The poverty line in the Indian context is defined as access to minimum calories needed for healthy living (Kumar 1996: 2).
- ¹² The name Banwasi Seva Ashram means Ashram of the forest people reflecting the NGOs target groups and objectives.
- ¹³ All data on health care for India and UP are taken from the appendix of the National Human Development Report 2001, pp. 217-266.

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- ¹⁴ However, new health problems have arisen from environmental pollution and changed consumption patterns. Industrial pollution, for example, has led to an increase in tuberculosis and the use of synthetic cloth causes new kinds of allergies.
- ¹⁵ All the following data on literacy in India and UP are taken from the appendix of the National Human Development Report 2001.
- ¹⁶ The literacy rate is always calculated for ages 7+. Adult literacy is calculated for ages 15+.
- ¹⁷ 56.9 per cent of males among the rural population were literate, whereas only 20.7 per cent women could read. Data on this group is only available for 1995/6.
- ¹⁸ The literacy rate among males of scheduled tribes was 50 per cent, for females 19.9 per cent. For scheduled castes male literacy was 40.8 per cent, for females only 10.7 per cent. Data on these groups is only available for 1991.
- ¹⁹ As the data on literacy rates within the Ashram's area of operation is only available up to 1997, it does not matter too much for the paper's purpose of comparison of state and Ashram levels of literacy that the data provided in the National Human Development report for these groups is only available for 1991 and 1995/6.
- ²⁰ Originally the Ashram planned to cover 200 sample villages in the first year and the rest of the villages in its area in subsequent years. However, the project stayed limited to the first 200 villages.
- ²¹ 1 US \$ equals 44 Indian Rupee (conversion rate May 27, 2005).