

Aspiring Public Solutions to Public Deficiencies

Manabi Majumdar and Kumar Rana



We come together for various social purposes. As Tagore ruefully remarked on the self-destructive events in Bengal during 1934-40, ‘People here do not combine to build up anything bit by bit, but they flock together to enjoy the unholy glee of pulling down what has already been built’. That it is within the realm of the possible to imagine a counter-current of collective striving for constructive social objectives is the point that is pursued in this brief note. Drawing on the accounts of quotidian efforts and experiences of school teachers, anganwadi workers, health workers, and of several ‘street-level’ education and health officials that were presented in a recent workshop in Santiniketan on ‘School Health and the Health of the School’ organized by Pratichi (India) Trust, this sketchy report seeks to demonstrate the willingness and resolve of a group of people – people like us who do not claim to be having super-natural qualities – to cooperate and aspire for public solutions to public deficiencies.

A public institution – a government school, a primary health centre or an anganwadi centre (though almost never a military outfit)- is quite often viewed as a wasteful, ineffective and foredoomed to fail system in the currently dominant public and policy discourse. Against this general climate of suspicion regarding anything ‘public’ and of the corresponding urge to rush for an individuated, exclusive, private alternative – a private doctor, a private tutor, a private transport, a ‘gated’ residential complex, and even a private alley and an enclosed footpath, several participants in this meeting vigorously underlined the need to both defend public institutions for their egalitarian potential as well as improve them because of their quality gaps. They detailed stories of initiatives they have undertaken in their own spheres of influence to cultivate a stronger and positive linkage between the home and the school, to encourage the active involvement of mothers in the delivery of nutrition and healthcare of pre-school children, to ensure better coordination between the school and the health centre for promoting physical, emotional and cognitive development of children and so on. These activities pay heed to two distinct and equally challenging tasks: of generating demand for better

facilities and services and of organizing collective action for the realization of such demands.

School health and societal health

A health worker, for example, not only explained in concrete details why in some situations lactating and pregnant mothers do not pay enough attention to the importance of taking iron tablets together with vitamin C for better absorption of the same into the body. She also reflected on the larger societal pressures such as the one for early marriage of girls that constitute a major reason for maternal anemia. In her perceptive remarks, ‘Unless we stir up the entire society, our efforts will remain ineffective’. Again, a group of primary schoolteachers shared their experience of engaging their own students in conducting a public health survey in the neighbourhoods adjacent to their school. In the course of the survey the students in question could gather a real-world picture of sanitary conditions and drinking water facilities in their locality and at once build up a social understanding of the reality around them. After the first round of the survey a child investigator requested his teacher, ‘Sir, please do not send me to the house of the rich, they turn me down’. The teacher reminded the audience, ‘Thus the child becomes aware of the graded society we live in’. One cannot but notice the imagination and earnestness of these schoolteachers in inculcating a sense of active citizenship among these children. Surely ‘folk wisdom’ is not always and necessarily helpful; but the wit and wisdom demonstrated in this case can go a long way in cultivating citizenly concerns among children.

A number of speakers at the workshop talked about innovative steps they have taken to inculcate healthy habits of hygiene, hand-wash and toilet use among their students. Research reveals that in many parts of India even in those households that have toilets within their premises, some members still practise open defecation. Thus toilet use is not only contingent upon its availability but also requires behavioural change. A school teacher gave an example of what a school can do in furthering this hugely daunting cause of attitudinal transformation. In a village peopled almost entirely with SC and

ST families, nine years ago there were only two toilets. Now each and every household has built a toilet with a modest subsidy from the government, but mainly owing to the major role that the local school has played in this effort. The collection of waste from each house and its proper disposal has also become an accepted practice. The preparation of the school meal in a proper kitchen, cleaning of utensils, and hand washing before and after meals have become routine affairs in the life of this school. The school keys are kept with the residents of this village. The health and ICDS workers and the teachers keep regular contact among themselves. In the words of the teacher, 'we have integrated the village and the school. The school has become the common property of the entire village'.

Surely it is not fair to expect that a government school will single-handedly deal with all the numerous social problems that swirl around us, while at the same time giving children basic training in language, mathematics, history and so on. Still, this is a public institution that can, in principle, touch and stir many tiers and layers of the community and society to prod people to re-examine some of the questionable behavioural norms and social practices. And it is through children that the school can try to make an entry point into the social space. As a teacher described how the universe of the school could be creatively designed for it to then shape the social world. 'If we can instill sanitary habits among children pretty early on in their life, it would be easier for us to improve society's health. It is our students who transmit our mobilization back home'.

The usually sluggish bureaucratic norms and practices may also gather some momentum and vitality when enlivened with community-wide campaigns and movements for elementary health facilities in school. Spearheading such a collective initiative, a group of schoolteachers have had a number of meetings with the local officials in the Department of Public Health Engineering and demanded a PHE connection for the supply of potable drinking water in their school, especially as the existing PHE pipeline is just 160 metres away. Their sustained efforts have borne fruits: now the school has a washbasin, a reservoir and an assured supply of safe drinking water. As one of them said, 'we are trying to create a healthy school environment that RTE enjoins us to guarantee'.

In a similar vein, the general neglect of the nutrition

of poorer children appears to find an inspiring antidote in the resolute efforts of an ICDS worker who runs a centre in a poverty stricken region in West Bengal bordering Bangladesh. She has been trying against many odds to make this public nutrition scheme for pre-school children work. She has painstakingly built up a relationship of trust and camaraderie with the mothers of these children and persuaded them to contribute to the anganwadi kitchen whatever vegetables and fruits they can afford to part with from their tiny homestead plots, to top up the paltry amount of government provisioning. The mothers form smaller groups that take turns to bring their offering to the centre on fixed days in a week. This worker is careful not to exert undue pressure on these already indigent families. Yet these hard-up residents of a poverty-stricken area are the ones who have appreciated her proposal and responded generously. As a result, there has been perceptible improvement in the running of this centre. Their collective effort has attracted the attention of the district magistrate who has not only encouraged other ICDS centres in the district to learn from this experiment but also ordered, perhaps in appreciation of this spontaneous ground-swell of public action, a hike in the quantum of governmental allocation for each Anganwadi centre in the district.

These small details are important for us to understand why big plans and macro-structures do or do not work. They tell us how in an unexceptional everyday manner, though painstaking nonetheless, a schoolteacher or a health worker struggles to oil the nuts and bolts of a public institution such that children pick up 'good' habits. As a participant described, 'we make use of many things- from rhymes to newspaper cuttings on healthy dietary habits to thermocol insulin boxes collected from local pharmacy for use as dustbins in order to cultivate good habits among our students. They need to be told again and again. Repetition and reiteration are the tools that we work with to make them think and understand'.

Drawing on associational strength

These specific examples are not necessarily atypical; they differ in details but not in the underlying public spiritedness. Yet the image of indifferent, insincere or corrupt public officials and functionaries keeps attracting our public gaze, to the relative neglect of the counter-figure of a village schoolmaster or an ASHA *karmee* striving to both make a public

institution work better as well as encourage the public at large to get 'educated, agitated, and organized' for bettering its performance. This UBUNTU style ('I am because we are') of doing things together distinguishes public action from both governmental action and private choices we make in a self-maximizing way. No doubt, public institutions are often found deficient. And hence they need to be fixed, but certainly not abandoned, because we cannot find a private solution to every public deficiency. After all, to access an exclusive and private health facility, we need at the least a publicly maintained all-weather road! Indeed, many basic services need to be shared rather than to be used exclusively by each individual. Put simply, public goods have to be publicly provided and sustained and public 'bads' need to be collectively controlled. And finding a public solution together is a resource in itself: it connects people together who can learn for each other and draw on their associational strength.

Two usual doubts are likely to surface at this point against the promises of collective pursuit of public values: can we scale up such initiatives? And can we fit them within the 'parameters of the possible'? Answers to these questions are neither obvious nor

simple, but neither are they unimaginable. First, what became apparent from the discussions at the workshop was the capacity of several 'street-level' public functionaries to imagine beyond current confines, even without underestimating their hardiness. A headmaster reflected on the issue of toilet use in a positive yet pragmatic note, 'Even with limited infrastructural and other resources, we need to act upon these urgent social issues. If we think that the time to act is only when everything is in perfect order, nothing will ever get done'. Such a sensible and down-to-earth approach certainly falls within the ambit of the possible.

Second, to counter the charge of promising efforts remaining localized and unreplicable, we recall the deeply perceptive words of Margaret Mead, 'Never doubt that a small group can change the world. Indeed, it is the only thing that ever has'. The people whose voices are recorded here are seeding and sustaining everyday activism in their fields of work in order to make a difference to other people's lives. This is a kind of scaling up of what Adam Smith has described as 'social passion' – amplifying and deepening collective efforts to deal with shared predicaments.

Manabi Majumdar and **Kumar Rana** are affiliated to Pratichi Institute, Kolkata. Majumdar also teaches at the Centre for Studies in Social Sciences, Calcutta. Her research interests include issues of politics of education, politics of public health and local democratic politics. Rana's research interests include areas of human capabilities such as education, health and nutrition, as also village studies, and marginality studies. He regularly publishes essays, short stories and public commentaries in the print media. Manabi may be contacted at manabimajumdar@gmail.com, and Kumar may be contacted at k.rana7@gmail.com