

3. Marketing of Tea

The MTFS is marketing black tea with the support of its marketing network spread over all the districts of Kerala. Tea is distributed in attractive packs in various forms like the “form fill seal” (FFS), pet bottles, jute bags etc. The MTFS is a member of the Tea Trade Association of Kochi and is participating in tea auctions.

4. Educational Support to Children

Educational support in the form of grants is provided to the children of the poor tea farmers with the objective of helping them send their children for higher education. Many of the farmers’ children, who were supported in this manner, are now employed in good positions that provide their family economic security.

CONCLUSION

During the last three decades the four organisations under the Malanadu have been active in rural development. Their mission of improving the lot of the marginalized and poor farmers has found realisation in the various programmes and activities undertaken in the selected rural areas of Kerala and Tamilnadu. The intervention of Malanadu for rural development has been characterised by sustainability and environmentalism. Malanadu has spread its wings in several spheres of the socio-economic life of the rural community. Its strategy of organising the relatively deprived rural population and the programme of capacity building for self-help have helped hundreds of poor and small farmers in improving their socio-economic situation. Innovation in the traditional rural economic pursuits of agriculture and animal husbandry has been the secret of the success of Malanadu in its venture of rural development. The organisations of milk and tea farmers that emerged under the parentage of the MDS reflect not only the mission of Malanadu but also its special strategy of empowering the poor and small farmers through the decentralised organisational structure.

STUDENT INTERVENTION IN HEALTH SERVICE DELIVERY SYSTEM: THE FREE DRUG CELL

Lizy Shaji and Varsha Sivadas

Student Initiative

The Free Drug Cell (FDC) is the project that emerged as a service initiative of the students of social work at the Rajagiri College of Social Sciences, Kerala. The FDC was started in 1994 by SWARAJ (Social Work Students’ Association of Rajagiri College of Social Sciences) as a student venture in social service managed by the students.

As part of the professional training in social work, the students are placed in real life situations for practical training. Hospital is one such placement setting for the practical training of students. Field experience in the hospital situation provided the students the inspiration to undertake the project of the FDC. In the course of the field work in hospitals the students met many a patient who lacked the financial resources to purchase the medicines they needed. They also found that there were unused samples of medicines available with doctors, medical representatives and pharmaceutical agencies.

Free Medicine for the Poor

The initial effort of the students has been to make the unused medicines available to the poor patients of the government general hospital at Ernakulam, Kerala free of cost. This required building up a service delivery system that would complement the work of the medical professionals and

Lizy Shaji, Social Worker, Free Drug Cell, Rajagiri College of Social Sciences, Kalamassery, Kochi – 683104

Varsha Sivadas, Student Coordinator, Free Drug Cell, Rajagiri College of Social Sciences, Kalamassery, Kochi – 683104

teaming up with them in providing holistic health care services to the poor and the needy patients. In the modus operandi of the system medicines have been collected by the students from different doctors and medical representatives in and around Ernakulam and then they have been distributed through a designated pharmacist to the poor patients who approached the FDC for medicine with the doctor's prescription.

The project became a reality with the help and support from various socially committed individuals and organisations. Initially, the activities of the FDC consisted in providing medicines free of cost to poor patients of the general hospital by developing a system for collecting unused medicines left with doctors, medical representatives and pharmaceutical agencies, and distributing them through the services of the FDC. The beneficiaries of the project have been the patients who visited the general hospital, Ernakulam or were referred by doctors and other hospitals. The service has been given according to the information made available through the intake form and/or the psycho-social assessment of the patients prepared by the concerned social work student.

Expansion of Activities

The distribution of drugs was only a starting point of the FDC. The long cherished dream of the project has been to provide every possible service to the poor patients in need of financial assistance. The thrust of the project has been to provide health services to the poor. Hence over the years the project has expanded its services in addition to the free distribution of medicines to the poor. The project also has been finding sponsors for providing medical services in addition to the unused medicines collected from medical personnel and practitioners. It has grown and branched out to other areas of health services, like health education of the community through campaigns, finding sponsorship for hospital's general welfare, awareness and motivation sessions for the hospital staff, rehabilitation services for the patients, campaigns for blood donation and eye donation, counselling, and assistance to the care givers of the patients. Thus today the project provides several medical services to the poor. Rajagiri College of Social Sciences has ensured the services of a social worker and a pharmacist in order to guide the students and carry on the increasing volume of services under the FDC.

The current activities of the FDC, which began one and a half decades ago as a programme for distributing free medicine to the poor patients, include the following.

- Mobilising resources for the improvement of the physical environment of the hospital wards;
- Providing psychological support through counselling to patients and the bystanders providing them care;
- Giving information about common diseases and their treatment;
- Pre- and post-operation counselling;
- Helping poor patients referred by the doctors or nurses in charge of various wards in the hospital;
- Net-working and referral services for rehabilitation;
- Organising and conducting health campaigns/camps and awareness classes on various health related issues;
- Providing emergency services like arrangement for blood, ambulance and financial assistance to the needy patients;

Fund Raising

Mobilising resources for the expanded programmes of the FDC has become an important activity of the students of the FDC. It includes preparation of proposals for funding and their follow up. Funds raised by the students are used for helping the poor patients in buying costly medicines that are not available with the FDC and also for assisting them in scanning, procuring blood, arranging ambulance service on emergencies etc. Fund for the poor is disbursed after proper evaluation of the socio-economic situation of the patient and on the prescription of a qualified medical practitioner. Several agencies have come forward as benefactors of the FDC in sponsoring the cases of patients who need special medical assistance. They fully or partly sponsor individual cases on long-term or short-term basis. The FDC is very much thankful for their support to this social service project.

Beneficiaries of FDC

The FDC, which began as a small enterprise by a group of social work students for distributing medicines to the poor patients, has grown

year by year. At present, approximately 75 patients avail of its services daily. Following are a few individual cases of patients who have been recently assisted by the FDC through its activity of medical service delivery system.

Case 1

The patient, aged 45 years and hailing from low financial background, was suffering from the heart disease of myo-cardiac infarction. It was detected on 02-02-2007. He was a construction worker and had to stop working due to the illness. His wife worked as domestic helper. As his health condition was not satisfactory, the idea of a surgery was dropped. Instead, he was asked to take medicines worth Rs.3000 every month. The FDC is contributing about Rs.2000 per month towards this cost of his medicines. The major part of the FEC contribution is sponsored by the Malabar Gold and the staff of the Kuwait Airways.

Case 2

The patient, aged 10 years, is the son of a part-time employee in a primary health centre (PHC) and the mother is housewife. The boy has been suffering from epilepsy and needed to take medicines worth Rs.650 once in two months. The FDC is contributing the cost of the medicines through the sponsorship provided by the Malabar Gold and Brothers of the Holy Spirit.

Case 3

This patient, son of a construction worker, had a birth defect - myasthenia gravis. But it was detected only at the age of 7 years. The main symptoms are difficulty in breathing and swallowing, and drooping of eyes. Because of the low financial background, he was referred to the FDC by the Kolanchery Medical Mission. The total cost of his treatment has been Rs.1500 per month, of which Rs.750 have been sponsored by the Ananda Vasudeva Bhatt Charitable Trust. His treatment has been under the service of the FDC for the last six years.

Case 4

This was a special case of a 5 month old infant girl, who had problems with the heart valves. She was recommended to the FDC by the Amrita

Institute of Medical Sciences, Ernakulam. The students could mobilise funds amounting to Rs.3000 from the Novelty Textiles towards surgery. Unfortunately the child did not survive the surgery.

Case 5

The patient, aged 49 years, was a driver. He has been suffering from throat cancer which caused breathing problem. The patient needed financial support for the treatment of chemotherapy. The FDC provided the monetary assistance for chemotherapy and supplied the 'Tracheostomy Tube' worth Rs.700, sponsored by the Malabar Gold for making his breathing easy. The staff of the Kuwait Airways sponsored Rs.2000. In addition the FDC provided free medicines.

Case 6

This was the case of a domestic worker, aged 39 and suffering from breast cancer. She had been deserted by her husband and has two children aged 4 and 6 years. The FDC contributed Rs.3000 through the Novelty Textiles for surgery and Rs.1000 through the Malabar Gold towards the cost of medicines.

Child Guidance Centre

Another student initiative that emerged from the FDC in the year 2004 is the child guidance centre. This centre focuses on children in the grip of substance abuse and its activities are meant to support and complement the functioning of the psychiatric department of the general hospital. It involves intake interviews, counselling, awareness campaigns, and community based work for eradication of drug abuse. Special attention has been given on substances like *pan parag*. Currently, the service is supported by the staff deputed from the livelabs of the Rajagiri College of Social Sciences twice a week.

Conclusion

The FDC, which began as a student initiative, has grown into a remarkable "life saving mission." The initial objective of introducing a full-fledged professional social work presence in the general hospital yet remains

a dream. The question that has been repeatedly deliberated upon is on the extent of the professional contribution that has been made through the functioning of the FDC. However, the sheer volume of the service – of helping about 2000 poor patients every month – is enough reason to continue with the service. The activity has definitely proved to be supportive to the medical social work trainees to gain access to the government hospital system, and to function as trainees attached to the FDC for their block field practicum.

The activities of the FDC provide an avenue for sustaining the spirit of voluntarism of the future professional social workers. The students, who are at present trainees to become professional social workers, take turns in supporting the cell and identifying potential sponsors every week. Thus it is also a sort of CSR or *campus* social responsibility. In addition, the FDC has been serving as a platform for training in the CSR (corporate social responsibility) for the management students from various institutes.

The experience of resource mobilisation has been an ongoing struggle for the FDC from its beginning till now. It would also be interesting to examine the patterns and motives of financial support. While the donors are glad to provide services that directly go to the beneficiaries (patients), they are found to be very reluctant to support the ‘organisational aspects’ of such services. The future plans of the FDC include introducing the research component on the services and beneficiaries, and strengthening the service for the patients and the bystanders, especially through psychological support.

Rajagiri Journal of Social Development
Volume 4, Number 2, December 2008

BOOK REVIEWS

Bhatnagar, Amitabh (ed.), 2008, *Rural Microfinance and Microenterprise: Informal Revolution*, New Delhi, Concept Publishing Company, ISBN 10: 81-8069-567-0, hard cover, pp.434+ xix, price: Rs.1000

It is rather strange but true that in this era of globalisation and liberalisation, there is a simultaneous ‘micro’ revolution, albeit a silent one, taking place. In fact, as globalisation rages, one notices this acceleration in the emergence/expansion of the informal sector even as a response to the problems/opportunities thrown up by it. This is best illustrated by the experience of India, which has a GDP of more than \$1 trillion and is the third largest economy in the world (measured by purchasing power parity), and yet the informal economy accounts for a significant share of employment and output. The informal sector which primarily consists of micro and small enterprises is often treated as the universal panacea for all the problems such as mass poverty, unemployment, and other forms of deprivation—assetlessness, voicelessness, disempowerment etc. It is also known that a large segment of microenterprises are serviced largely by the informal financial sector, despite the several decades of planning and nationalisation of major commercial banks. As such they suffer from lack of adequate credit (if not total financial exclusion), riskier and costlier alternative credit, as well as other handicaps like lack of training, obsolete technology, absence of marketing skills etc. Hence the tremendous interest world over among planners, administrators, governments, NGOs (non-government organisations), social workers, researchers, and national and international development agencies to introduce programmes and schemes to promote and support these informal enterprises and in the process formalise them so that they can sustain themselves in the long run. It is in this context that books like the present one get their relevance and importance.

This book on Rural Microfinance and Microenterprise brought out in collaboration with Madhya Pradesh Rural Livelihoods Project—Livelihood Forum, Bhopal (India) and edited by Amitabh Bhatnagar, a distinguished