WORKING TOWARDS SELF-RELIANCE - THE KIRILLAPONE PROJECT

INTRODUCTION

Creating general awareness, in terms of helping women to make use of existing facilities as well as training them in skills which are marketable, evidently are important facets of any social development programme. Centuries of conditioning have resulted in hesitancy among women themselves to accept a social role other than that of a housewife/mother. The biggest task today, therefore, is to reach out to this group in a manner acceptable to them.

The present case study concerns itself with an integrated programme for the entire community (women in particular) which at first involved itself with the children of the shanty dwellers and later embraced activities for the community at large.

With the ultimate objective of making the slum dwellers self-reliant, the US Save the Children Organisation worked towards setting up a Community Development Society. This Society formed a committee of members selected from the community (including one woman representative) as well as nominees of the US Save the Children Organisation. The main objectives of the Society were to:

1. represent the community in all matters affecting its welfare;

2. improve the social, economic and environmental conditions of the families in the area;

3. strengthen human relations and develop the same through effective leadership among residents;

4. develop self-reliance in the community.

Once the Community Committee was formed, it started to enrol all children over five years of age in schools. Subsequently it concerned itself with the recreational and nutritional problems of the children which involved the mothers. Having generated interest among the mothers, the US Save the Children Organisation started income-generating activities for women as well as activities to improve the general environment of the shanty. In order to ensure the participation of the community, all activities were routed through the Community Committee.

The first part of this case study deals with the brief history of the shanty along with the facilities available prior to the intervention of the US Save the Children Organisation. The second deals with the objectives and work of the Organisation, its impact, constraints and observations.

BRIEF BACKGROUND OF THE SHANTY

The shanty of Kirillapone, situated off the high level road bordering the Kirillapone Canal, has many of the features of the regular shanties of Colombo. Originally a small group of squatters settled on government land bordering the canal. As housing problems became more acute in Colombo, the shanty attracted more settlers largely due to its proximity to the market centre of Kirillapone.

Prior to the entry of any agency on the scene, several facilities were available to the shanty dwellers.

1. The Kirillapone Maternity and Child Health Centre and adjacent to it, the Government Ayurvedic Dispensary. However, few shanty dwellers patronised either this dispensary or the Government Dispensary for Western Medicine. The majority preferred to attend the Colombo South Hospital, situated within a distance of two miles.

2. A number of major schools within the limit of the two-mile radius defined as the residence qualification for admission to school. However, few shanty children had access to these schools owing to lack of money for the purchase of school books and school uniforms. In 1979 24 per cent of the children of school-going age were not enrolled in school. As in most urban centres, there were also a number of private, pre-school nurseries in the area. Their fees were prohibitive, however, and none of the shanty children attended them.

3. Children in the Kirillapone shanty had within easy distance a number of recreational facilities. These were:

   (i) the Kirillapone Public Library;
   (ii) a community centre which had facilities for carrom, draughts, chess, gymnastics, weight-lifting, volley-ball and netball. Sewing classes were also held for girls, while young people (mostly males) used the recreational facilities. Investigations revealed that while a few of the females from the more well-to-do families in the shanty attended the sewing classes, hardly anyone else made use of the community centre;
   (iii) two playgrounds available to residents in the area, one by the library and the other a mile away at the Apex Children's Park on the Havelock Road. Shanty children did not, as a rule, have access to these facilities. Their play was restricted to the immediate area surrounding their homes.

4. The most important consumer service to any citizen of Sri Lanka is the Cooperative Society, where subsidised rice and flour, pulses and condiments (in short supply), cloth, milk foods, soap and other household necessities are provided at government-controlled prices. Five "Coops" served the shanty and were located within 100 to 500 yards of the shanty. In addition,the Janawasema Consumer Service, the Marketing Department, and the Fisheries Cooperation sales outlet were located on the borders of the shanty.

In summary, it may be observed that a number of facilities were located in close proximity to the shanty. However, access to these facilities was controlled by other factors. Tedious procedures, and disparities in income, dress and life-style, inhibited shanty dwellers from availing themselves of the facilities provided by the government and private agencies. It was only in the informal sector that shanty dwellers had access to any real facilities.

Thus, a vital need identified here was to provide links between the shanty and the formal sector. Several factors, however, had to be borne in mind before considering implementation of any programme, for example:

1. The educational level amongst the dwellers was relatively low. 11.3 per cent of the population were illiterate, 48.6 per cent had received schooling up to grade V; 31.6 per cent had been schooled up to grade IX; only 8.2 per cent had studied up to the GCE (Ordinary Level) examination, which is the minimum level of qualification for white-collar employment. Hardly 0.14 per cent had actually obtained the examination certificate.

2. The employment situation was equally bleak. Of the total labour force of 877, 41.6 per cent (357) were unemployed, a figure which included the majority of women, who were classified as housewives but were nonetheless employable; 21.5 per cent (189) were in permanent employment; 31.1 per cent (273) in casual employment; and 5.3 per cent (47) were self-employed. A total of 197, or 22.4 per cent of the labour force, were employed in the informal sector, either as casual hands or as self-employed professionals. Eleven (1.2 per cent) were on the dole.

3. Sanitation and hygienic habits in the area were also far from satisfactory. Two latrine complexes, housing eighteen latrines with separate units for males and females, were situated within a hundred yards of each other. Residents at the further corners of the shanty had erected their own makeshift latrines rather than make the long trek to the municipal latrines. These latrines usually drained into the canal, in which children immersed themselves in order to catch worms which they sold to the aquaria in the city. The municipal latrines were of the bucket-type, and although the regulations required the municipal scavenger service to clean the buckets daily, the service was being performed twice or thrice a week only.

4. In addition to the fact that the shanty dwellings were small and ill-constructed, approximately 41.5 per cent of the households had no kitchen but cooked in the same room in which they ate and slept; 7.5 per cent cooked outside the house, while 37.7 per cent had a kitchen within the structure of the house. Lighting arrangements were inadequate. The majority (71.6 per cent) made use of crude oil lamps; 15 per cent owned hurricane lamps; 13.2 per cent used a combination of both. There was no electricity in the shanty. Residents complained that this raised grave security problems. The deeper one went into the shanty, the greater the risk one faced of being waylaid and robbed. Shanty people lived somewhat primitive lives, perhaps even more primitive than in the remotest village in the rural interior.

Employment of women in the area was negligible, primarily because of their lack of marketable skills. Hardly 22 per cent were employed as labourers, domestic servants, paper bag makers, traders, seamstresses, traffic wardens, and textile workers.

The income of employed women ranged from below Rs.50 to over Rs.200 per month. Their reason for working mainly was to increase the family income, while some worked because their husbands were unemployed.

The majority of women worked outside the home, but expressed a preference for working within the home. The reasons for this preference varied widely; they included convenience, ability to look after one's children while working, social opinion that "a woman should stay at home", pressure of the peer group, disapproval of women working outside the home, husbands' disapproval of wives working outside the home, and factors related to pressures within the

home. Those who preferred to work outside the home cited better opportunities for income as the reason.

The problems of shanty working mothers as a whole showed not much difference from the average Sri Lankan working mother. More than half the women had too much work at home or felt that their children were neglected. Some complained of constant ill-health. Other problems were the lack of satisfactory jobs, training, or education. Among the non-working women, the majority seemed to have had to stop working because of illness, while others had difficulties with household arrangements and a variety of specific personal circumstances such as migration and elopement.

The skills of the women were limited. While 50 per cent were unskilled and expressed a desire for training in some skill which would enable them to earn a livelihood, 10 per cent were skilled in cooking and other domestic work; 16.6 per cent were skilled in sewing; 3.3 per cent in laundering; 5 per cent had weaving skills; 5 per cent were skilled in bookbinding, 5 per cent in batik production and 5 per cent in paper bag production. Of those who were unemployed, 82 per cent expressed a desire to work if employment was available. They identified the main obstacles to their employment as lack of jobs and the disapproval of their husbands.

PROGRAMME AIMS

Considering the needs of the community the US Save the Children Organisation decided on the following overall objectives for its programme:

1. improvement of health and environmental sanitation;

2. systematisation of maternal, child health, family planning and nutritional programmes, and training of personnel for maintaining them;

3. integration of women in community activity;

4. promotion of income-generating activity for women;

5. education and youth recreation activities;

6. training in skills;

7. inauguration of a funeral assistance scheme;

8. election of the Community Committee and directing its activity towards the goal of self-reliance.

Impact of the Programme

Health and Sanitation/Nutrition

At the initial stage of the programme, adequate health facilities were identified as a basic need of the community. Although the situation of the Kirillapone Project area was within a stone's throw of the municipal dispensary, the inhabitants did not have easy access to its readily available services. The mere fact that they were residents of this shanty, a centre for numerous unlawful activities, was the primary factor for discrimination. The unwelcome treatment they were subjected to at the dispensary kept them away from it except in cases of serious illness. Therefore the clinic opened by the US Save the Children Organisation for the community was very well received. Although it may have appeared to be a duplication of a service already in existence, in fact it catered for a much-felt need. Through the clinic a host of other inter-related health problems were solved. The

fortnightly paediatric clinic run by volunteer doctors served all children up to twelve years old in the community. While the clinic attended to all minor ailments, cases that needed specialist attention were referred to Kalubowila and the General Hospital, Colombo. It maintained a health record sheet with the individual medical history for each child.

Although, at the start, this clinic was geared only towards curative medicine, it later became the clinical training ground for the health workers who were selected from within the community. The clinical symptoms, the cause of the disease and the treatment of most cases were discussed at the clinic for the benefit of the health auxiliaries under training. Further, they received lectures on the most common diseases prevalent in the community as well as on other communicable diseases.

To date this health clinic is run on a fortnightly basis with the help of six volunteer doctors and a volunteer pharmacist from the municipality. On an average at each clinic about 100 patients receive treatment. In addition to the weekly clinic, a trained community health worker is mobilised to dress wounds on a daily basis. An average of 40 people are attended to each day. This has helped both young and old in the community. The health auxiliaries who follow up the immunisation of children under the health programme have been able to obtain complete immunisation for 142 children against tuberculosis, diphtheria, whooping cough, tetanus and poliomyelitis.

Through the Community Committee, health auxiliaries and the women's groups it has been possible to instil in the community the importance of keeping the environment clean. *Shramadans* on a monthly basis have been organised, and garbage containers built.

Although the residents deposit the garbage into these containers, the municipality has failed to empty them regularly. Realising what a health hazard this would be, the community has, on many occasions, burnt the accumulated garbage. The health auxiliaries, assisted by the Community Committee, have converted ten bucket latrines into water-sealed toilets, and another ten are in the process of conversion. The new latrines are regularly washed and kept clean by a member of the community whose wages are paid by the contribution made from all households of the area.

The community has provided the means to build a network of surface drains so as to keep the shanty alleys reasonably dry. The campaign for boiling drinking water is slow but steadily gaining ground. At times, it appears to be unrealistic to insist on boiling water when the cost of fuel has spiralled. However, the introduction of the low cost *Lorena* mud stoves has cut cooking costs considerably.

A low level of income and a high level of malnutrition are often considered inter-related. Data available on the health and nutrition status at Kirillapone confirms the necessity of a closely integrated programme of maternal health, child welfare, nutrition intervention and family planning. The programme of health auxiliaries in the community was designed with this objective in mind. Each health auxiliary is given charge of 30-35 households, and is expected to visit them all at least once a week and record observations in a register. Every adult female in the shanty is placed in a family planning target group, except those who have been sterilised or are above 40 years of age. Every child under five years has been given a nutritional health status. Accordingly it is possible to identify those "at risk", so that the health auxiliaries can motivate and educate mothers to remove children from this category. All pregnant and lactating mothers have their haemoglobin levels tested and marked in this register, and these are regularly

checked. These mothers are also included in the "Thriposha" (protein-fortified cereal) nutrition intervention programme. In the case of pregnant and lactating mothers with haemoglobin of 60 and below, action is taken to improve their condition. After identifying family planning target groups, women are motivated to accept a method. A pregnancy history record, a record of attendance at pre- and post-natal clinics as well as at the family planning clinics is maintained.

Apart from the direct functions involving health, nutrition and family planning, health auxiliaries are able to identify people with specific needs and direct them to the subsidies available from government departments - disabled old people have pleaded for public assistance, partially blind women and children have applied for spectacles, destitute women have appealed for homes for their children, alcoholics have been referred to Alcoholics Anonymous and tubercular patients have been helped to obtain the special living allowance available to them.

To supplement their training in recording and monitoring the health, nutrition,family planning and welfare activities in the community, health auxiliaries are given comprehensive training in all aspects of preventive health, maternal and child health, infant feeding, and personal hygiene at the Hospital for Children. Subsequent to this they attend a series of lectures on child care and nutrition conducted by a doctor. In order to link the services of these trained personnel with the municipal health programme, the health auxiliaries now assist the matron of the Kirillapone Municipal Clinic.

The nutrition intervention programme originally initiated for children under five years has been extended to children from five to twelve. At the start "Thriposha" packets were distributed to malnourished children and to pregnant and lactating mothers. Soon it was discovered that this protein-fortified cereal was not being consumed by the target beneficiaries. Instead it was being sold in the open market. As a remedial measure it was then decided to distribute a prepared Thriposha meal on a daily basis which could be consumed on the spot. At first, some mothers were hostile as they felt the pinch of losing a source of income, but soon the health auxiliaries on their home visits were able to convince them that this meal had become more wholesome with the addition of other ingredients. Through the womens' groups, mothers were also coaxed to prepare the meal along with the health auxiliaries. This was mainly to motivate and train mothers as well as to acquaint them with the nutritional activities. The ultimate objective was to transfer the entire programme into the hands of the mothers. At present three mothers participate in the preparation and three in distribution. Daily 13 babies, 623 children, 86 lactating and 21 pregnant mothers are fed at a total cost of Rs.135 per day.

Integration of Women in Community Activity

The heavy burden of work and multiple roles of women have always been deterents to their effective participation in community development programmes and in decision-making at all levels. On the whole, the integration of women in development is a gradual process. But once they are integrated the entire society benefits.

In Kirillapone, the first steps taken in this direction were to organise women's groups and give representation to women on the Community Committee. They ensured women's participation in the planning of activities which could be later ratified by all members.

An important decision taken by the Community Committee was to provide loans to women who wanted to start an income-generating activity. A number of women thus obtained loans for making string hoppers, crochet lace, pillow cases, garments, etc. In several cases, owing to the poor quality, the women did not find it easy to market the products. Others could only earn a marginal profit but every encouragement was given to get them off the ground. The primary strategy was to promote income-generating activity through training and organising cooperative activity.

Income-generating Activities

As a result of a need expressed by the women, a sewing class was started. Here, women received training in dressmaking and embroidery. At present 20 women are undergoing training. This is likely to be expanded within the next few months to accommodate manufacture of school uniforms on a cooperative basis. So far twelve women have received training in Juki machine operation and fourteen in batik techniques. Very many of the Juki trainees have found employment while the batik trainees have failed to do so.

In the sphere of medicine, eight women are being trained as nursing aides at Lady Ridgeway Hospital for Children. This training will come in good stead for them to find employment in private hospitals as attendants. Out of the nine women originally enrolled for training in pre-school teaching, three have dropped out on finding other employment; five completed their training course at Visaka Nursery, of whom one was absorbed into the same institution on her performance; two were selected to undergo special training in a reputed institution on different methods of teaching children under five years; and two are being trained at "Bethlehem" - a creche run by the nuns of the Central Convent, Borella. These women will staff the day care centre to be started at Kirillapone.

Education and Recreational Activities

During a baseline survey, it was brought to light that a large number of children of school-going age, five to fifteen years, were not attending school owing to economic constraints and the ignorance of parents. Sixty-six such children were identified; their prerequisites were supplied, and they were admitted to a recognised school. About ten of them dropped out at the end of that year. The older children who were admitted to school for the first time were too old and obviously did not fit into the grades they were admitted to. The drop-outs on this account could be helped through a functional literacy programme. At the beginning of this year another 58 were admitted to schools. This brought the percentage of school-going children to a total of 83 per cent (the national average is 80 per cent). Every school-going child below twelve years was supplied with materials for a uniform, and all school-going children were given school books (exercise books, pencils and other requirements) twice a year. This welfare measure was a source of strength and encouragement to both children and parents, and is expected to be continued by a revolving fund maintained by the Community Committee.

There have been numerous requests for special English classes from adults and children and also from the sponsors. Adult classes were postponed for lack of teaching material and trained personnel. However, a selected group with education up to grade 9, 10 and "A" level has been incorporated into the week-end English classes conducted by the Department of Education. There are thirteen students attending these classes. This provides them with an additional qualification to secure employment. The tuition fees of Rs.10 per student are borne by the US Save the Children Organisation.

The pre-school trainees, health auxiliaries and nurse aides were handicapped without a working knowledge of English. To help them, a special English crash course was started and is still being continued. Special English classes for all children between five and thirteen years were inaugurated to help all sponsored children to learn English. These classes are of a more formal type but give individual attention to children to help them understand what is taught in school. Each child gets two lessons per week. Two teachers and a volunteer conduct the classes.

Young people, being the backbone of the community, have been roped into many activities to help them improve their mental growth potential, stimulate their talents and skills, and prepare them for productive and fulfilling lives. Open Cub Scout and Boy Scout troops have been formed, and Scout leaders have had their phase I training. A Girl Guide company is in the process of being formed.

Volunteer students from the UN Students Organisation of the Samudradevi Balika Vidyalaya, Nugegoda, conduct a story hour for all children in the shanty every week. This programme has become very popular among children.

Kandyan dancing and Hewisi band classes have drawn children in large numbers. The first opportunity they had to display their talents was the combined celebrations held on account of US Save the Children Day and the traditional New Year festival. Their performance on this occasion clearly showed that the opportunities afforded them had been made full use of.

Training in Skills

The first ever training programme was in association with the Intermediate Technology Development Group of the UK. The low-cost roof-sheet production and brick-making so started have now reached very high levels of technical skill and expertise. So much so that one member of the roof-sheet team was selected to go to Bangladesh to train people in this new skill. It is intended that after the housing project is completed a cooperative will be formed through which the products will be marketed and the profits shared. Thirty men and women have so far been trained in masonry and carpentry. The masonry trainees have worked on the housing models and constructed the network of surface drains, garbage containers and all other construction work in the shanty. Some of these trainees have shown great promise and are able to handle assignments by themselves. With the implementation of the housing programme more hands will be trained. Apart from the training provided at the project site, youths have been sent for training courses in welding (Ceylon Oxygen Company), fitting and motor mechanism (German Technical Institute), and a special course in carpentry (Department of Small Industries, Pemunuwa).

Social Activities

The establishment of a Funeral Assistance Society was solely due to the untiring efforts of the Community Committee. Here, the members are expected to pay an enrolment fee for membership and a monthly subscription thereafter. This entitles them to receive a sum of Rs.700 by way of funeral expenses at a family bereavement. This has been a great achievement for the community.

With the inauguration of this society the members get an opportunity to operate a bank account and handle a considerable amount of money. This really has been a test of their honesty and readiness to shoulder financial responsibilities. There have been eight deaths in the community since the society went into action. In each case the office bearers displayed a high sense of diligence, integrity and responsibility.

Community Committee

A unique feature in this programme is the community participation through a legally elected body. This executive body consists of a president, secretary, treasurer, assistant secretary, assistant treasurer, area representative in respect of each area (five in number), and a women's representative.

The entire community is very enthusiastic about electing their own representatives. The present Committee has proved to be better than the Committees of previous years. It has initiated the settling of community disputes at the combined meetings of the Community Committee/US Save the Children staff. This has been a great breakthrough in the policy planning and decision-making ability of the Kirillapone community. This year US Save the Children Day cum New Year celebrations were handled solely by the Community Committee and they were a great success. This has proved beyond doubt their organisational capabilities, collective responsibility and high sense of discipline. The public image they have created in the area has brought them considerable donations. This has made it possible for them to give away challenge cups and shields for special events, and also a small token for each participant. This is considered an encouragement for greater participation in the years to come. The confidence with which they handled this entire event, and its budgetary formalities, are assurances to the US Save the Children Organisation that they are on the right track towards self help.

FUNDING AGENCIES

The financial support to the organisation comes from America. A unique system operates here. Each Sri Lankan child enrolled by the US Save the Children Organisation has a pen-friend in America who is expected to support the welfare activities of the child. In addition, private donations from the USA are frequently forthcoming for various other activities.

CONSTRAINTS AND OBSERVATIONS

To a certain extent, lack of finance appears to be a factor preventing the organisation from expanding its activities. However, it is hoped that the success obtained might induce other organisations to join hands in giving the required support.

The basic handicap to creating a feeling of self-reliance among women is the absence of a proper marketing structure for the sale of their produce. No quality control is being exercised, and there is no assurance that their goods will find a ready and steady market. This handicap could perhaps lead to the women losing interest in the programme. Observation reveals that in respect of social awareness and physical health, the inhabitants of the area have benefited considerably. In fact, wherever their rights were being denied, the women were able to act as pressure groups in bringing about redress from the authorities concerned.