Abstract

Background Mission Mangalam has been launched by the Gujarat Government in 2010. It is an integrated poverty alleviation approach and an initiative to empower women. Mission Mangalam is helping women to earn their livelihood and become independent. These Sakhimandals are linked to banks to fulfill the requirement of fund. Sakhimandals get financial assistance from banks. Some of the core benefits of the scheme can be linked with the health sector as well; Objectives (1) To review the scheme of Mission Mangalam (2) To explore the possibility of health linkage with the scheme (3) To study the perception of beneficiaries and their socio-demographic profile; Methodology: A cross-sectional study. Sample size-152 women members of Sakhimandals in Saraspur ward. Health of all the members of Mandals of Saraspur was checked by the Ahmedabad Municipal Corporation. Women of Sakhimandals were interviewed to understand their perception about the scheme as well as about any other health benefit they have experienced for themselves or their family members. Additionally, Community based survey of 50 BPL families was carried out to assess the proportion of families covered under the scheme of Mission Mangalam. Results: Mean age of these women (n=152) was 31.81 years with SD=6.74. Education of maximum number 71(47%) of women was up to secondary. Mean income was 5460 Rs/month with SD=1840. Mean of number of family members is 5.4. 109 (72%) women are residing in chali area. 98(64%) women were told about this scheme by social worker, others were told about the scheme by her friend or UCD official. Paired t test was carried out to find increase in Hb levels of the beneficiary women. It was found to be significant (p=0.007, t=15.64). Age of women is associated with habit to save money. (p=0.003). There are only 22 (44%) out of 50 families visited, who have at least one member enrolled under the scheme. More stringent efforts for universal coverage have to be made by authority. Ability to purchase drugs, habit to save money and approach to sanitation has significantly improved after joining the scheme. Some of the core benefits as listed in scheme can be utilized for health sector, such as: Incorporating the concept into the brands, converging the scheme with government welfare schemes, Leveraging upon the traditional knowledge and skills for improvement of health.

Key words Mission Mangalam, Sakhimandal, Perceptions, health linkage.

Introduction

To harness the multiple growth opportunities arising out of the positive developmental strides made by Government of Gujarat, on the occasion of the Golden Jubilee Year celebration of Gujarat State starting from 1st May 2010, Gujarat Government announced 'Mission Mangalam' - as an integrated poverty alleviation approach in a demand driven convergence mode. Mission Mangalam aims to bring the critical mass of resources to address poverty by creating a single platform for stakeholders like Banks, Industry Partners, Micro Finance Institutes and Skill Imparting Institutions, etc. to deliver desired outcomes. It is an integrated poverty alleviation approach and an initiative to empower women. Mission Mangalam is helping women to earn their livelihood and become independent. Self help groups (Sakhimandal) are created under the scheme, to create integration between investors and beneficiaries and to provide supportive mechanism. Some of the core benefits as listed in scheme can be utilized for health sector, such as incorporating the concept into the brands, converging the scheme with government welfare schemes, leveraging upon the traditional knowledge and skills for improvement of health.

Looking at these salient features of the scheme, it was reviewed to explore possible health linkages.

Objectives:

(1) To review the scheme of Mission Mangalam.

(2) To explore the possibility of using the scheme for betterment of health of beneficiaries.

(3) To study the perception of beneficiaries and their socio-demographic profile

Methodology:

In Saraspur ward of Ahmedabad Municipal Corporation (AMC), an office of Urban Community Development (UCD) is situated in which staff of 7 wards sit and work. There are two staffs per ward. Due to feasibility I chose Saraspur Ward (where I reside) for present study. A cross sectional study of
152 women members (beneficiaries) of Sakhimandals of Saraspur was carried out.

These women were given the pretested, predesigned, semi-structured questionnaire regarding their perception of the scheme. e.g. what benefit do they get, habit of saving before and after, practice of sanitation before and after and ability to take health care of family before and after etc. Checking of Hb and RBS of all these women was carried out initially by AMC, at UHC, Saraspur. Then after 2 months, Hb and RBS of these women were checked again. Results were noted. It was analyzed in Epi info and SPSS.

Women of Sakhimandals were interviewed to understand their perception about the scheme as well as about any other health benefit they have experienced for themselves or their family members. Additionally, Community based survey of 50 BPL families was carried out to assess the proportion of families covered under the scheme of Mission Mangalam.

**Observation and analysis:**

**Socio-demographic profile:**

**Fig: 1:** Age wise distribution of women members of Sakhimandals:

Mean age of beneficiary women included in this study was 35.21 years (SD=6.74). 109(71%) women were in age group 36 to 40 years (Fig.-1). Mean number of family members were 5.4 (Fig.-5). A total of 50 houses were visited randomly to assess coverage of the scheme and it was observed that women of only 22(44%) of these 50 families were enrolled under the scheme. 110 (72%) women were residing in chali area. Rest was living in society area (Fig.-6). Majority of women were included in socioeconomic class II and III (modified Prasad classification) (Fig.-2). Majority of women 71(47%) studied up to secondary school (Fig.-3).

**Fig: 2:** Classification using Modified Prasad Classification

98(64%) women got information regarding Sakhimandal from local social worker (Fig.-4). 70(46%) women started Mandal for last 15 to 17 months (Fig.-7).
As shown in Table 1, at the time of the study, 140(92%) of women were able to purchase drugs at time of their illness. Before joining the Sakhimandal, only 44(29%) women were able to purchase. This difference was significant (p=0.008). A total of 143(94%) women had habit to save money. Before joining to Sakhimandal, only 62(40%) women had such habit. 141(93%) of women have improved their approach to sanitation.

**Hb and RBS: Initially and after 2 months:** Hb and RBS of all the women were done at UHC, Saraspur. After 2 months again these tests were performed. Paired t test was done. It was found to be significant for increase in Hb.(p=0.007,t=15.64). RBS of 4 women were found to be abnormal. But after 2 months these were corrected by giving drugs and by modifying the lifestyle.(t=11.44,p=0.002).This is the secondary data obtained from UHC, Saraspur.

**Coverage of the Scheme:** There are only 22 (44%)out of 50 families visited, who have at least one member enrolled under the scheme....So, more stringent efforts for universal coverage have to be made by authority.

**Discussion:**
Gujarat has witnessed a growth rate of 11.5% for five years ending March 2009. Along with the remarkable economic progress, Gujarat as a state is well aware of the importance of inclusive growth. To harness the multiple growth opportunities arising out of the positive developmental strides made by Government
of Gujarat, on the occasion of the Golden Jubilee Year celebration of Gujarat State starting from 1st May 2010; Gujarat Government announced 'Mission Mangalam' - as an integrated poverty alleviation approach in a demand driven convergence mode. ‘Mission Mangalam’ aims to bring the critical mass of resources to address poverty by creating a single platform for stakeholders like Banks, Industry Partners, Micro Finance Institutes and Skill Imparting Institutions, etc. to deliver desired outcomes. While building social business enterprises, the concept of ‘Mission Mangalam’ envisages integration of Self Help groups and their federations into the value chain of investors. Around 24 lakh women who are currently active under 2 lakh SakhiMandals / Self Help Groups (SHGs) are in the state are managing to the tune of Rs.1000 crores through bank linkage. Having made such a remarkable achievement, the Government looks forward to work towards the following parameters:

- Financial literacy for women, so that they can make informed choices.
- Universalization of SHGs by ensuring that each BPL household has at least one member in a SHG.
- Build federations of SHGs, and register them as formal institutions
- Set up MIS and innovative Monitoring systems

Gujarat’s most precious resource is 'people' and their potential to work towards collective betterment of the state and eventually the nation. Poverty becomes an hindrance for optimum utilization of this resource and its potential. Poverty has numerous manifestations including low and unreliable income, poor health, low levels of education and literacy, insecurity and uncertain access to justice, disempowerment and isolation from mainstream socio-economic development. Mission Mangalam, through its multi-dimensional policies and interventions aims to provide permanent solutions. It strives to provide options of income generating opportunities, ready to access means of production, affordable basic services and protection of law. Thus, 'Mission Mangalam' is a complete package with all these elements incorporated in it.

The five basic guiding principles of Mission Mangalam are:

- Leveraging upon Industry partnerships and corporate MoUs [Memorandum Of Understandings], 'the firm' goes to the community rather than people migrating to the firm.
- Improving demand and quality of rural products, thereby creating a market for these in urban segments.
- Inclusion of modern technology and processes which result in reversing the economies of scale.
- Linking local initiatives to international markets.
- Mass empowerment through ownership of assets (means of production) with producers / producer groups.

The guiding principles are based on facts viz:

- Companies have strong forward linkages but require facilities for large volume production. These companies do not have the capability to produce high volume products such as garments, honey, salt, etc. These backward linkages are provided by the Self Help Groups / Producer Groups.
- Companies would have substantial cost saving since self help groups receive both Revolving Fund and capital Subsidy for undertaking economic activities.

Strengths of Mission Mangalam:

- Readily organized manpower network comprising of more than 2 lakh SHGs and 25 lakh members evenly spread across the whole state. These are being federated, trained, imparted financial literacy and linked with micro finance from banks.
- Huge credit mobilization potential of these SHGs of more than 10,000 crores. These SHGs can avail low interest credit from banks to the tune of about rs.5-10 lakh per SHG for viable income generation activities.

Core Benefits for Corporate under Mission Mangalam:

- The concept could be incorporated into brands. There is a premium for brands that communicate concepts such as Mission Mangalam.
- The Cost of Capital for this element of the value chain with available subsidies could be as low as 3%.
- The debt would be on the books of the small entrepreneurs / SHGs / Producer groups, therefore the corporate headroom for debt would not be reduced.
- The credit guarantee as required would be provided by the bank or the small entrepreneurs.
- Facilitation from government of Gujarat for fast track approval and clearances.
- The small entrepreneurs / SHGs / Producer Groups would be provided marketable skills...
funded by Government and this could possibly be a strong corporate communication

- Convergence with government Welfare schemes
- Many of the SHG members have traditional knowledge and skills in handicrafts, handlooms, food processing, etc which can be leveraged upon by the corporate.
- The corporate would be able to leverage SHG members’ access to personal and community assets such as land, irrigation sources, conveyance facilities, infrastructure, pasture land, forest produce, etc.

Though Mission Mangalam is a ‘for profit’ venture and not a CSR support activity. However, the benefits of CSR such as up skilling people providing entrepreneurial and employment opportunities could be leveraged by the corporate.

Many other schemes have been put by the Government of Gujarat as a part of Women Empowerment and Gatisheel Gujarat, e.g. M.A. Vatsalya yojana, in which the health of the women and health of the children < 21 years are the main focus.

Each member of Sakhimandal has to go bank for transaction. In this way, they develop art of communication and they start thinking about economy of their own family and economy in larger context, at a later stage. Beneficiary woman should be the BPL card holder, or she should be from SC/ST, or widow. This is the prerequisite to form Sakhimandal.

At present, the weightage has been put by Government of Gujarat on Kanya kelavani. Today the dropout rate of students in primary school is nearly nil, which was 35% before few years back. There are so many schemes of Government to increase the female literacy. Bicycles are given to the girls if she comes in norms. Scholarships are given to increase the girl’s education.

Representative of Mission Mangalam scheme has to conduct meetings in areas involving lower socioeconomic group families. They explain about the benefits of the scheme to women of these families and also explain how they become self-reliant after joining the scheme.

As the Sakhimandal gets older, it becomes richer. The Government adds 6000/- Rs. every 6 monthly in bank account of the Mandal. Women can take loan at 1% interest rate to carry some activities like sewing or making khakhara or manufacturing of candles, agarbattis or rakhadis etc.

Summary and conclusion:
In the present study, Mission Mangalam scheme, an initiative by Government of Gujarat for poverty alleviation and Women Empowerment, started on May 1st, 2010, was reviewed with the purpose of exploring health linkages assessing perceptions of beneficiaries and to find out improvements in health and health related factors in beneficiaries.

The study was carried out in one of the wards of AMC, which included the representatives of the scheme and covered seven different areas. 152 beneficiary women, randomly selected, were also included in study to measure improvement in their health status and also to study their perception regarding the scheme. Mean age of women was 35.21±6.74 years and majority had education up to secondary standards.

At the time of the study, 140(92%) of women were able to purchase drugs at time of their illness. Before joining the Sakhimandal, only 44(29%) women were able to purchase. This difference was significant (p=0.008). A total of 143(94%) women had habit to save money. Before joining to Sakhimandal, only 62(40%) women had such habit. 141(93%) of women have improved their approach to sanitation. Increase in Hb of these women was found to be significant. Paired t test was applied (p=0.007, t=15.64). RBS of 4 women were abnormal initially. It was corrected within 2 months and was brought to normal value. Paired t test was applied (Values of Hb and RBS were collected from record of UHC, Saraspur). Only 44% families were covered under the scheme as found out by a house to house survey.

Recommendations:
More wards should be involved in such type of study. All the stake holders including the family members of the women and the programme managers and other staff members should be included. Further study should be done in longitudinal manner and regular follow up should be carried out to find out whether objective of scheme are achieved or not. After carrying out such review, appropriate modification in the scheme should be done.

References:
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