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REVIEW OF A Child-To-Child PROPOSAL BY OSSI

Report Prepared for IDRC, Health Sciences

Elizabeth Driscoll

Amitav Rath

Policy Research International, Ottawa

February 1994

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1.0 TERMS OF REFERENCE

The firm shall undertake a review of the proposal entitled "Innovative Health Education in Schools (India)" which has been submitted by the Orissa Social Service Institute (OSSI) for possible funding by the Centre. Specifically, the firm shall review the stated objectives and methodology in terms of:

- a) the feasibility of achieving the project objectives and of achieving coordination among the various educational institutions;
- b) the capacity of the principal investigator and his team to carry out this project with regard to methodology, ability to coordinate, analysis and financial and general administration;
- c) submit a detailed and satisfactory report of the work done. The report shall also include a summary of discussions with the principal investigator and key people listed in the proposal.

1.1 ORGANIZATION OF THE REPORT

The report is organized into five main sections. In section two we provide a brief background report on the socio economic profile of the state of Orissa and the character and nature of NGO activities in the state of which OSSI is one. A profile of the research institute and the principal researcher is provided in section three. The fourth section provides an overview of the Child-to-Child methodology and then discusses the specific project which is proposed by OSSI together with the major comments made to improve the project design. The final section contains the findings from the discussions with OSSI staff and various people at the project site.

Annex I provides a schedule of the meetings related to this activity. Annex II provides a number of documents from OSSI including the annual report and financial statements.

2.0 SOCIO ECONOMIC BACKGROUND ON THE STATE OF ORISSA

The state of Orissa has a population of 31 million (1991 Census) in an area of 156 thousand Km². It is bounded by the states of Andhra Pradesh, Madhya Pradesh, Bihar and West Bengal, and by the Bay of Bengal on the east (See Map).

The state has a total literacy rate of 48.5% (1991 Census) compared to the all-India average of 52.1%. The literacy rates for males is 62.3% compared to the all-India average of 63.8%. But female literacy is much lower at 34.4% (39.4% all-India females). See attached Annex I for more details.

Orissa has a Scheduled Caste (SC) population of 14.7% and a Scheduled Tribe (ST) population of 22.4%. The population belonging to these groups is generally more economically, socially and politically disadvantaged as compared to other groups in the mainstream. For instance, the male and female literacy rates are only 35% and 9% for the SC population and still lower at 23% and 4% for the ST. This is an issue of special interest to this project as the predominant population in the project site belong to the SC and ST groups.

"Orissa is one of the most backward states in the country" (UNICEF, 1991). The per capita income in Orissa has remained at around 61% of the all-India average in the period from 1979 to 1989 (UNICEF, 1991, p. 24) and is ranked 15th among the 16 major Indian states in per capita income. Approximately 79% of the labour force is engaged in agriculture and cultivation. The industrial and service sectors are underdeveloped. Different studies (Dandekar and Rath, 1974; and the Planning Commission) estimate that between 45 - 70% of the rural population have income below the poverty line. The

Seventh Plan (1985 - 1990) documents estimated that approximately 90% of the SC and ST population have incomes below the poverty line. Information on poverty incidence in different sections of the population and different regions of the state are not readily available.

The low economic conditions of the poor in Orissa reflect upon their education and health status. Malnutrition among children using the Gomez classification is estimated to be moderate for 36%, while 12% are severely malnourished. The practice of weaning foods is almost non-existent. The infant mortality rate has remained constant over the past decade at the relatively high levels of 130 per 1000 live births. In a comparison of health status of children in eight states, Orissa ranked first in the prevalence rates for all diseases (UNICEF, 1991, p. 120). In the sphere of education, the age specific enrollment rate for the age group 6 - 11 is 69% and among those enrolled, only 48% of boys and 40% of girls reach grade 5. The non-participation rates are higher in rural areas, for girls and for SC and ST groups. The above illustrate the need for development support in the areas of health, education and employment generation. The first two are important components of Child-to-Child programs and therefore the region could benefit from such a project.

An encouraging trend is the growing concern for the welfare of women and children at all levels (UNICEF, 1991, p. 121). The "National Policy on Children", the "Perspective Plan for Women" and the "New Education Policy" are significant new initiatives. These programs aim to integrate and coordinate the health and educational services with related infrastructure and with employment generation programs. But as yet coverage remains inadequate and coordination of a host of government agencies creates implementation problems.

A program of special significance for women and children is the Integrated Child Development Services (ICDS). The ICDS program began as an experiment in the late 1970s. The initial program covered 8000 children and currently almost one million children are covered by the program. The ICDS program aims to provide a package of service aimed at children below 6 years of age and nursing mothers. The services include supplementary nutrition, immunization, health check ups, referral services, nutrition and health education and nonformal preschool education.

Of these components naturally the supplementary feeding, immunization and the health check ups have been more popular among the recipients in comparison with the educational components whose benefits are longer term in

nature.

Women in Orissa suffer from a number of disadvantages. One of them is access to education. Female literacy rates are generally half that of males but is much lower in SC and ST populations. In the past 25 years, female literacy has increased threefold in the areas economically more advanced while it has remained unchanged among the SC and ST population (UNICEF, 1991, p. 86). There are a number of other economic and social forces which contribute to the poorer status of women in general. In order to counter these disadvantages most development programs have a stipulation that at least 30% of the beneficiaries must be women. There is also a special program, the Development of Women and Children in Rural Areas (DWCRA), exclusively oriented towards women to mobilize them into groups for savings, loans, production and marketing. The program holds much promise and has had mixed success to date.

The above suggests not only the need and value for Child-to-Child projects in the State but also that there are a number of related, supportive and complementary programs underway. Thus the conditions are good to begin Child-to-Child programs.

2.1 NON-GOVERNMENT ORGANIZATIONS (NGOs)

Social work in Orissa was initially started by Christian missionaries who concentrated on the tribal areas and provided education and health services together with religious instructions. Another tradition grew out of the inspiration provided by Mahatma Gandhi during the struggle for independence. A third tradition of alternative grassroots development initiatives have sprung up in the seventies and eighties with the rise in education and social awareness. Most of the latter groups are less than a decade old. UNICEF estimates that there are approximately 300 organizations working in the state of which approximately 80 may be classified as social action groups.

Many of these groups are involved in creating awareness among people regarding available programs and in helping disadvantaged groups take advantage of the programs. Many are involved in partnership with the government in program implementation. According to UNICEF, NGOs in Orissa have been specially effective in alternative energy development, social forestry, and environmental related work but have been less active in the health area which is emphasized by NGOs in other parts of the country. Many are involved in education programs for children and adults. But "there is little documentation of their impact" (UNICEF, 1991, p. 196). There is also less information and activities relating to women. It is suggested (UNICEF, 1991, p. 107) that considering the situation in Orissa the most important roles for NGOs should include:

- Supplementing the existing programs of the government
- Providing increased information, awareness and demand for the programs
- Reviewing and restoring traditional health practices
- Training village health, education and development workers
- Increasing knowledge, awareness and practices of immunization, clean water, breast feeding, weaning foods, prenatal and postnatal care, balanced low cost food, environment and sanitation, etc.

3.0 THE INSTITUTE

The Orissa Social Service Institute, (the Centre for Participatory Research, Training and Extension for Social and Economic Development) is an NGO based in Baramba, Cuttack District, in the state of Orissa. The Orissa Social Service Institute (OSSI) was established in 1986 in the small town of Baramba. Baramba is located approximately 100 Km to the north and west of the city of Cuttack and 125 Km from the state capital of Bhubaneswar, which is the nearest airport. In our categorization of NGOs, it fits the profile of the newer NGOs which aim to

create awareness of existing social programs and in education programs for women and children. It is working in an area with a large percentage of scheduled tribe and scheduled caste population. It has special interest in rehabilitation of visually handicapped and those affected by leprosy. It has undertaken campaigns for reducing blindness. The brochure of the Institute is attached in Annex II. Overall, the brochure describes what may be true in the future. But today, it is a small institute, renting a small house, with a small number of books and documents. This is not to criticize the OSSI. It is in fact quite appropriately managed and staffed for the grassroots level education and literacy work it is undertaking. But, the OSSI alone could be overwhelmed by the demands of a sophisticated research action program and of a donor such as IDRC. It will need to work with a wider group of specialists than can be available in-house.

While the OSSI was established in 1986 to undertake development related activities in the region, it remained largely a forum for discussion of development issues by the local people. It became registered under the Indian Societies Registration Act in 1987. However, it was not very active until 1990 when Mr. Dilip Ch. Samantaray assumed the position of general secretary of the OSSI. Under Mr. Samantaray's dynamic leadership the OSSI has been more active during the past three years. There is a large population of "Savara" and "Kondha" tribes in the area around OSSI and the institute aims to cater to their needs. Its primary objectives are to engage in educational and literacy programs for adults and to increase the knowledge of the population on health and environmental issues.

3.1 THE PRINCIPAL INVESTIGATOR

Dr. Dilip Ch. Samantaray is the General Secretary of the OSSI and its guiding spirit. He would be the project leader for the Child-to-Child project submitted to IDRC. Dr. Samantaray graduated from Utkal University with specialization in Sociology. He then worked in a New Delhi action research NGO. This institution not only undertook its own program of research and action projects, but, also over time, became the manager of program funds for some small international church and development groups funding projects in India. Dr. Samantaray gained experience in project design, review and monitoring at this time. He returned to Orissa to undertake his Ph.D. on the resettlement patterns of refugees from Bangladesh. During his field work he

came into contact with OSSI at Baramba and began to work with them. He was able to move it from a discussion forum to a registered NGO and has been instrumental in obtaining three international grants for OSSI.

Clearly Dr. Samantaray is formally qualified to undertake this work. But we believe that he does not have sufficient experience in the area of Child-to-Child and in supervising a project of this size. If he should undertake this work as a project leader for the project as currently designed he should get more exposure to other projects in the Child-to-Child area and he needs to associate persons from outside OSSI with additional experience in research, education and evaluation. He is neither trained nor experienced in any of the specific issues of Child-to-Child. His experience of projects in general is still limited. He and the institute have managed only 3 projects to date. They are very small (around CAD 5 - 8,000 each) and our review of the written outputs indicated that additional expert inputs would be useful to make the project effective.

4.0 THE PROJECT PROPOSAL

The OSSI submitted an initial proposal to IDRC in March, 1993 to undertake a Child-to-Child project in a number of schools around Baramba and Dhenkanal. IDRC suggested to him that he should consult with Drs. Indira Mallya and Subadra Seshadri of the M S University of Baroda. Based on their comments a revised proposal was submitted in July, 1993.

4.1 THE CHILD-TO-CHILD METHODOLOGY

The Child-to-child approach to health education was introduced in 1978, following the Alma Ata Declaration on Primary Health Care and prior to the International Year of the Child. This approach is being implemented in over 60 countries in the Third World (Child-to Child-Trust, 1991). The Child-to-Child methodology rests on the belief that children are able to take an active part in the promotion of their own health and that of their families and communities. In developing countries, children between the ages of 9 to 12 commonly take care of their younger siblings. In some areas, children especially girls, do not attend school regularly because they are needed to look after younger children while their mothers work (Werner and Bower, 1982). Thus if children have basic health information, they can make an impact on the well-being and development of younger children.

The methodology has been used to apply popular education techniques which support children to critically analyze their social situation and to act collectively to change their lives. The Child-to-Child approach involves children in an active way in learning about health and environment problems. This focus is based on experience which shows that children share messages naturally and quickly as they play with their peers (Phinney and Evans, 1992). The approach provides to the children the information, tools and space to devise solutions to problems which they define. The child promoters gain confidence and self-esteem and become thoughtful and informed leaders of the community. Thus, the outcomes include more than short term objectives to manage and promote health such as immunization or techniques to control diarrhea. The approach facilitates long term sustainable outcomes in which children investigate their lives, integrate their situations in a conscious way and influence the community to work together to solve problems which arise from socio-political factors.

4.2 THE PROPOSAL FROM OSSI AND ITS REVIEW

Essentially the proposal argues that the population in the project area is very poor and belongs to socially disadvantaged groups. This is true and is one of the strong points in the project proposal. It then makes a case for health education as an important input. It then proposes further that the Child-to-Child approach is a cost effective innovation which should be used. Then the proposal lists the numbers of schools where the project will be carried out (currently 10), the estimate of the staff required, and budgets. It has a very short and weak section on research methodology.

The experts, Drs. Mallya and Seshadri, had the following comments on the first draft:

Comments on first draft	Changes Made
1. What is the research design?	Not answered
2. Needs baseline survey	Proposed, but is weak (see attached instrument)
3. Reduce the number of schools	Reduced now to 10 schools
4. Titles, synopses, objective do not match on health, nutrition or child development	No such problems noticed in the revised draft
5. Too many objectives, too varied, complex	Reduced
6. Need to define meaning of Child-to-Child	Not Addressed
7. Need to expose whole class to methodology	Accepted
8. Need training for teachers	Accepted, but how, what, where not spelled out yet
9. Don't take on too many problems	
10. Evaluation needs to be explicitly built in	
11. Attention needs to be given to: development of topics, description of school syllabus on these topics, training of teachers, transfer of knowledge to children.	

Dr. Subadra Seshadri and Ms. Indira Mallya also recommended that the necessary training of teachers could be facilitated through Chetna, Ahmedabad. In addition, they stated that the project must focus on health issues **common** in the project villages. For that the project needs to include a survey to collect information specific to the villages. Thus, if guinea worm is not a problem, don't include it in the program, but if alcoholism is a problem do include it.

In redesigning the Child-to-Child project the following points should be addressed:

1. Prepare baseline data (after the Selection of Schools, samples, children, teachers, community is completed) which includes: Profile of selected schools;

Profile of community facilities; Pre program KAP of teachers, students, community; and Identification and selection of problems.

2. Program Development: Content analysis of textbook; Develop program in few areas; Training workshops for teachers to teach them strategies for implementation of Child-to-Child

3. Implementation by Teachers - Using lesson plans and materials

4. Implementation by children to other children in community outreach if any

4. Post program evaluation; together with ongoing monitoring and evaluation.

5. Schools, parents, community and education authorities should be involved throughout.

5.0 FINDINGS AND RECOMMENDATIONS

1. In our review of the Institute and its staff, we found a small and relatively dedicated group of people who have recently begun a small number of action and action research projects. Our feelings about OSSI remain somewhat ambivalent. At one level, the work they are doing is useful. The resources available to them are small with annual expenditures in the order of INR 200,000 to 300,000 (or CAD 10,000 to 15,000). They appear to be the only group working in that particular area, an area with, as we have said, a majority of the population belonging to socially and economically disadvantaged groups. During the visits to the local villages the staff of OSSI were given a welcome reception which indicated a good rapport with the village people.

At the same time nothing about their work appeared to be really outstanding. The reports were not well written; the English was poor; the conceptualization of the problems seemed fair and there was little imagination

in any work that we reviewed. The ambivalence comes from questions such as: are we being too demanding? Can anyone operate an imaginative, dedicated and outstanding research / action group for around CAD 15,000 per year with salaries of part time field staff (or honoraria) at the level of CAD 10 per month, with few resources for books, journals, and so on? Doesn't the fact that OSSSI has been set up, is working in a very difficult and poor environment provide positive evidence of capacity and entrepreneurship? Are we trying to judge it by very unfair standards of more urban and well endowed institutes? In the end we are unable to resolve the dilemma fully and recommend that the institute is helped in a small, pilot program such as a DAP (in the old terminology) rather than a full fledged project and to allow their performance to determine whether further and larger levels of support would be appropriate.

2. We visited two neighbouring villages and one school. Over a hundred village women and a dozen men, together with most of the children had come out to the meeting. In discussions the village people praised the work done by OSSSI in adult education. We visited the little adult education centre built by OSSSI with volunteer labour.

The village people were unanimously keen to establish a Child-to-Child project. This was partly due to a misunderstanding of the benefits. Until recently the village was a part of a school lunch program. However, for reasons which were not totally clear, the school lunch program had been stopped some months ago. When there was a school lunch program the attendance at school was close to 100%. After its stoppage, attendance hovers around 20%. The parents and the teachers hoped that any project for kids, if started, would include a midday meal at school. It was their view that without a meal, no program would attract the children back to school or receive the support of their parents. If a Child-to-Child program is undertaken, it must include a free lunch for the children. Two possibilities exist. Either the lunch is budgeted for within the IDRC project or OSSSI is asked to organize a school lunch program by the State agency. OSSSI would could try to organize this on behalf of the village with the project funds as the leverage.

It is our view that if the above condition could be met a Child-to-Child project would be welcome, receive a great deal of support and if undertaken effectively and efficiently could become a tremendous tool for improved knowledge and practice on health and social issues and provide a catalytic role

in the animation of the very, very poor communities we visited.

3. So what are the options? The easiest and most straightforward would be to decide that OSSI does not have the strength and capacity to undertake a C to c project and deny support. We have already discussed why this may be unfair and this option continues the vicious cycle of weak institutions in poor environments.

4. At the same time, we do not recommend approval of the project submitted by OSSI. It does not have the capacity to design and deliver such a project at the level of quality which would have the requisite development impact.

5. We recommend that OSSI be provided with a grant in the range of CAD 10,000. This amount should be used by OSSI in the following way:

- i. Travel to other Child-to-Child programs in India to see how the programs are designed and delivered;
- ii. Visit to Baroda to discuss with the professors there;
- iii. A plan by OSSI to implement Child-to-Child at one location;
- iv. A requirement of OSSI to associate itself with an advisory committee / consultants drawn from the University / research and education community and those already familiar with Child-to-Child;
- v. A baseline survey of needs in the project site;
- vi. Outline of the major issues of focus; and
- vii. Some pilot trial implementation if possible.

6. It is our view that OSSI must take on additional partners / associates with the requisite skills and experience if it is to successfully implement such a project.

Such people cannot be hired into OSSI staff positions. The only way to avail of these skills is through voluntary means and through consultancy fees. The group at Baroda who has been consulted is an obvious potential partner / associate. They have recommended Chetna for teachers' training. The state branch of the "All India Gana Bigyana Samiti" a voluntary group dedicated to education and health programs in schools; researchers and educators from the Utkal University; and the Orissa teachers' training colleges are clearly additional possible partners / associates.

The above financial resources, together with the demand to build partnerships and the task outline suggested above will give OSSI a fair chance to show what it can accomplish and whether a larger project would be viable. Finally, it is our view that a larger project could go well beyond the geographical area in which OSSI is active. It may actually involve 1 or 2 additional partners in the state with the others working in other parts of the state and with different population groups. Then the larger project will have two additional strengths. First, it will have economies of scale and can provide for very high quality inputs for survey, training, material development and evaluation. Second, by having different implementation agencies and different population groups, we can arrive at conclusions on possibly differentiated effects of the Child-to-Child approach under the different circumstances and variables.

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Seshadri, Dr. Subadra, Indira Mallya, and Hemangini Gandhi, "Evaluation of the Child to Child Programme in Three Rural Settings of Gujarat and Rajasthan, Final Report", by the Department of Foods and Nutrition and the Department of Human Development and Family Studies, Faculty of Home Science, Maharajah Sayajirao University of Baroda, Baroda, India, Sponsored by the Agakhan Foundation, India, 1990.

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Werner, David and Bill Bower, Helping Health Workers Learn, Palo Alto, California, 1982

Schedule of Consultants

December 25: 13:00 - 17:00 Meeting with Mr. Samantaray in Cuttack

December 26: Document Review

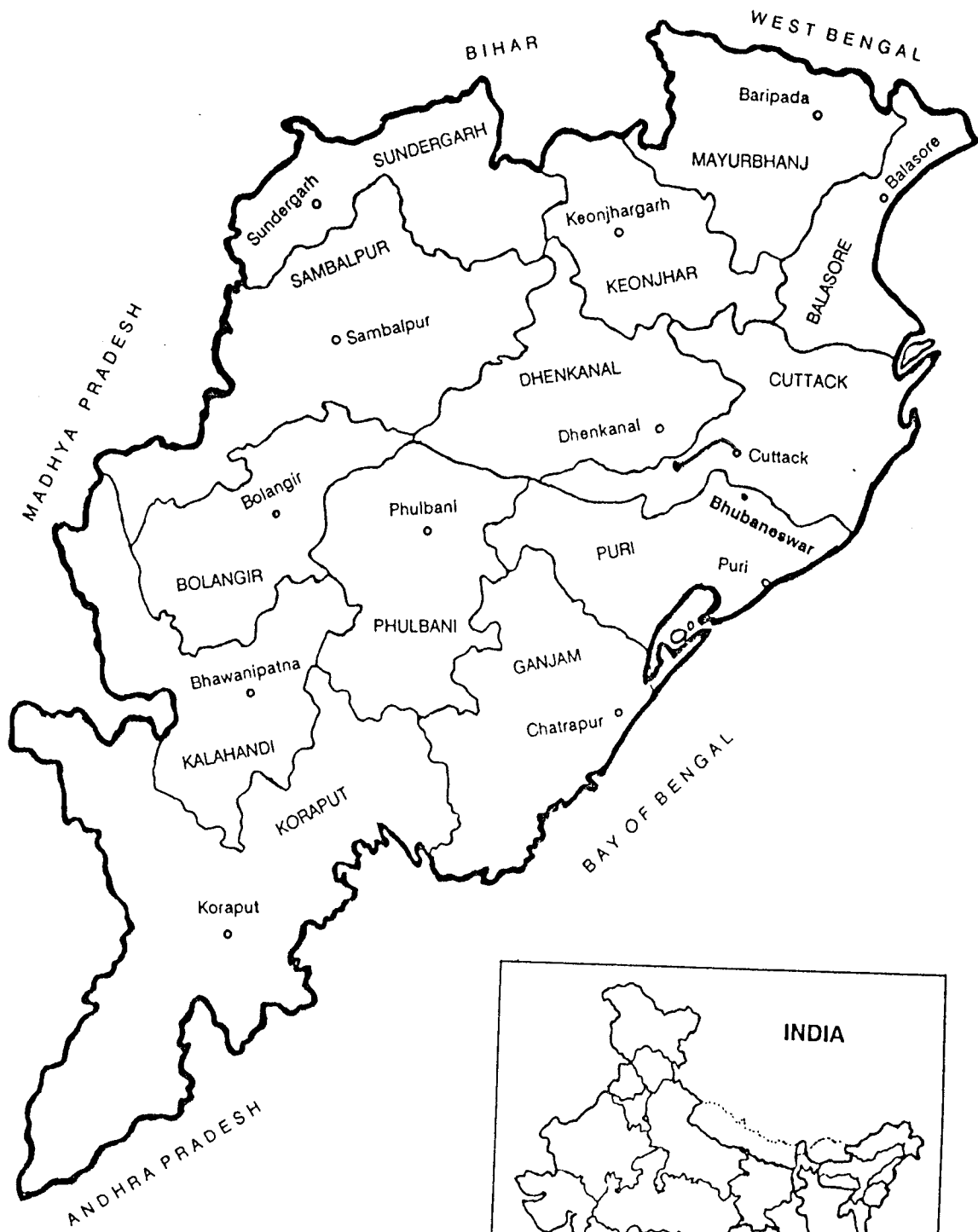
December 27: 08:00 - 18:00 Visit to OSSI, meeting with staff; Project village and School

January 10, 11 Report Preparation

Annex II

MAP AND DOCUMENTS FROM OSSI

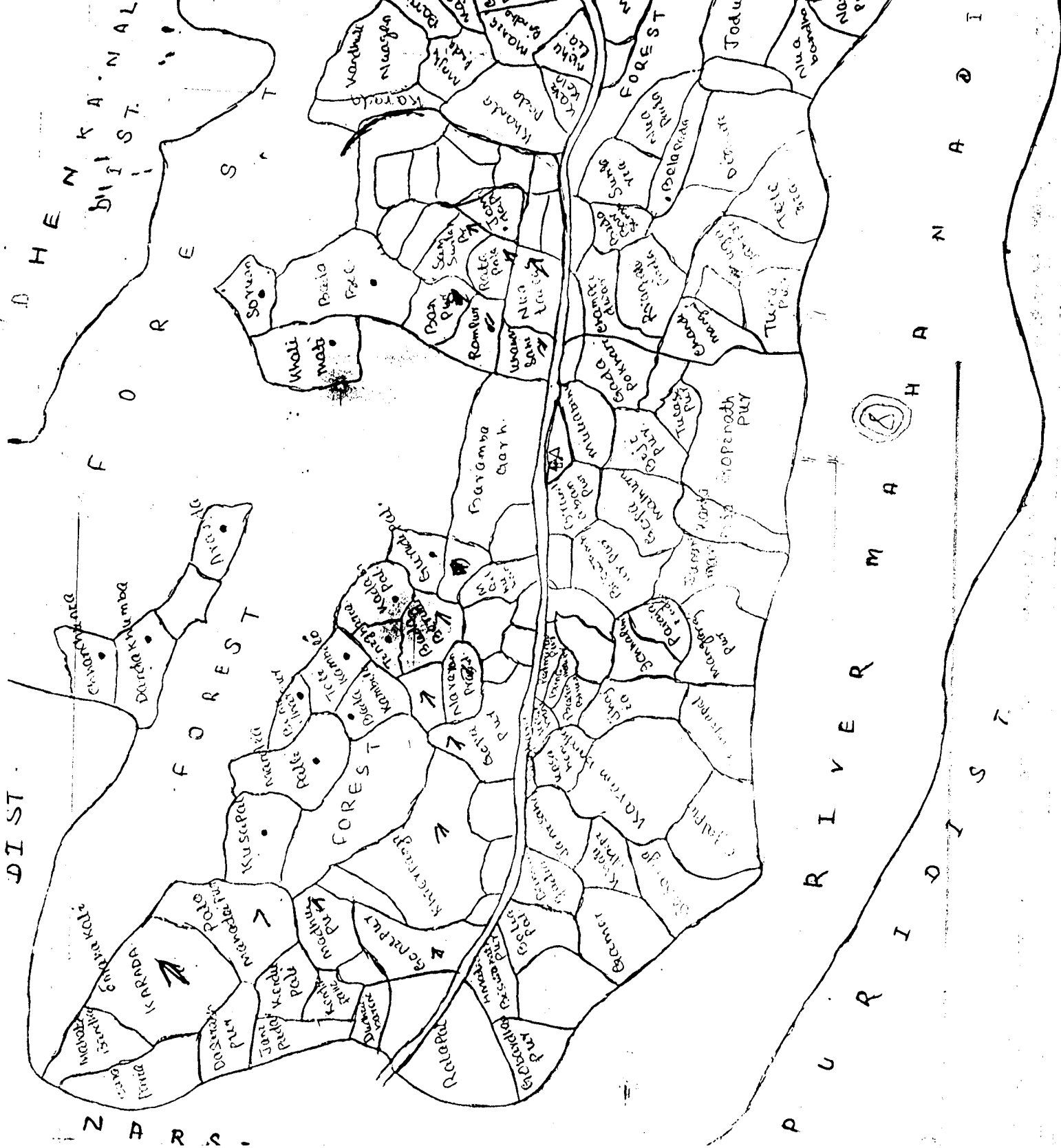
ADMINISTRATIVE MAP OF ORISSA



DI ST

BARAMBA BLOCK
Village for C. Programming
Head Office

T. H. I. 48A
B L O C K



Z A R R .

P U R I D I S T R I V E R

H A N A D I

**ORISSA
SOCIAL
SERVICE
INSTITUTE**

*Centre for
Participatory Research,
Training,
Extension.*

In Social & Economic Development.

Telephone : (Bhubaneswar) :

(Baramba) :

(Baladiabandha) :

RESEARCH

Initiated work in Orissa in 1986, the Orissa Social Service Institute is a Centre for Participatory Research Training & Action. Its primary objective is to include to work with the tribals, including visually handicapped & leprosy patients with Provision of Research, Training, Rehabilitation & Extension. It also campaigns for the prevention of preventable blindness & cure of the curable blindness. In brief, it works against Hunger & Disease.

The institute functions through three departments with staff at Bhubaneswar, Baramba (Cuttack), Baladiabandha (Dhenkanal), Fottasinga (Koraput), Gumah (Ganjam) and through different NGOS in the State of Orissa. Three departments are :

- 1 RESEARCH, (Participatory)
- 2 EXTENSION DIVISION.
3. TRAINING.

The Research Division undertake research independently, in collaboration with government departments, autonomous body, International agencies & voluntary organizations.

Alienation among visually handicapped.

Land-alienation among Savar tribes.

Alienation among School teachers.

Participatory health research in Schools.
are areas of concentration & concern.

The research professionals have represented & presented several research papers in National & International seminars & conference

Name of Paper

Tribal Culture Tradition & Ethos

Occupational Health Hazards

Integrated Rural Development an activists' Analysis.

The research findings are widely disseminated through monographs & papers.

2

EXTENSION DIVISION

Initiated in 1990, the Extension Division now operates from the Institute's headquarter at Bhubaneswar. It has well-qualified Staff in various centres covering whole northern Orissa and networking centres at Ganjam & koraput districts, Its main activities are :

- Implementing socio-economic programmes & projects with the rural poor, 'Savar' tribes & visually handicapped based on needs & priorities.
- Promoting sustainable development programmes with tribals, rural poor & handicapped based on Health, Environment & Hunger.
- Making feasibility Studies of Planned projects.
- Helping the growth of local structures to serve the economically poor through appropriate programmes.
- Giving consultancy services to local sponsors to plan & organize their project & tap internal & external resources.
- Providing consultancy services through on-the-spot studies to few funding agencies in India & overseas.
- Participating in training programmes in organized groups, institutes & associations.

3

TRAINING

Preparing personnel for development efforts or enabling others to increase their efficiency on the job is yet another means to achieve the goals of the institute.

To accomplish this tasks the institute has several approaches such as.

- Women in Development (Baladiabandha, Dhenkanal)
- Training centre (Baramba, Cuttack)
- Library & Documentation centre, (Baramba, Cuttack)

The Senior staff also make themselves available for the purpose anywhere in India.

Family Life Centre

(Proposed, under process)

The family life centre will offer the following.

- Courses, Services & programmes.
- Family life education for youths, adults & trainers.
- Natural family planning for users, trainers directors.
- Counselling, Marriage.
- Marriage Enrichment programmes.
- Child care & child Guidance programmes.

Women in Development :

Aims to increase the participatory of women at different levels in the development process through.

- Training courses for women, community organizers.*
- Studies of disadvantaged women.*
- Publication of articles & books to disseminate ideas on the changing role of women.*
- Promote programmes for women.*

Library & documentation Centre :

Began in Baramba (Cuttack) In 1991 has now around 10,000 volumes, innumerable of valuable reports & papers. LDC Receives more than 72 magazines & Journals every month regularly from India & abroad, Notable factor is that LDC recives around 16 magazines, Journals, papers, prepcom reports from UNO, & its branches from UNEP, Nairobi, NGLS, Geneva, ILO, FAO, UICEF, ACCIS, UNHCR, ICVA International Burea of Education & world bank Publications, every month. Its main aim is to collect & document relevant materials, on various themes in the Social, economic & political fields which are circulated to large number of readers.

One of its chief service is directed at groups of persons engaged in social work, social Action & Mass Education, It also assists groups in rural areas to conduct Base line Surveys & plans action based on their findings. The Institute's activities have been Published in

Development network

Environment directory

World Bank directory

FAO Directory

IIM Volumes

Forest, people & Trees (Swedish University)

& number of magazines / Journals published inside India & abroad.

Besides, the present Hon'y. General Secretary has been awarded the 8th Jawaharlal Nehru National so'idary Award by Hon'ble president of India.

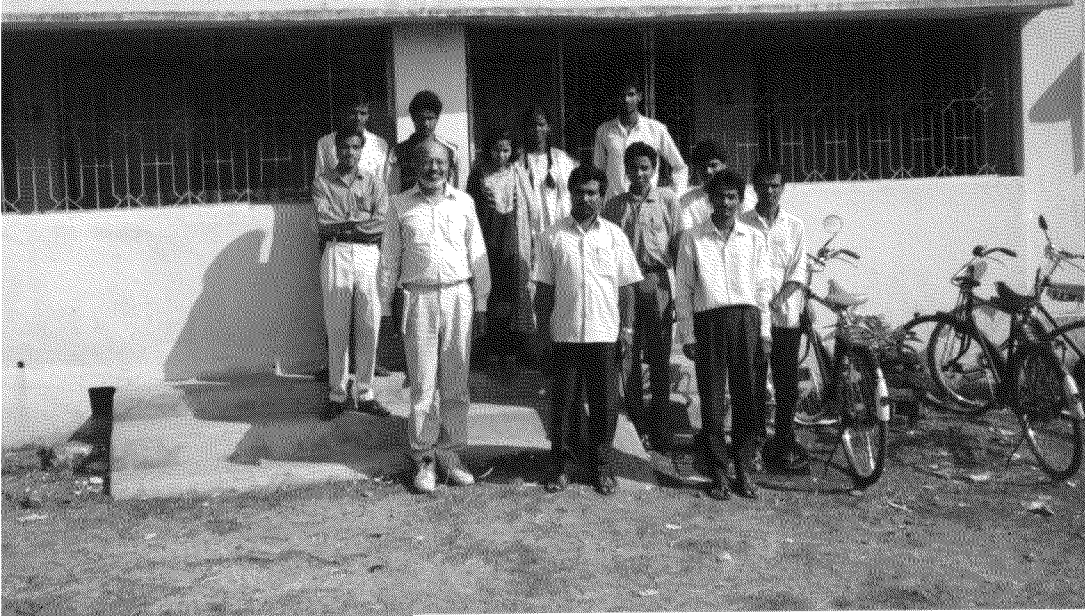
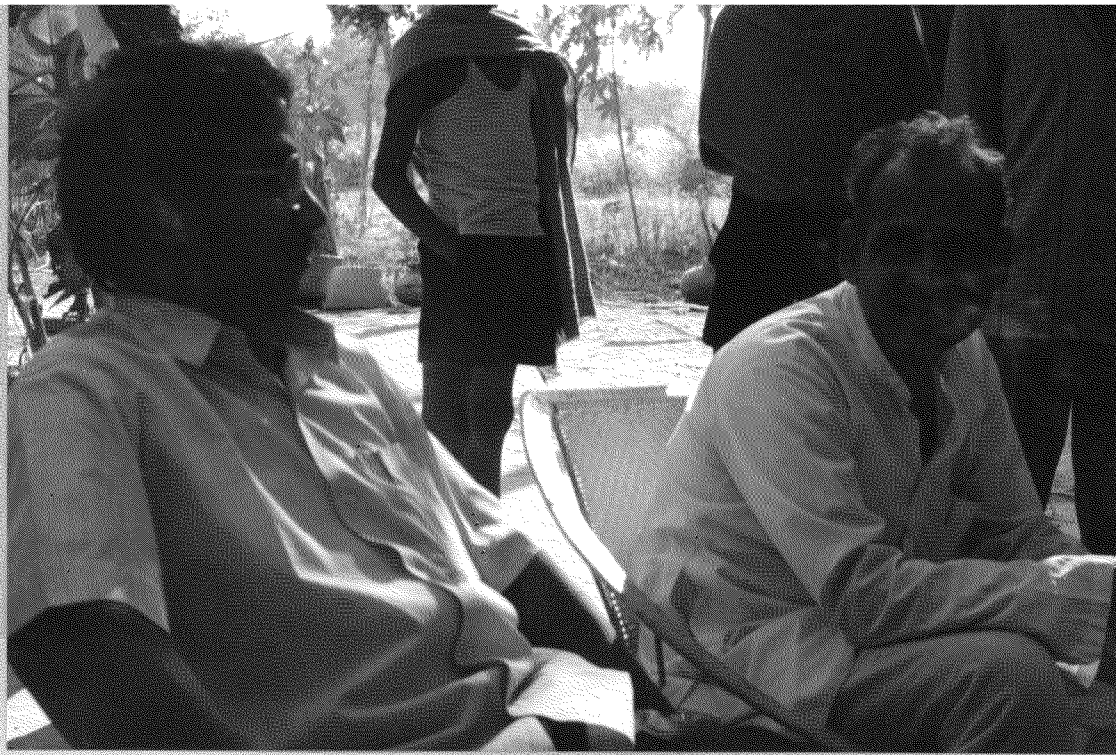
Affiliated with :-

- A member of Environment liason centre International, Nairobi, Kenya.*

Annex III

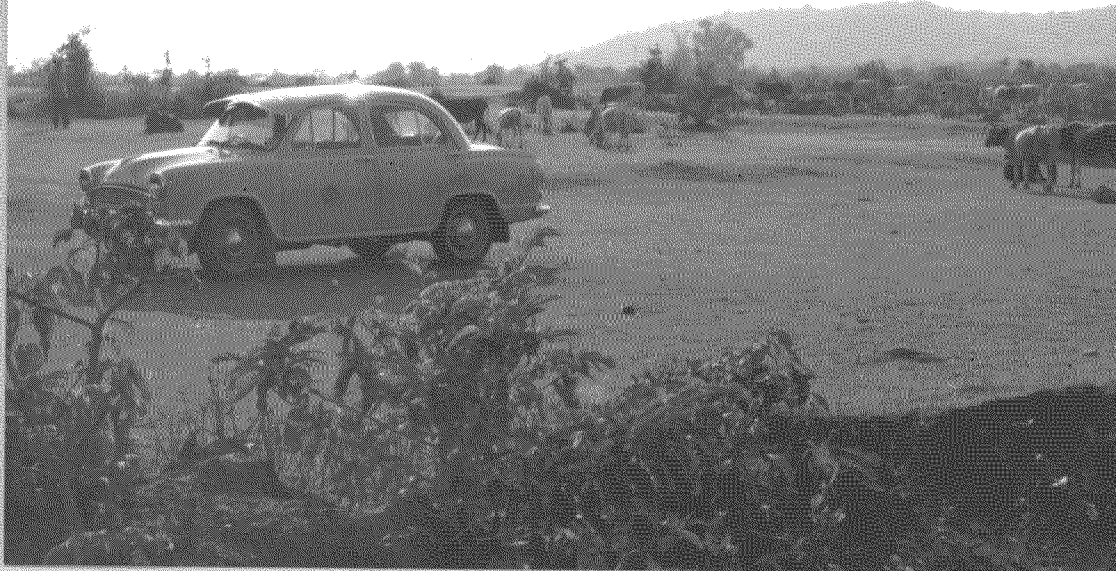
PROJECT VISUALS: OSSI

The Principal Investigator

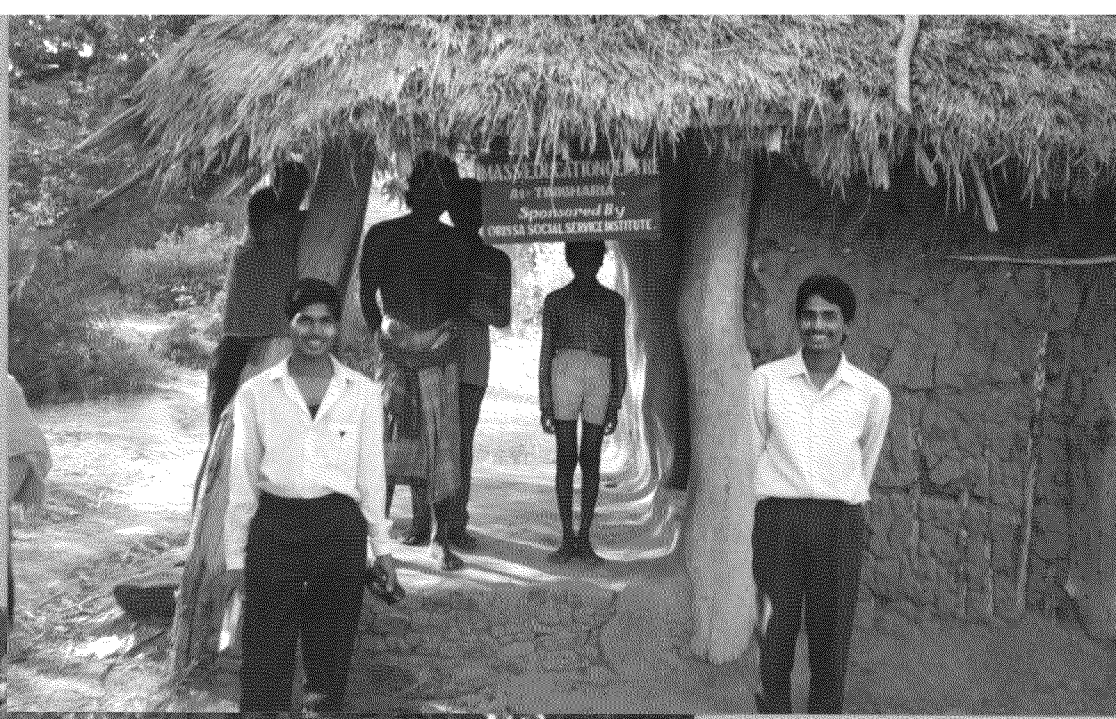


With OSSI Staff

On the road



Mass Education Office



Mass Education Officer

Village School



**Women's Group
Leaders and Teacher**



**Village
Reception**

Villagers





Top L: A Leader

Top R: Walking to the village

Right : Reviewing documents

