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A PRACTACAL FIELDWORK AT THE ORANGI PILOT PROJECT

KARACHI, PAKISTAN

July 1989 - October 1989

A.M.J Verheijen
Henegouwerlaan 66 A
3014 CD Rotterdam
The Netherlands

D.2- Practical Fieldwork
"Maatschappij Geschiedenis"
Erasmus University Rotterdam
The Netherlands

January 1990, Rotterdam

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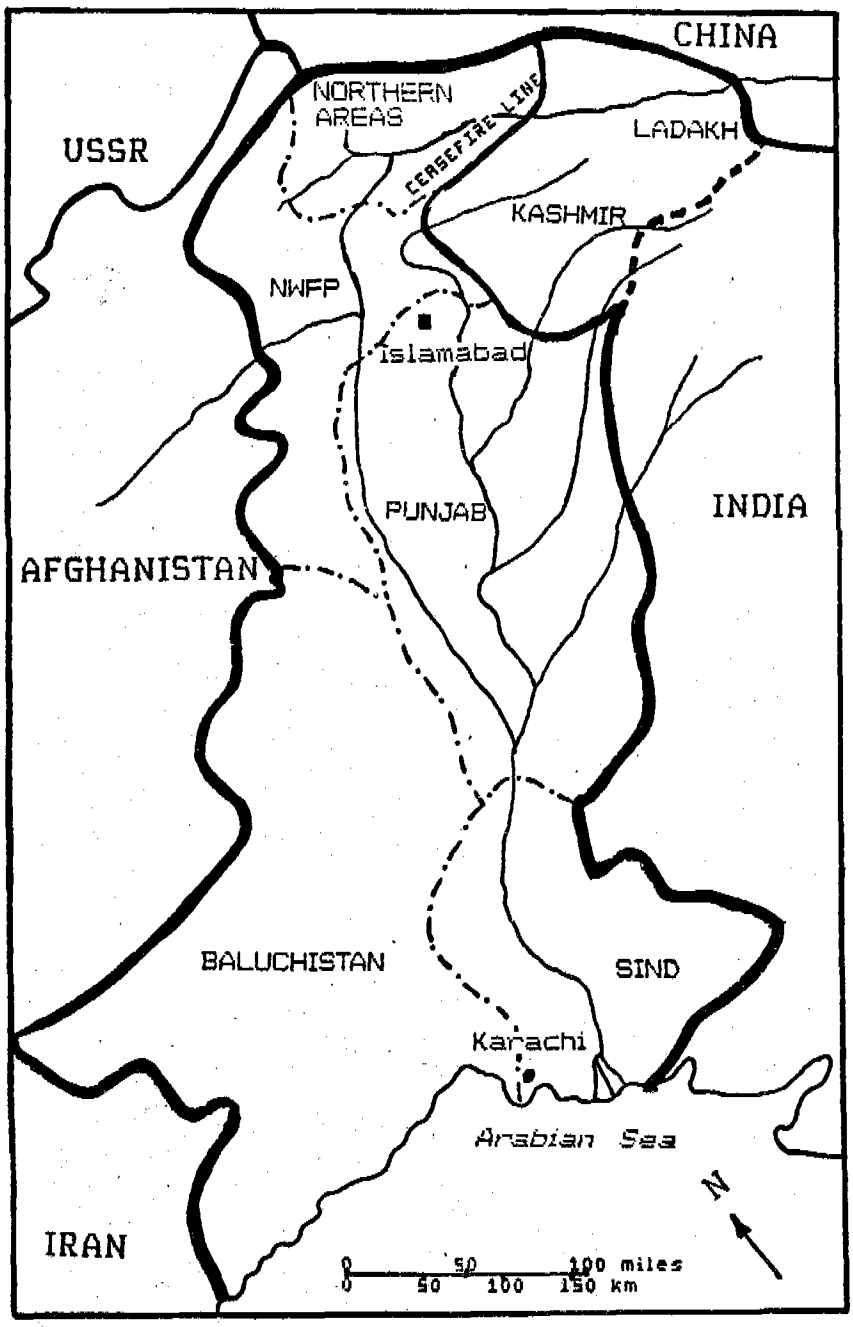
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PREFATORY NOTE

This report on my stay at the Orangi Pilot Project in Karachi, Pakistan, is the result of one of the obligations I, as a student of "Maatschappij Geschiedenis", had to fulfil.

"Maatschappij Geschiedenis" (the nearest English definition would be "Social History") is being taught at the Erasmus University in Rotterdam, The Netherlands. Besides historical subjects, attention is also given to present-day social functions which historians could fulfil. Within this framework, I have chosen for subjects on policy-making. My principal subject however, is the history of "Agrarisch-Metropolitaire Samenlevingen" (the history of Third World countries).

As I had to do a practical fieldwork, I thought a combination of these two fields of research would be preferable. Thanks to my father Mr. Th.J.M. Verheijen, the Dutch vice-consul in Karachi Mr. H.H.D. Smeeman, the anthropologist Dr. J.J. van der Linden of the Free University in Amsterdam, Joint-Director Miss P. Rahman of the Orangi Pilot Project in Karachi and my supervisor Drs. H.R. Wolf of the Erasmus University in Rotterdam, this idea turned out to be a possible one.

At the end of July 1989, I started my ten weeks practical fieldwork at the Orangi Pilot Project. I was placed at the section of the Woman Welfare Programme (one of the sections of the Orangi Pilot Project), under supervision of Mr. A. Rashid (Director of Research and Evaluation). My task was first of all to evaluate the impact of their programme "nutrition and childcare". Secondly, to get insight in the working-methods of the Women Welfare section. The findings are presented in this report.

I would like to thank the persons mentioned above, and everybody from the Women Welfare section (especially my interpreter Sanober Hassan), who have made it possible for me to do research in a developing country and in some aspects of their policy-making.

A.M.J.V.

Rotterdam

TABLE OF CONTENTS

INTRODUCTION

By the end of July 1989, I started my practical fieldwork at the Orangi Pilot Project in Orangi; the biggest slum of Karachi, in Pakistan. The purpose of this practical fieldwork was first and foremost to get working-experiences. Besides, it was also necessary to do research. This turned out to be possible at the Orangi Pilot Project.

The Orangi Pilot Project is a non-governmental institution. Its main objective is to give the inhabitants of Orangi advice how to improve their living-conditions on a self-help basis. In this organization, which consists of several sections, I joined the Women Welfare Programme section.

Before going into my research-findings, I will (in the first chapter) give some background information on the Orangi Pilot Project and (in the second chapter) on the district Orangi itself. In the third chapter I will return to my actual research-field: the Women Welfare Programme.

Here attention will be given first of all to my working-methods and my experiences during this practical fieldwork: what my questions were, how I tried to answer them, which problems came across my field, how I tried to solve them, what I have learned, more specifically: what I will certainly do in different ways next time etc. Then a description of the functioning and working-methods of the Women Welfare section will be given. Finally, I will present the results of my evaluation of the nutrition and childcare programme; one of the programmes of the Women Welfare Programme.

In the fourth and last chapter of this report, some general concluding remarks on the Orangi Pilot Project will be made, and some specific remarks on the Women Welfare Programme. Finally, I will give some possible recommendations on policy-making to the Women Welfare section.

Chapter I

THE ORANGI PILOT PROJECT

The Orangi Pilot Project, a non-governmental institution, is based on the philosophy that low-income areas should be developed through the people themselves; with their own means. The Orangi Pilot Project's main activities take place in Orangi, one of the biggest low-income settlements of Karachi, in Pakistan.

In this chapter I will first explain the origin of the Orangi Pilot Project. Then the working-method and the programmes will be described, followed by the organizational chart of the Orangi Pilot Project.

A. The foundation of the Orangi Pilot Project

The Orangi Pilot Project was founded in April 1980 by Dr. Akhter Hameed Khan, after receiving the necessary financial support from Mr. Aga Hasan Abidi of the Foundation of the Bank of Credit and Commerce International.

The backgrounds from which the Orangi Pilot Project emerged, should be explained: after Partition from India in August 1947, Karachi grew out into Pakistan's largest and main industrial, commercial and harbour city. Karachi's population growth was considerable, due to natural growth (women's most important task is reproduction) and migration (internal and external. The refugees, first from India and later on from East Pakistan/Bangladesh, are an example of external migration).[1] It is estimated that Karachi houses approximately nine million people now. This has put an enormous pressure on the governing bodies, which themselves have been anything but stable. Since Partition, Pakistan has had three constitutional reforms, has experienced coups and curfews and has spent twenty-four years under martial law.[2] It is therefore not surprising that governments' efforts to provide the urban poor with sufficient housing have failed. As a result, low-income groups tried to arrange their own housing. In the case of Orangi, land grabbers obtained land through a corrupt system of patronage-relationships from illegal land-subdividers. About two million people live in these kind of illegal settlements, where living-conditions are forthrightly bad.

In 1979 Mr. Aga Hasan Abidi formed the Bank of Credit and Commerce International Foundation. He asked Dr. Akhter Hameed Khan, whom he knew from former times, to use these funds for philantropic social work in Orangi. Dr. Akhter

Hameed Khan however, was against all charity. In his opinion, the only way to develop slums was through community organization and participation. This has been difficult to realize: although the government had not been able or willing to improve these settlements in the past, the people nevertheless expected that basic services, such as water suply and a sewerage-system, would be provided by the authorities.[3] Dr. Akther Hameed Khan's first task was to make clear that, unless people would organize themselves and mobilize their resources, no improvements in living-conditions were to be expected. The government nor the Orangi Pilot Project would provide the people with facilities. His developmentalstrategy can be understood from his saying: "We are not your patron, we are your teachers". This implies that Dr. Akhter Hameed Khan does not believe in giving welfare clinics, schools or money to the people, but that he believes in advising them how to improve their situation on a self-help basis: "development from below".

B. The working-method and programmes of the Orangi Pilot Project

The working-method of the Orangi Pilot Project is called the Research and Extension method. This requires first and foremost a discussion with and observation of the people of an area, to identify their problems. This is the main task of a research-institution. Then the problems will be studied, after which advices will be given to the people as to how to solve them. As the staff of the Orangi Pilot Project experiment in their approaches to a problem, it is necessary to constantly monitor, document and evaluate the process, to keep the right direction.

An example of this process can be given: at the beginning of the Orangi Pilot Project, Dr. Akhter Hameed Khan personally went into Orangi to investigate the problems. He discovered that the people had invested quite some capital in their houses; often supported by a local building contractor, a "thallawala", who supplied materials and labour on credit.[4] There were however no roads, no garbage-facilities, there was no electricity and no sewerage-system. The sanitation-situation turned out to be the main problem. When Dr. Akhter Hameed Khan asked why there was no sewerage-system, the inhabitants answered: "The lane is not ours. It's the duty of the government to provide a sewerage-system at no cost. Why should we do it?". But the reaction of the government's agencies, such as the Karachi Development Authority and the Karachi Metropolitan Corporation, was that they never provided free services to anyone; that as Orangi was an

illegal settlement the people could not expect anything from them and in case they would construct facilities, the people would not be able or willing to repay them. In the end Dr. Akther Hameed Khan had to persuade the people of the necessity to organize and to do the work themselves. But before he and the staff of the Orangi Pilot Project could extend their advices on the sanitation problem, three barriers had to be overcome.[5]

First there was the -already mentioned- psychological barrier that some people expected that government's agencies would provide facilities such as a sewerage-system. Time after time the staff had to make clear that it was their own responsibility. Secondly, there was the cost barrier. The conventional methods of foreign loans and developmental charges, to improve the physical surroundings, were too costly for the people. The Orangi Pilot Project staff managed to reduce the costs of a standard sewerage-system, as no profits or kickbacks were included and the design of the system was simplified. Third there was the technological barrier. People lacked the technological know-how. So the Orangi Pilot Project staff would give technical guidance, assistance and training in the construction and maintenance of the system. These activities resulted, in 1981, in the Low Cost Sanitation Programme; but only after a bond of trust was created among the people.

The Orangi Pilot Project staff took the lane as the organization-unit. A lane was made up of twenty to fourty houses and, as all inhabitants of such small area knew each other, there would be less mistrust. The people of the lane selected themselves a reliable lane-manager, whose task it was to collect and keep the money, buy the materials and organize the work. The staff of the Orangi Pilot Project gave technical advice, made surveys of the lane, maps, cost-estimates and so on. By now, ninety percent of the Orangi Pilot Project's area is covered with a sewerage-system.

In the first three years, most time was spent on holding lane-meetings and organizing and motivating people to lay their own sewerage-system. Then, in 1983, a conflict on the approach arose between the Orangi Pilot Project staff and United Nations advisers. The advisers critizised among other things the Orangi Pilot Project's work-programme and choice of technology. This resulted in a division of Orangi into two separate parts by the Bank of Credit and Commerce International, which not only financed the Orangi Pilot Project but at the same time had an agreement with the United Nations Centre for Human Settlement (or Habitat). The Orangi Pilot Project area then consisted of about 4000 acres, 3181 lanes and about 43,000 housing units.[6] As all ethnic groups of Pakistan are living in this area, Orangi is called "Mini-Pakistan". This year however the Bank

of Credit and Commerce International decided that, as the United Nations experts did not manage to develop sufficient lanes nor managed to get the invested money back from the people, the Orangi Pilot Project would be allowed to work in the whole of Orangi.

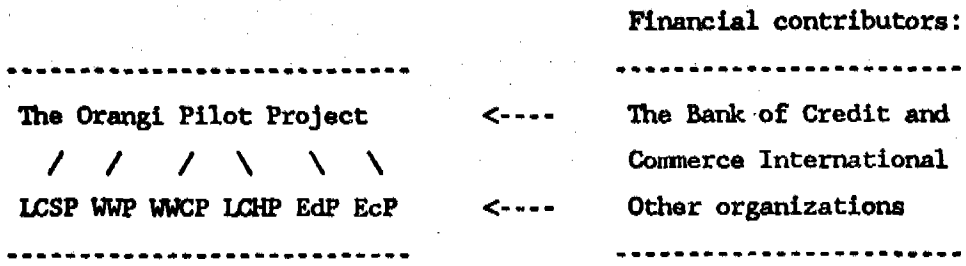
Throughout this continuous process of interaction, concerning the sanitation-question, the Orangi Pilot Project staff discovered more fields in which the people of Orangi needed advice. This resulted in a number of other programmes:

- In 1984 the Women Welfare Programme came into being
- followed by the Women Work Centres Programme in that same year
- in 1986 a Low Cost Housing Programme
- and an Education Programme were started
- followed by an Economic Programme in 1987.

C. The organizational chart of the Orangi Pilot Project

Until July 1989, the Orangi Pilot Project was closely linked to the Bank of Credit and Commerce International Foundation. Although it also received financial contributions from others (such as: the Population Division of the government of Pakistan, the Canadian Embassy, The Aga Khan Foundation, the NDFC, Cebemo of the Netherlands and the Women Division), the Bank of Credit and Commerce International Foundation remained the Orangi Pilot Project's main sponsor.

Chart 1: organization of the Orangi Pilot Project and its donor-agencies

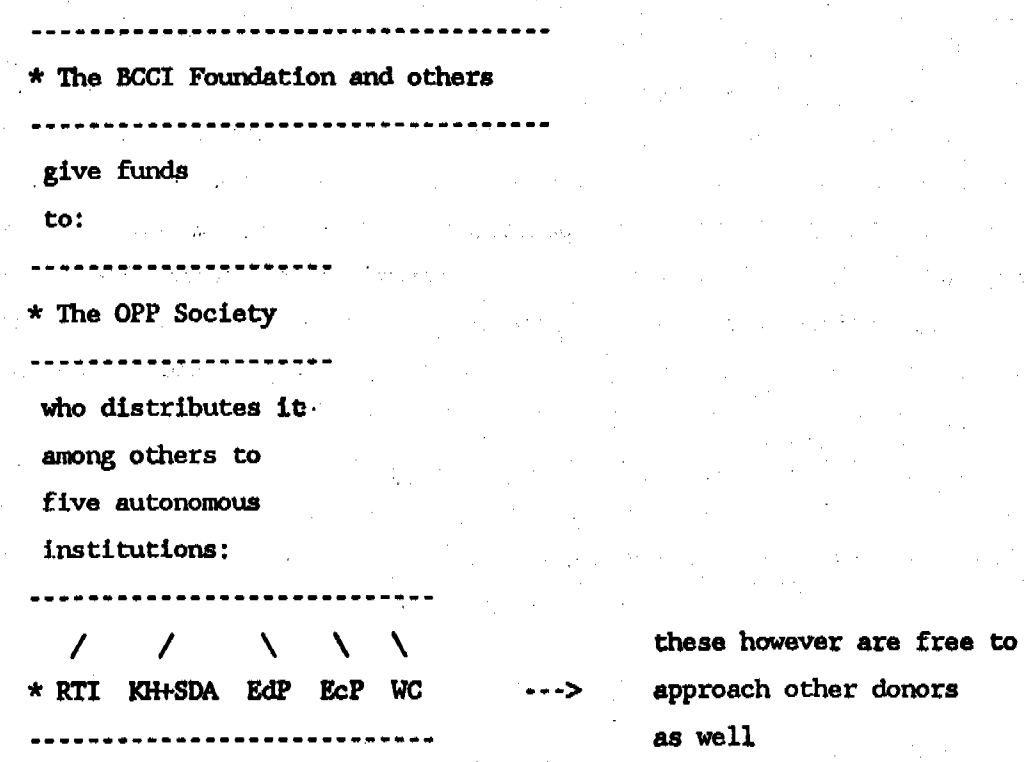


LCSP= The Low Cost Sanitation Programme
WWP = The Women Welfare Programme
WWCP= The Women Work Centres Programme
LCHP= The Low Cost Housing Programme
EdP = The Education Programme
EcP = The Economic Programme

Despite the financial support that the Orangi Pilot Project received, it remained completely independent in its policy-making. The different programmes were controlled by the central administration of the Orangi Pilot Project.

In August 1989 this structure changed however. According to Dr. Akhter Hameed Khan the models have proved to be so successful that the programmes could be transformed into autonomous registered bodies, with their own policy-making power and their own Board of Members. It is Dr. Akhter Hameed Khan's conviction that whenever possible, an organization should not be afraid to decentralize. The Bank of Credit and Commerce International Foundation previously gave its funds to the Orangi Pilot Project, but now gives funds to the Orangi Pilot Project Society, which is made up of nine persons (among others: Dr. Akhter Hameed Khan, the wellknown architect Arif Hasan, two persons from the Bank of Credit and Commerce International Foundation and other professionals and academicians). Subsequently, the role of the Orangi Pilot Project has changed: before it was an organization running different programmes; now it is a funding-agency. The Orangi Pilot Project Society can give donations to every organization which acts according to its own philosophy. The newly registered institutions (the former Orangi Pilot Project programmes) are sure of the Society's support. An other important change is that the programme-leaders are no longer completely dependent on the Bank of Credit and Commerce International Foundation for their necessary funds; if this would decide to withdraw the financial contributions, the independent institutions now have an autonomous legal position from which they can approach other funding-agencies. They are no longer fully dependent on funds from the Bank of Credit and Commerce International Foundation.

Chart 2: structure of the Orangi Pilot Project Society



RTI - The Research and Trainings Institute; this includes the former sanitation and housing programme, a social forestry programme, a women division and training programme and a research and evaluation section.

KH+SDA- The Karachi Health and Social Development Association; this includes the former women welfare programme.

EdP - The Education Programme; this programme remained the same, only now it is registered as an autonomous society.

EcP - The Economic Programme; this programme is registered as an Orangi trust.

WC - The Work Centres; these are registered as co-operative societies.

Ninety percent of the budget the Orangi Pilot Project Society receives and distributes, is spent on salaries of the total staff -79 people- of these five institutions. Until now these organizations are located in the office of what is now called the Orangi Pilot Project Society. Besides physical and financial support, the Society also gives accounting and administrative services. The expectation is however that the Research and Trainings Institute, the Karachi Health and Social Development Association and the Education Programme will soon have their own office in Orangi.

The staff of the institutions consists mainly of professionals (such as: architects, engineers, a doctor, economists etc.) and social organizers; these last try to motivate the people of Orangi to develop their community on a self-help basis. The social organizers themselves often live in Orangi, so they are acquainted with the history, the problems and the mentality of the inhabitants.

According to Mr. A. Rashid the application for a job, at one of the institutions, arises from an interest for the development of slums. The usual procedure is that an interested person first has to acquaint himself with the organization, which can take a few months. If the work satisfies the person, he or she will be taken on. Hereafter nobody will ever be fired. Although the official working-hours are from ten o'clock in the morning till five o'clock in the afternoon, there is a great variety and freedom in this. Especially the social organizers' work of motivating people mainly takes place in the evening; then Orangi-men are meeting each other and chatter.

Chapter II

ORANGI

Orangi is the largest "Katchi Abadi" of Karachi; with "Katchi Abadi" is meant an illegal low-income settlement. It is estimated that Karachi alone already has over 425 of these squatter colonies. This is the result of the inability of the government to provide the urban-poor with houses or regularized land with urban services at an affordable price.

Orangi Township is situated west of Karachi-city, on the dry table-land and hills of that area. It covers approximately 8000 acres now, and houses about one million people. Settlement began in 1965, but Orangi experienced its major growth after 1972 when the refugees from Bangladesh came. It is a relatively recent settlement, and as such differs from the earlier ones.[7] In general it can be said that:

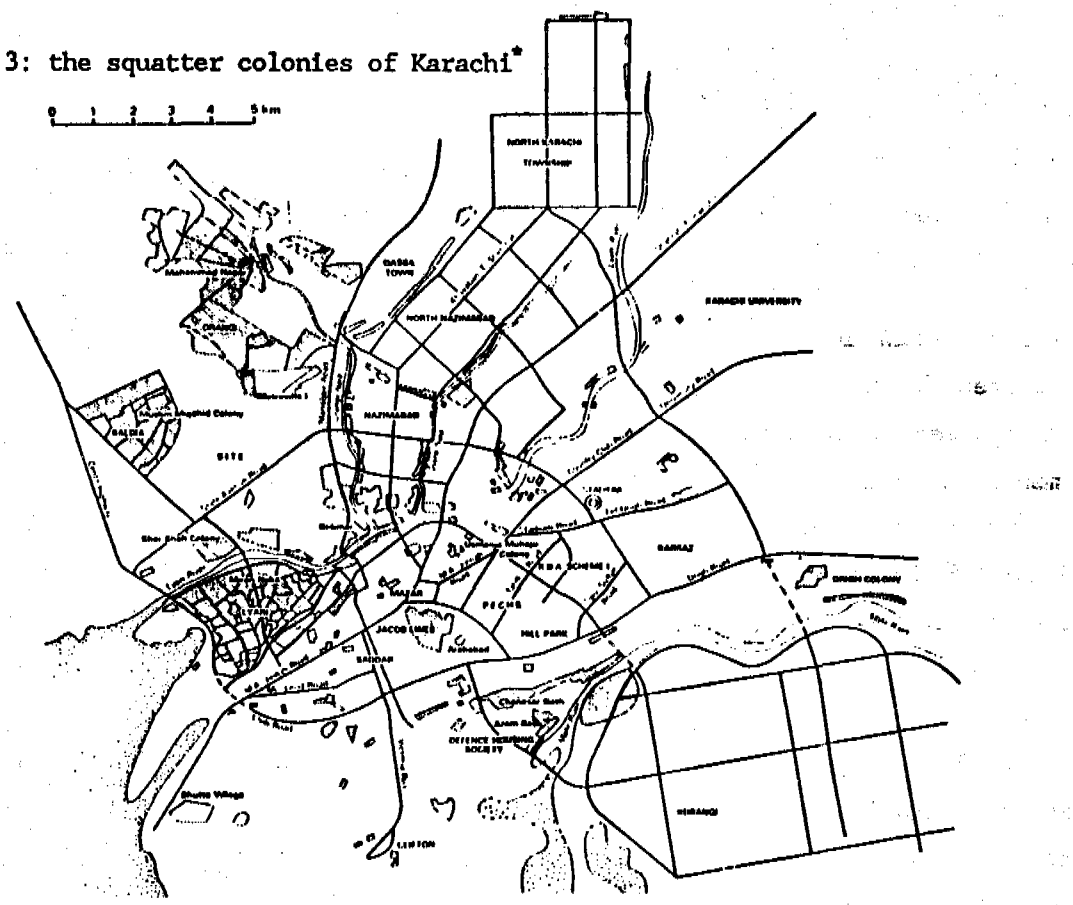
- The earlier "Katchi Abadis" were located in open areas in the centre of the city; the more recent ones on the periphery.
- As opposed to the earlier settlements, the more recent ones are planned.
- In the earlier colonies the houses were of poor construction: mat and reed, and it took a long period of time to improve. The recent ones however, have a uniform technology and are immediately better constructed, mainly using concrete blocks.
- As opposed to the earlier "Katchi Abadis", the recent ones are mixed settlements, not only ethnically, but also socially and economically.

Orangi emerged, as opposed to earlier settlements, through middlemen or "dalals".[8] These middlemen occupied land illegally with the patronage of some state-officials, who in turn received hush-money. The "dalals" were able to offer land and certain facilities at a price the people could afford. Credit, materials and advice for the building of houses was provided by local building contractors or "thallawalas". The people were completely dependent on the leaders of these informal organizations, as they also lobbied for such amenities as electricity and water. There were however also leaders who exploited the people of Orangi, or those who did lobby for and provide basic facilities, but at the same time tried to maintain the status quo of the powerless people and their unequal relationship with government-agencies.

Thus was the situation in 1980, when the staff of the Orangi Pilot Project began motivating the inhabitants of Orangi to improve their living-conditions on a self-help basis.

The policy-makers of the Orangi Pilot Project do not intend to discriminate in favour of certain ethnic or socio-economic groups. The make-up of Orangi however, leads to an emphasis on the refugees from India and Bangladesh. These Mohajirs and Biharis account for 650,000 of the one million people of Orangi. The population also includes approximately 200,000 Pathan immigrants from the northern areas of Pakistan, 100,000 local Baluchis and Sindhis and 50,000 immigrants from Punjab. Although there are prospering middle-class entrepreneurs and workshop owners in Orangi, the majority of the people belong to the lower classes. These consist among others of: labourers, artisans, skilled workers, vendors, clerks, shopkeepers and an army of unemployed. A family, being made up of about seven persons, earns an average monthly income of two thousand rupees; this is circa two hundred Dutch florins.

Chart 3: the squatter colonies of Karachi*



* Source: J.J. van der Linden/ J.W. Schoorl/ K.S. Yap (ed.), Between Basti Dwellers and Bureaucrats: Lessons in Squatter Settlements Upgrading in Karachi, Oxford (ect.), 1983, p. 41

Chapter III

THE WOMEN WELFARE PROGRAMME

The Women Welfare Programme, started in 1984, was one of the six programmes the Orangi Pilot Project staff developed. Their aim was to give the women of Orangi education in public health. In 1989, structural changes were made in the set-up of the Orangi Pilot Project. One of the consequences of thishas been that the Women Welfare Programme is registered as an autonomous institution under the name: The Karachi Health and Social Development Association. As this transformation is a very recent one, and a new concept is not yet formulated, I will mainly be speaking of the Women Welfare Programme in stead of the Karachi Health and Social Development Association.

In this chapter I will first of all give account of my practical fieldwork experiences. After that I will describe the Women Welfare Programme in general and certain policy-making aspects specifically. I will finish this chapter by presenting the results of my evaluation of the nutrition and childcare programme, one of the Women Welfare Programmes.

A. The practical fieldwork experiences

The purpose of this practical fieldwork, as a part of my study in History, was to acquire working-experiences and to learn doing research. I combined this obligation with my interest for developing countries. Thanks to Dr. van der Linden's contacts with the Orangi Pilot Project, I could fulfil my practical fieldwork in Orangi, a district of Karachi, with the Women Welfare section of that project.

As my departure to Pakistan was arranged quickly, the length of time in The Netherlands was too short to allow the preparation of a detailed research design. This was further hindered by a shortage of specific information related to the Women Welfare Programme. Dr. van der Linden and I agreed, as I had been following subjects on policy-making, that I would do research in "management".

After arriving at the Orangi Pilot Project however, all these previously made observations faded away. A flood of new impressions gave me a feeling of being uprooted. This feeling was strengthened when my supervisor Mr. A. Rashid asked me what I wanted to do or research. I asked him first of all to give me

further information on the Women Welfare Programme. It then appeared that two programmes, the family planning and the immunization programme, had recently been evaluated in co-operation with the Agha Khan Medical University. Seeing a possibility, I thereupon proposed to evaluate an other programme (nutrition and childcare), to which Mr. A. Rashid consented.

I will now first expound my questions and how I tried to answer them. Then I will describe my problems and successes; finally, what I have learned to do different next time.

1. The research-questions and the approach

As mentioned already, my practical fieldwork consisted of evaluating the nutrition and childcare programme. First of all Mr. A. Rashid and I talked about the approach: we decided that the programme would be evaluated not only by reading documentation, but also by interviewing and observing women of Orangi.

The purpose of this evaluation was to measure the impact of the programme. This would mainly be done by interviewing women in- and outside the working-area of the health teams. It was expected that after a comparison the health teams' target groups would be better informed on public health items such as nutrition and childcare.

During my first discussion with Mr. A. Rashid on the 27th of July 1989, we assumed that a hundred questionnaires (fifty in- and fifty outside the health teams' area) would be possible. This however, turned out to be a very randomly chosen number, for it took a month before the interviewing started. In the interjacent period I had to become known to the section, arrange for a translator, translate documentation with my supervisor and make up the questionnaire. (A detailed overview of work is given in Annex I).

The questionnaire can be divided into three parts. First of all some general information, such as: name, address, ethnicity, was asked. Then specific questions on nutrition and childcare, such as: do you eat vegetables, do you boil your water, how do you control diarrhoea, had a turn. Finally room was left for remarks, such as: are you satisfied with the health package. (The complete questionnaire is given in Annex II). Eventually forty-two interviews have been held; twenty-eight in the Women Welfare section's area, and fourteen outside it.

In the first month a letter arrived from Dr. van der Linden, in which he reminded me, very subtly, on our talk concerning doing research in the management of the Women Welfare section. I then included, apart from the evaluation of the

nutrition and childcare programme, a second goal in my practical fieldwork: achieving insight in the administration of the section.

Questions such as: who decides on the contents of the programmes, who finances it, who controls, evaluates and adjusts the programmes, to whom is the directress accountable, had to be answered. For that I talked with four persons in different positions: the founder of the Orangi Pilot Project, my supervisor and Director of Research and Evaluation, the manageress of the Women Welfare Programme and one person of a health team. In this way I hoped to obtain information from four different viewpoints.

2. Problems and successes

The course of my practical fieldwork can be divided into three phases. The first one was an intensive period of approximately one and a half week: I was introduced to the staff of the Orangi Pilot Project; I went into Orangi to meet women; I attended a two days' programme at the Regional Training Institute of the government, where women of Orangi were given information on family planning and nutrition and I participated in a three days' programme that the Orangi Pilot Project had organized for visiting American volunteers. It was an instructive period, in which I took much information regarding the Orangi Pilot Project, the district Orangi, and women in Pakistan.

The second period however, showed a reversal. I now had to take the initiative and organize my research, but somehow these three and a half weeks turned out to be very stagnant. This was due to problems in- and outside my practical fieldwork. For instance, it took me nearly two weeks to arrange for an interpreter who could help me interviewing women in Orangi. This as a result of the difficulty of finding a female translator (which is a requirement to talk with women) in a male-orientated and segregated society such as Pakistan. Besides, this period also had four public holidays. Finally it was decided that one of the women of the health teams would translate my questionnaires. Meanwhile the leaflets on health items which were distributed to women, were not yet translated from Urdu. As I needed that information to make the questionary, my supervisor and the directress of the Women Welfare section offered to help me. Yet this took a while again: on the 19th of August 1989, as a result of unrests, a curfew was declared in many parts of Karachi, amongst which Orangi. This meant that the office could not be reached during one week. At the end of the month, I

had my translator, my translated leaflets, my English-written documentation and my questionary.

The third phase began on the 2nd of September 1989, when I started my interviews. That month, my translator and I succeeded in doing forty-two questionnaires; besides, I talked with the founder of the project, my supervisor, the directress of the Health section and my translator (working with a health team), about the policy-making and the management of the Women Welfare section. In this way I achieved an idea of the functioning of the programmes and the section. This period also had some time-consuming moments however: vans were not always available to take the health teams and us into Orangi; sometimes my translator had work to do in office; or persons I wanted to talk to were not present; finally, September also had its public holidays: three in total.

Now I would like to go into the interviews once more. The intention was to talk with women from different parts of Orangi, and to reach different ethnicities. But it was very difficult to do this systematically. As Orangi is very big, for transport we were dependent on the areas where the other health teams were working at that moment. Although we also went on our own, on foot or by bus, this was problematical sometimes. Certain areas of Orangi are not suited for two women to walk around. We then had to arrange for somebody (a man) to join us. Sometimes, in areas where the teams never came, he first had to make contact with men before we could interview their wives. I nevertheless think we managed to obtain a satisfactorily representative section of the women. Problems of a different kind concerned the translations and the questions themselves. Undoubtedly, answers have been incomplete and errors have been made: it occurred for example that the answers of a Pathan women were translated into Urdu by her daughter, after which my translator told them in English. It also happened that leading-questions were posed and women only answered "yes" or "no". In this way important information might have gone unnoticed. Besides, it was the first time I held interviews, and the first time my interpreter translated. It also became evident that certain questions such as: are you able to follow up the health teams' advices, or would you like advice on other matters, received little response. Again however, I nevertheless think we managed to get a reasonable idea of the impact of the nutrition and childcare programme.

3. The lessons I have learned

I believe that the most important lesson I have learned, has been adjusting myself to a different culture; and I think I have made my way fairly reasonably, comparing Pakistan's circumstances with The Netherlands': the different economic and political conditions, a different climate and above all very different social relationships. Especially that last aspect has been important. For making research into women's items in Pakistan successful, insight in among others the male - female relations is a first requisite. Traditionally women are secluded from the outside world, because they are assumed to be lascivious and not able to check themselves. Men would protect women by either keeping them indoors or force them to wear very decent clothes ("a shalwar, a qameez and a dupatta") and a veil whenever going outside their houses. This system is called "purdah". Besides, women's doings are completely segregated from men's. I had to be aware of and act up to some of these customs to gain confidence from the people, and I think I managed that.

Further, as is made clear in sub-paragraph 2, I certainly acquired working-experiences: I had to co-operate with other people, arrange for an interpreter, make a questionary, interview women etc. All these occurrences differed enormously from my normal occupations as a student, and as such have been very valuable.

There are things however, I would do in different ways next time. For instance with regard to the research design, I would have to make a more detailed version and keep my original ideas better in mind. If I want to change the field of research, I should do it well-consideredly, by constantly evaluating the process; not in a feeling of despair. I should also keep a strict check on activities; not letting things take their course as sometimes happened for example with the interviews. Finally, I should be more assertive in an earlier phase; with this is meant asking people advice whenever something is needed or unclear.

B. The Women Welfare Programme further explained

Although the present-day Women Welfare Programme dates from June 1984, its previous history should also be expounded. Ever since 1981 it was tried to organize women of Orangi, as their role in community development could be an important one. In this line of thought home schools, first aid centres, women's and youth's clubs were established. These Women's Programmes had limited

successes however. It became evident that the Orangi Pilot Project was not yet in a position to sustain permanent groups; it was beyond their financial and manpower capacity. Consequently, in June 1984 the approach was changed. Two seperated Women's programmes started: the Women Welfare Programme and the Women Work Centres Programme.[9]

I will first of all describe the Women Welfare Programme in general: the goals, the working-method and the programmes. Then I will go more specifically into the management of the section.

1. General information on the Women Welfare Programme

An important aim of the Women's programmes has already been mentioned: organizing women. Besides, there was a feeling that women should be educated in public health. Due to among others an insufficient sewerage-system and the ignorance of the modern hygienic principles there were many illnesses in Orangi. Although the Women Welfare section lacked an elaborate programme (in general a pilot project is experimental in nature), attention would mainly be directed to the causes and the prevention of diseases such as: diarrhoea, malaria, measles, typhoid, influenza, whooping-cough, tuberculosis, scabies, etc. There were enough clinics, doctors, and quacks however, to cure the people (at high costs), but they did not give them advice how to stay in good health.

The working-method of the Women Welfare section was closely bound up with the way in which access to women was gained. The traditional and segregated women of Orangi generally stayed indoors; only in emergencies or on special occasions would they go out of their houses. In consequence of this, women hardly went to the existing welfare centres for advice. These stationary centres turned out to be very ineffective.[10] The policy-makers of the Orangi Pilot Project on the contrary, sent mobile health teams into Orangi. These would go to lanes where the Low Cost Sanitation Programme was completed; this was a prerequisite which had to be met before health-education would be given. The lane-manager of the sanitation programme would recommend an active woman to the health teams, known as an organizer or a lane-activist. Her tasks were to place a room at the health teams' disposal (known as the women health centre) where the health meetings could be held, and to gather women from approximately five to fifteen lanes to attend the meetings.[11] As opposed to the earlier mentioned remote welfare centres, women were allowed to walk to the women health centres, as they were in the neighbourhood.

The health teams explained and executed the health package in a short and businesslike manner in a one hour lasting meeting. Each team consisted of a lady health visitor, a social organizer and in the beginning also of a gardening-expert.[12] The lady health visitors carried out the technical actions, such as: vaccinating children and pregnant women, and introducing intra-uterine devices to women. The social organizers motivated women to attend the meetings and to follow up the advices on, among other things, the prevention of diseases, nutrition and childcare. As a team worked together for a longer period of time, the division became less clear; certain tasks such as vaccinating and motivating would be done by either. That also applied to the advice on the planting of vegetation, which was no longer done by a special gardening-expert, but by the lady health visitors and the social organizers themselves. These teams were directed by a Lady Doctor.

In the course of years, certain changes occurred: in the beginning separate health meetings were held. One on general public health items, the other specifically on family planning, as this was a controversial subject. After six months however, women got accustomed to the item and family planning groups could be merged with the general ones. In the beginning the Women Welfare Programme started with one health team. Thanks to a grant from the Population Welfare Division of the Federal Government of Pakistan, late December 1984, a second team could be added and a new van bought. Besides the basic donations of the Bank of Credit and Commerce International Foundation, the Agha Khan Foundation also gave contributions from late 1985 onwards. The section now consists of four teams (four lady health visitors and four social organizers), has two vans to take the teams into Orangi and one jeep for the directress (the Lady Doctor). In the beginning, in June 1985, there were two hundred and eighty-eight lane-activists. As this made regular meetings impossible, it was decided to reduce the number. There are now eighty-four centers. Finally, approximately fifteen to thirty women attended the health education meetings in the beginning. This number has diminished to approximately ten. In five years three thousand families attended the Women Welfare Programme.

This low-cost health programme was initially directed towards education on the causes and the prevention of diseases. Discussions with women however, also showed a need for advice on family planning. This could be taken up, as the Orangi Pilot Project worked according to an action-research model. This implied that any desired subject could be taken up. As Doc. Sahib (Dr. Akhter Hameed Khan) said: "Try an immunization programme, try a gardening programme, try a nutrition and childcare programme; in the process you will find your way".

The women were educated by means of health meetings in which lectures were given,

discussions took place and leaflets with advices were distributed.

2. Management and policy-making aspects of the Welfare section

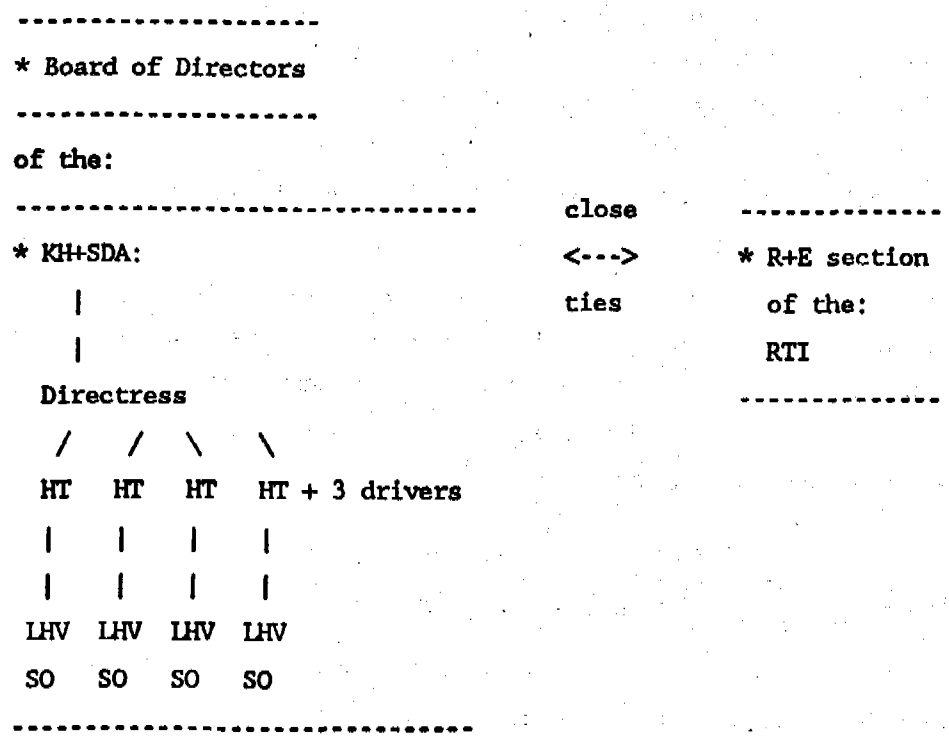
The Women Welfare Programme was based on the Orangi Pilot Project's philosophy. This appeared mainly from the same emphasis on community organization and participation, and on community-based developmental work. The lane-activists accomplished an important task in the Women Welfare Programme: they were the link between the health teams and the women of the lanes. They were, according to the findings in the quarterly report of April-May-June 1985, "early adopters of the programme, promotors of innovations, effective and permanent organizers among neighbours".[13] Through them the basic health and family planning programme would be organized and extended. Another conformity in the approach was the emphasis on the use of both professionals and social organizers in the process of development. Further the research and extension method was employed. This however was less elaborate, although research was done to discover the needs of women upon which a package of advices was made, hardly any evaluation of the programme has been made. Besides profiles and case-studies of early adopters, one profound evaluation has been done. In 1989, in co-operation with the Agha Khan Medical University and the Research and Evaluation section, the impact of the family planning and vaccination programme was measured. Though not all results were yet complete, it was known that 44.3% of the 1050 interviewed women practiced birth control. This was a tremendously high number as compared to the national 9.1%. It also appeared that 90% of the children were vaccinated. The other programmes have not been evaluated however. As for the extension of the programme, three thousand families were reached in five years. Compared to the forty-nine thousand, eight hundred and sixty-two (49,862) families with a sewerage-system in the Orangi Pilot Project area, this was a limited number.

I will now go further into the organizational chart, the financial foundation and the job specifications of the Women Welfare section. Then I will work out some policy-making aspects of the programme. Finally I will give some concluding remarks.

* Although there were organizational changes in the Orangi Pilot Project in 1989, the structure of the Women Welfare section remained the same. What changed however, was the top-management level. The Women Welfare Programme now became an

independent institution, with its own governing body. The Board of Directors, of the -what is now called- Karachi Health and Social Develpoment Association, consisted of fourteen members. Among them was a President (Dr. Akhter Hameed Khan), A Vice-President, a General-Secretary (Dr. Mrs. Shamim Zainuddin Khan; the directress and Lady Doctor of the Women Welfare section or Karachi Health and Social Development Association), a Joint-Secretary and a Treasurer. The executive committee further consisted of a member of the health teams, members of the Agha Khan Medical University and other sponsors.

Chart 4: structure of the Karachi Health and Social Development Association



KH+SDA- The Karachi Health and Social Development Association
HT - The Health Team
LHV - The Lady Health Visitor
SO - The Social Organizer
R+E - The Research and Evaluation section
RTI - The Research and Trainings Institute

The budget of the Women Welfare Society stands at Rs. 377,488 (approximately 37,748 guilders), for the year 1989-1990.[14] Of this, Rs. 200,000 were donated by the Non-Governmental Organizations Co-ordinating Council, of the Population Welfare Division of the Federal Government of Pakistan. Rs. 91,600 were donated by the Agha Khan Foundation and 85,888 by the Orangi Pilot Project Society. The greater part of the budget, Rs. 312,972 was spent on the salaries of the staff of the Women Welfare section. The remaining part, Rs. 64,516 on operations such as transportation costs, equipages, contraceptives and contingencies.

The Women Welfare Programme was directed by a Lady Doctor. Her tasks were multiple, because a directress should manage the programme and the team; co-ordinate the top-management (the Board of Directors, the donating institutions, the public health sectors) and fieldwork level; supervise the process by documenting, monitoring and evaluating the work; do research; write reports and give direction to the programme. To lighten her tasks, work has been decentralized. In the lesson plan of February 1989 the directress wrote: "The teams have free hand if they can ..... prepare any new leaflet or design any package to extend or consolidate the programme."[15] The lady health visitors and the social organizers fulfilled additional tasks besides their daily fieldwork: a programme manager was responsible for the health teams' activities in the field; an other was responsible for the entire vaccination programme; two members recorded the meetings, maintained the records, wrote reports and made the schedules; two others were responsible for the entire family planning programme; the last two members assisted the others.

* After observing the living-conditions in Orangi, a need for educating women in public health was felt. The programme was composed by the Women Welfare section and Dr. Akhter Hameed Khan, in interaction with the women of the district. The main ideas however, came from Doc. Sahib (Dr. Akhter Hameed Khan), who is a very experienced social scientist.

The Women Welfare Programme was constantly monitored, to keep the right direction. On Sundays the section held review meetings, in which such items as the progress of work, problems and changes in approach were discussed and new targets would be fixed. The findings were recorded in Urdu in weekly and monthly reports, and in English in quarterly reports. (A recent report is given in Annex III). Data about the health meetings were also carefully documented, with details on the number of lane activists, meetings, participants, vaccinations, family planning adopters, kitchen gardening adopters, deaths and diseases. Finally, the

directress had to account for the po... to the Orangi Pilot Project Society and the Board of Directors of the Karachi Health and Social Development Association, the Non-Governmental Organizations Co-ordinating Council and the Agha Khan Foundation. These last two donating institutions did not interfere in the policy-making; they only want to monitor the process via these reports. The Orangi Pilot Project Society and the Board of Directors of the Karachi Health and Social Development Association however, maintain close relationships with the Women Welfare section through Dr. Akhter Hameed Khan. Being the founder of the institutions, his advices and remarks are highly appreciated.

The research and extension working-method was, as already has been described, little elaborate. Despite accurate documentation, "research remained a week link in the Women Welfare Programme,"[16] and "the gradual extension of the programme in the three thousand lanes and to the forty-three thousand families of the Orangi Pilot Project area,"[17] indeed took place very gradually. Three evaluations have been made: in 1984 a health survey was done in Orangi by Agha Khan Medical College students. In 1989 a report was written by the Research and Evaluation section on the statistical data of the Women Welfare Programme 1984-1988. And the impact of, especially, the vaccination and the family planning programme has been evaluated in 1989, with the help of the Agha Khan Medical College and the Research and Evaluation section of the Research and Trainings Institute.

Field-experiences however, led to adjustments in the programme. For example: the number of lane-activists had been reduced, as it turned out to be impossible to hold regular meetings; a megaphone was introduced so that more women could hear the announcements when meetings were to be held; in the beginning contraceptives were supplied in meetings, later this was done by female sales agents (for women) and chemists (for men).

* In this sub-paragraph I dealt with the organizational chart of the Women Welfare section, the financial basis, the allocation of several tasks, the persons who were responsible for the making, the monitoring, the research and extension, the evaluations and the adjustments of the programme. I noticed that during these processes decisions were made by the health section in close consultation with Dr. Akhter Hameed Khan and Mr. A. Rashid of the Research and Evaluation section. They took an important part in conversations, evaluations and policy making. Characteristic of the Orangi Pilot Project's approach was the openness in discussions; everybody (the management, the professionals, the social

organizers) had a say in the matters. Everybody was accountable to each other. This took place both formally and informally.

Two items received special attention recently. The first one concerned the decline in the attendance at health meetings. According to the directress of the programme, Dr. Mrs. Shamim, a saturation point has been reached. She estimated that 70% of the women attended the meetings out of interest for the vaccination programme. Many children are fully immunized by now. Time after time however, women should be told about the other programmes as well, as it is important to change their attitudes on for example nutrition and childcare. Furter, new target groups should be found. The second item concerned the number of women that were reached by the health teams. According to Mr. A. Rashid, three thousand women were not enough. The programmes should be extended, with the same staff and budget, to six thousand women. The intention of the health section was to hold forty meetings a week (four teams had to organize two meetings a day, five days a week); this however, turned out to be difficult to realize, due to riots, curfews, holidays, rains and heat on the one hand, and organizational problems (such as the absence of staff and/or vans) on the other hand. These causes might remain an obstacle for the extension of the Women Welfare Programme.

C. Evaluation of the nutrition and childcare programme

As has been mentioned before, the nutrition and childcare programme was one of the fields of attention of the Women Welfare section. It often played second fiddle however. For one thing women were mainly interested in the immunisation and family planning programme, for another the health teams were unable to cover the whole health package in a single meeting. So besides vaccinating children and pregnant women and introducing birth-controlling devices every time, they alternately dealed with nutrition, or childcare, or prevention of diseases, or kitchen gardening. In the lesson plan of September 1989 it was for the first time written that "each team should ... add ... more elaborate package of advise for Nutrition".[18] This should include advices on the concept of a balanced diet, the addition of cheap raw seasonal vegetables to the daily menu and weaning food.

Before going into the findings of the evaluation of the nutrition and childcare programme, I will first expound how I took up the research and the main questions asked.

1. The working-method and questions

One of the purposes of the research was to achieve an idea of the impact of the nutrition and childcare programme. To this end it was decided that women from different parts of Orangi would be interviewed by an aselect random test. It was hoped that various ethnicities and social strata would be reached. The research-results of twenty-eight interviewed women in the Orangi Pilot Project's area (where the sewerage project was completed), would be compared with the results of fourteen interviewed women outside the Orangi Pilot Project's area. (A detailed overview of areas is given in annex IV).

The questionnaires will be analysed as follows: the first seven questions give an indication of the socio-ethnic make-up of the interviewed women. The queries eight up to ten and thirty up to thirty-two, are only relevant to the women in the Orangi Pilot Project's area, as the first questions are concerned with the participation of the women in the health meetings, and the second ones with their satisfaction with the programme and the meetings. The remaining queries are concerned with nutrition and childcare. From these I will deal with a few only, as that will be sufficient to give an idea of the functioning of the programme.

The advices on the use of raw seasonal vegetables, milk, fruit, weaning food and boiled water will certainly be evaluated. That also counts for the advices on the use of meat and fish, as this turned out to be an example of inadequate interviewing. Attention will also be paid to the functioning of lunch boxes for school-going children, and the making of oral rehydration salt during diarrhoea. Finally, the sewerage-systems will be mapped out.

2. Advices on nutrition and childcare, and its practice

Advices were given by health teams by holding lectures, discussions with women and distributing leaflets. There were fifty-eight leaflets on health items. Several of these specifically on nutrition and childcare, such as: boil water-its advantages, balance diet, growing vegetables - get seeds free of cost, how to grow wheat sprout, and health hygiene.[19] I will go further into these advices when I deal with the nutrition and childcare questions. Now I would first like to go into the socio-ethnic make-up of the interviewed women.

The directress of the Women Welfare Programme said that no distinction was made between various ethnic groups of Orangi and that attention was directed

towards all social groups. I found that fifty-eight of the eighty-four lane activists in the Orangi Pilot Project's area were Mohajirs and Biharis (from now on both called Mohajirs). Fifteen were Punjabis, nine were Pathan women and there were only two Baluchi lane activists. In my aselect random test I interviewed eighteen Mohajirs, eight Punjabis, one Pathan and one Baluchi woman in the Orangi Pilot Project's area.

Table 1: number of lane-activists as a percentage of the total ethnic group

Ethnicity	Inhabitants in Orangi	Lane activists	Interviewed women
Mohajir	650,000 - 65%	58 - 69%	18 - 64%
Punjabi	50,000 - 5%	15 - 17%	8 - 28%
Pathan	200,000 - 20%	9 - 11%	1 - 4%
Baluchi + Sindhi	100,000 - 10%	2 - 3%	1 - 4%
	1,000,000 - 100%	84 - 100%	28 - 100%

According to this table, only the Mohajirs (accounting for 65% of the inhabitants in Orangi) were properly represented by the number of lane-activists (69%). The Punjabis were very much over-represented while both the Pathan and Baluchi + Sindhi groups were under-represented. It is not clear whether these differences are caused by the way in which the programme is operated or that these are caused by cultural differences in the various ethnic groups. It is striking however, that in the non-Orangi Pilot Project's area six women (from which three Pathan and two Baluchi + Sindhi women) out of fourteen expressly made mention of the problem of mobility and the language barrier; they hardly spoke Urdhu. Although these factors might hinder the works of the health teams, they are not insurmountable.

Socio-economically all strata were reached. This can be demonstrated by, among others, the educational level. Out of twenty-eight questionnaires in the Orangi Pilot Project's area, fourteen women and eight men were non-educated, nine women and five men had followed one to six classes, and five women and fifteen men had attended more than six classes. Jobs of men also showed a great variety. There was a gardener and a carpenter, somebody who ironed clothes in a factory, there were several drivers and tailors, even a restaurant owner and a teacher in

Karachi-city. On the educational level the non-Orangi Pilot Project's area differed tremendously. From fourteen questionnaires in this area thirteen women and ten men turned out to be non-educated, only two men had followed one to six classes, and one woman and two men had attended more than six classes.

According to Dr. Mrs. Shamim, women participated in health meetings first and foremost to learn about, among others, the causes and prevention of diseases, childcare and family planning. Secondly, but as important, the meetings would be a social get togethers. This was confirmed by the questionnaires. Merely four women emphasized they only attended meetings to learn about health items. As one woman said: "My husband doesn't like if I talk with other women." For all others however, it also had a social function. Two reasons could be pointed out why women were allowed to attend the meetings: first, they were held in the neighbourhood and secondly, they were useful as women were taught in health and their children were vaccinated, free of costs. Often it was their only opportunity of meeting other women. With the exception of three women, all attended every meeting, approximately once a month, varying mainly from two up to four years. These twenty-eight interviewed women thus showed a great persistence in following the health education programme. But attendance is declining. As the directress said: "A saturation point has been achieved, particulary there where the immunisation programme has been completed." This might indicate that women considered the social function of meetings of minor importance, compared to the learning function, or that their men no longer allowed them to attend the meetings as their children have been fully immunized. In my opinion especially this last possibility should not be overlooked.

I will now return to the questions concerning the nutrition and childcare programme itself. Dr. Mrs. Shamim puts the emphasis on the use of cheap raw seasonal vegetables in the daily menu. She advised to add, among others, carrots, cabbage, cauliflower, radish, and cucumber to the traditional raw salad, which consisted of tomatoes, onions, green chilies, lemon and mint. To visualize the importance of raw vegetables in a balanced diet, because of its vitamins, minerals and proteins, it was decided to demonstrate several vegetables and their preparation in meetings. According to my experience however, this was not done often, and should be done more frequently. Especially because the feeling existed that women did not vary their traditional raw salads or their cooked vegetables much. This appeared to be confirmed by the interviews. In the Orangi Pilot Project's area as well as in the non-Orangi Pilot Project's area, practically all women prepared cooked or raw vegetables every day. The number of women that had raw vegetables in their daily menu was higher in the first mentioned

area (nineteen out of twenty-eight), than in the second mentioned area (six out of fourteen). In both cases however, salads consisted mainly of tomatoes, onions and green chilies. It thus can be stated that, although vegetables are used daily, the programme has not yet been successful in introducing varied raw vegetables in the daily menu of women of Orangi.

Further the section of the Women Welfare Programme expounded the necessity of some cheap fruit, for all family members, in the daily menu, and at least children from zero to five had to drink milk daily. As for fruit, this objective was not completely reached. Approximately half of the twenty-eight interviewed women said that their family ate fruit less than four times a week; mainly two or three times a week. The other half however, did eat fruit daily. The non-Orangi Pilot Project's area showed very different circumstances. Here three families out of fourteen ate fruit daily, six less than four times a week (mainly once a week), and five families even less than once a month! This might be due to poorer economic conditions. As for milk, the majority of the Orangi Pilot Project's women (twenty-two out of twenty-eight) gave it daily separately to children. This also applied to half of the women of the non-Orangi Pilot Project area. The other half however, just added some milk when drinking tea.

The health teams also advised women to boil the drinking water for children from zero to two years. This was done by six women in the health section's area and by two women in the non-section's area. One reason for this was that boiling of water is a costly undertaking, whether wood, kerosine or oil were used. This was also observed by Dr. Mrs. Shamim. Still half of the interviewed women of the Orangi Pilot Project's area, boiled water for children till the age of one or one and a half year; this was done by four women (out of fourteen) in the other area. Finally, there were eight women in both areas who never boiled the water for the children or only till the age of six months. This indicates a better situation in the health section's area.

As far as weaning food was concerned, both the directress of the Women Welfare section and my interpreter were satisfied with the implementation of this part of the health programme. It was striking however that according to my research findings this topic was also successful in the non-Orangi Pilot Project's area. Let me now first, briefly, describe the package of advices. From two months onwards, fruit juices and the liquid of vegetable soups should be added to the diet of a child. After four months more solids such as a piece of a banana, a piece of an egg, boiled tomato, meat, pulses, wheat and potato may be added gradually. In local terms mixes of this food are called: "sagodana, kitcheri and dalya." After one year the child can share family meals as long as

no spices are used and enough meat, fish, milk, fruit and vegetables are given. After two years the quantities should be increased. It turned out that virtually all women in the Orangi Pilot Project's area (with the exception of one) as well as the non-Orangi Pilot Project's area (with the exception of two women), acted according to these advices. The first exception concerned a mentally retarded child of one and a half years who only drank milk; the second exceptions were in the non-Orangi Pilot Project's area, where women were in general less informed on health items. I learned however, that women in the non-Orangi Pilot Project's area still received some information by means of television and radio programmes, doctors, family traditions and health meetings at other places. I was amazed to discover that two women who had come from Bangladesh approximately two years ago, had attended comparable health meetings there.

The analysis of the advices on the use of meat and fish, was an example of misunderstandings during the interviewing. We asked women: "What do you eat for breakfast, lunch and dinner." I expected that they would answer precisely: "This and this and... that." In the course of time however, I discovered that women were helped by means of asking questions such as: "Do you eat meat and how often." It thus happened that the fish was forgotten. This pointed out to me the importance of speaking the local language, and if not, the importance of constantly being alert. In this case I did not collect sufficient data. Women were advised to eat meat twice a week and fish at least once a week. As for meat it can be said that in the Orangi Pilot Project's area at least five women out of twenty-eight did not meet this end, in the non-health section's area this were four out of fourteen.

A remarkable feature concerned the school-going children. The Women Welfare section advised women to give their children lunchboxes and clean drinking water when going to school. Not money, because with this they would buy sweets, ice-cream, soft drinks and so on. Although all women were familiar with this subject, only seven out of twenty-eight acted up to the advices. In the non-Orangi Pilot Project's area two women out of fourteen gave lunchboxes to their children. Asking why they did not follow up the advices, they answered: "My child wants sweets, otherwise he starts crying." Or: "Other children also buy toffees and ice-cream, so that's what my child also wants." And: "They want money in stead of lunchboxes, otherwise they won't go to school." Maybe advices on pedagogy should be added to the programme!

A dangerous disease for children is diarrhoea. Therefore the health teams continuously explained how to control this illness. They advised women to give their children a light diet and oral rehydration salt. This could be made cheaply

by women themselves. They had to boil one liter of water and add eight teaspoons of sugar and one teaspoon of salt to it. It appeared that nineteen out of twenty-eight women in the health section's area knew correctly how to prepare the oral rehydration salt. In the non-Orangi Pilot Project's area these were two (the two women from Bangladesh, who had been attending health meetings there) out of fourteen. Three had heared of the possibility, but had forgotten how exactly to make the liquid. Six women knew you could buy oral rehydration salt and three had never heared of it. According to the results of the research, it seemed quite right that the directress of the section was satisfied with this part of the programme.

As has been mentioned before, the Women Welfare Programme would be introduced there where the underground sewerage-system was completed. This was, with the exception of two households (one had a soakpit in their house, the other had an open drain in their lane), indeed the case for twenty-six families in the Orangi Pilot Project's area. In the non-health section's area however, only five out of fourteen families had a complete underground sewerage-system. Others used soakpits in their homes, had open drains in their lanes or led filth to the creek.

Finally I will deal with the last questions of the interview, which measured the satisfaction of the women of the Orangi Pilot Project's area with the health programme and the meetings. We first of all asked women whether they were able to follow up the advices; whether the programme was realistic. According to Dr. Mrs. Shamim it was. "The programme was close to their needs." But we had difficulty in making this question understood. Eight women did not answer at all. Others only answered specific questions such as: do you boil water (why not), do you prepare lunchboxes (why not) and do you eat raw vegetables every day (why not). They did not reason on their own however. I agree that the advices were realistic although as Dr. Mrs. Shamim said: "It goes slow to change attitudes," and there were income-problems as thirteen women out of twenty-eight mentioned emphatically. This might explain why not all advices were followed up by everybody. The second question whether women were satisfied with the health package or whether they would like advice on other matters, neither led to animated discussions. All twenty-eight women were satisfied and four only made mention of other fields of interest, which were mainly related to their economic situation: "How can we gain income?" And: "The Orangi Pilot Project should give women work; we need work." One woman asked for medicine against mosquitoes and typhus. As for the impact of the Women Welfare Programme, all women affirmed that the health meetings had changed their "life style". They now take more care of cleaning

house and children, they now eat more raw vegetables and have learned how to make oral rehydration salt; before the health teams came they hardly boiled water and paid less attention to the weaning food of their children.

Concluding: according to the directress of the Women Welfare section her programme was practicable; all women were satisfied with the health package and said it certainly had changed their living-circumstances. Although the health sections introduced their package in June 1984, they have not managed to carry the whole programme into effect yet. As Dr. Mrs. Shamim said, the interest in the prevention side is still lacking and, as can be understood from the evaluation of the interviews, not all advices on nutrition and childcare have been followed up. Compared with the non-Orangi Pilot Project's area however, these women stood nearer to the advices of the teams in regard to the use of milk and fruit, the boiling of water and the knowledge of making oral rehydration salt. Women in the non-health section's area were also interested in women welfare meetings however, as can be proved by their attention for television and radio programmes on health. But, as they themselves mentioned, a first requisite was the construction of a water and sewerage-system, which was still absent in their area.

Chapter IV

CONCLUDING REMARKS

The Orangi Pilot Project is one of the many organizations in Karachi, Pakistan, which is engaged in developmental work. As a result of their approach to urban problems, the Orangi Pilot Project's staff received much attention both inside and outside Pakistan. According to the founding father of the Orangi Pilot Project, Dr. Akhter Hameed Khan, developmental work should come from "below". With this is meant that the poor have to organize themselves and improve their living-conditions on a collective and self-help basis, as the government agencies neglect them and the foreign agencies' work is too coslty for them.

Ever since 1980, the Orangi Pilot Project's staff made inquiries into the problems and the needs of the inhabitants of Orangi. In dialogue with them, six programmes were started by way of which the people were motivated and adviced how to deal with their living-conditions and problems themselves. There was:

- a Low Cost Sanitation Programme,
- a Women Welfare Programme,
- a Women Work Centres Programme,
- a Low Cost Housing Programme,
- an Education Programme, and
- an Economic Programme.

A remarkable feature of the policy of the Orangi Pilot Project's management was their emphasis on personal relations. Whenever a person was employed by the Orangi Pilot Project he or she would get a permanent appointment, notwith-standing his or her functioning. This could result in a deteriorating functioning of a programme, which might even reinforce now the programmes have been registered as autonomous bodies (August 1989). It is thinkable that in consequence of this decentralization, and in consequence of the commitment to personal relations, bigger differences might occur between the functioning of the independent institutions. It belongs to the possibilities that some organizations will extend their field of activities while others will stagnate; that some, as opposed to others, will to a certain degree digress from the Orangi Pilot Project's philosophy. This however, time will show.

The Women Welfare section, where I did my research, was set up in 1984. Its aim was to educate the women of Orangi in health. To that end mobile teams were formed which would hold health meetings at a lane-activist's house, where women

from the neighbourhood would gather and would participate in the programme. My task was to study the policy-making of the Health section and the impact of the "nutrition and childcare programme"; one of the parts of the Women Welfare Programme.

With regard to the policy-making, it was evident that not only the directress of the Health section influenced that process, but also Dr. Akhter Hameed Khan, the director of the Research and Evaluation section and the team members themselves. They all, in one way or the other, participated in the making up of the programme, the research, the extension, the monitoring and so on. This resulted in many lines of communication, which not always went by way of the formal hierarchy. Within this sphere two subjects received special attention recently. First there was the problem of the decline in women's attendance at the health meetings. According to the directress of the programme a saturation point has been achieved now most of the children have been fully immunized. But women still lack the knowledge on the preventive side. Secondly, the director Research and Evaluation stressed the necessity of extending the programme from three to six thousand women. In my opinion several possibilities are obvious. The, for a longer period of time, existing lane-activists could be made self-reliant after receiving complementary training, so the health teams could direct their attention to the other lanes as well. In case of difficulties the health teams could be retained for professional support. The lane-activists should also help motivating the women to attend the meetings out of interest for the preventive medicine, not only for the vaccination programme. Now that the Women Welfare Programme has been registered as the autonomous Karachi Health and Social Development Association it has been made possible to look for additional financial support as the Association sees fit. With this the number of teams could be extended by way of which more women could be reached. It does require a more conscientious working-method however. At present it too often happens that health meetings are delayed and working-hours are shortened.

With regard to the impact of the nutrition and childcare programme, it can be said that women in the health teams' area were better informed on health items than women in the non-Orangi Pilot Project's area. Milk, fruit, boiled water and oral rehydration salt were used more often by women in the first than in the second mentioned area. Women in the non-health teams' area did receive information via the radio, the television, the doctors and the family however. A few had even attended health meetings at other places. But the existing difference in knowledge was determined, in my opinion, by the frequency in which information on health was distributed. The health teams have been visiting women once a month

for five years now, but it should be noted that even these women did not fully act according to the advices given. A second remark concerns the ethnicities reached in the Orangi Pilot Project's area. It has been shown that the Pathan, Baluchi and Sindhi lane-activists were underrepresented if compared with their actual number of inhabitants in Orangi. As such it could also be assumed that less Pathan, Baluchi and Sindhi women were reached than would be justified by their actual numbers. Although these women might be less mobile and speak less Urdu, as has been observed in the non-Orangi Pilot Project's area, they should not be overlooked. It is important that these women also contact new ideas on health and the outer world.

My overall view regarding the functioning of the Women Welfare Programme and its section is that advances in health have certainly been achieved during the past five years, and that the intention to approach all socio-ethnic groups of Orangi has partially been met. It is also my view however, that more can be done. Additional financial means should be found to extend not only the number of health teams but also its equipment, by way of which more women could be educated and helped. This should go along with, in the first place, an enormous dedication and interest towards the job and secondly with a more efficient use of manpower, equipment and time. According to Dr. Akhter Hameed Khan the Women Welfare Programme had a small reach of three thousand women and functioned mainly as an example. Now however, time has come to expand the programme. It became clear in the non-Orangi Pilot Project's area, that many more women were interested in development and health education.

1. HEALTH EDUCATION MEETING

2. IMMUNIZATION - POLIO DROPS

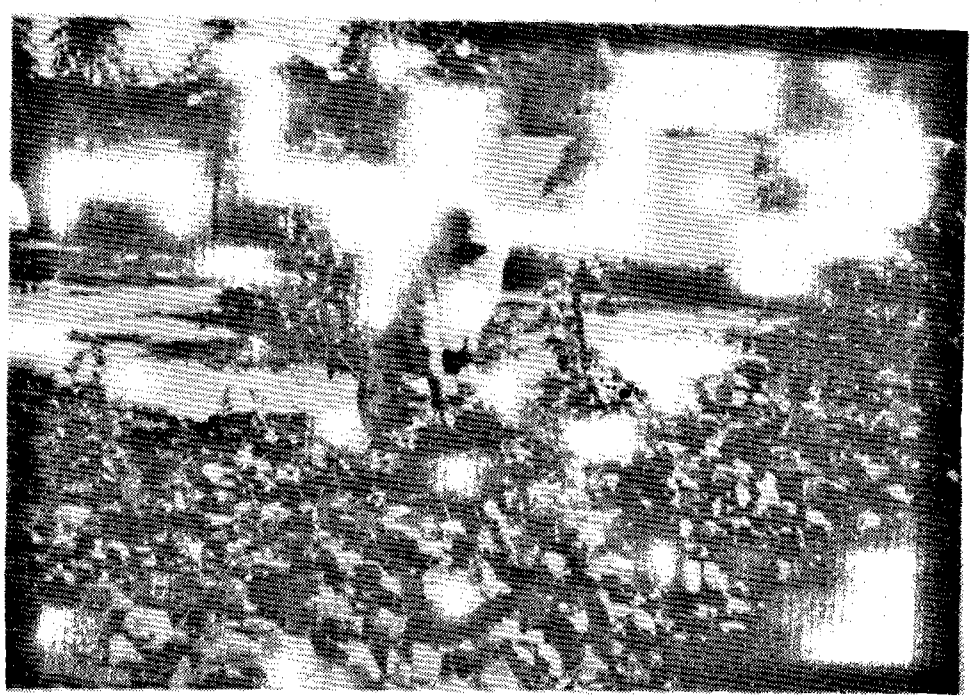
3. VACCINATION BY OPP's LHV IN THE COMMUNITY

4. A HEALTHY CHILD

5. FAMILY PLANNING MEETING IN THE COMMUNITY

6. FAMILY PLANNING CONTRACEPTIVES - SUPPLIED TO A WOMEN SALES AGENT

7. OPP's HEALTH WORKER WITH A COMMUNITY ORGANISER



8. A GOOD KITCHEN GARDEN IN THE HOUSE OF THE ACTIVIST

Annex I

DETAILED OVERVIEW OF WORK

1989

07/23: Joint-Director Miss P.Rahman introduced me to the OPP's employees.

07/24: Read reports on the OPP. Attended a meeting of the Research and Trainings-Institute.

07/27: Spoken with my supervisor about my practical fieldwork objectives. Visited Orangi after the monsoon rains.

08/01: Met the health section and lane-activists in Orangi.

08/02: Attended a two days meeting at the Regional Trainings Institute of the Government of Pakistan, where lane-activists were informed on nutrition and family planning.

08/04: Friday.... = week-end in Pakistan.

08/05: Attended a three days programme that was organized for American Peace Corps Volunteers. The working methods and programmes of the OPP were explained.

08/08: Visited health meetings. Started arranging for an interpreter.

08/09: Visited health meetings. Talked with my supervisor about my work-objectives.

08/10: No interpreter found. Worked at the OPP's office.

08/11: Four public holidays.

08/15: Had an appointment with a translator; waited till five o'clock in the afternoon; she never came.

08/16: Visited the history departement of the Karachi University.

08/17: Missed an other appointment with the interpreter. Read reports and lessonplans of the Women Welfare Programme.

08/18: Friday....

08/19: Finally met the interpreter; she then decided to withdraw herself. Now somebody of the health teams would translate. Beginning of a one week lasting curfew, in which the office was not within reach.

08/27: Translated leaflets on nutrition and childcare, from Urdu into English.

08/28: Made a first version of the questionnaire. Did one interview as experiment.

08/29: Did three interviews as experiment.

08/30: Held a talk about The Netherlands at Mr. Mustafa's school.

08/31: Made the final questionnaire. As there were no vans available to take us into Orangi, I interviewed a health team member on the management and policy making of the Women Welfare section.

09/01: Friday....

09/02: Three interviews done.

09/03: Attended a review meeting of the Women Welfare section.

09/04: Four interviews done.

09/05: Four interviews done.

09/06: Public holiday.

09/07: One interview done.

09/08: Friday....

09/09: Two interviews done.

09/10: As the Sunday's review meeting was cancelled and no vans were available to go into Orangi, I visited the OPP's nursery.

09/11: Public holiday.

09/12: Three interviews done.

09/13: As my translator had to work in the office, I also stayed at the OPP.

09/14: Three interviews done.

09/15: Friday....

09/16: Public holiday.

09/17: Attended the Sunday's review meeting.

09/18: Four interviews done.

09/19: Visited the Karachi University.

09/20: Four interviews done.

09/21: Three interviews done.

09/22: Friday.... three interviews done.

09/23: Four interviews done.

09/24: A planned interview on the management and policy making of the section, was cancelled. Worked at the OPP's office.

09/25: Visited the Karachi University.

09/26: Four interviews done.

09/27: Attended a health meeting.

09/28: Interviewed my supervisor.

09/29: Friday....

09/30: Interviewed the directress of the section.

10/01: Interviewed Doc. Sahib (Dr. Akhter Hameed Khan).

10/02: Attended a health meeting.

10/03: Had my last talks with my supervisor and the Women Welfare section.

Annex II

QUESTIONNAIRE CONCERNING THE NUTRITION AND CHILDCARE PROGRAMME

1 name

2 address

3 ethnicity self

4 education self

5 education husband

6 occupation self

7 occupation husband

8 why do you visit the health meetings

9 for how long have you been attending the health meetings

10 in which frequency

11 how many children do you have

12 specify the age from 0 to 5

13 above 5, what do you eat at
- breakfast
- lunch
- dinner

14 if you use vegetables, are they seasonal

15 where do you get the vegetables from

16 if from the market, why don't you have a kitchen garden

17 specify the food given to children from 0 to 5

18 does your baby get breast feeding or artificial feeding

19 if artificial,
- do you boil bottle and nipple
- how many times do you boil them
- do you use boiled water

20 what diet do you use when you are breast feeding your child

21 what diet do you use when you are pregnant

22 what do you give your school going children,
- money: what do they buy from it
- lunch: what

23 if your child has diarrhoea how do you control it

24 how do you prepare ORS

25 child care, how often do you,
- brush their teeths
- bath them
- cut their nails

does your child wear shoes

26 what is the condition of your kitchen (observe)

27 what is your sanitation-system like (observe)

28 where do you leave your garbage

29 do you store water and how

30 are you able to follow up OPP's advices on for example,

- kitchen gardening
- boiling water
- bathing the children every two days

if not, why not

31 are you satisfied with the health package, or would you like advice on other matters, which matters

32 have the health meetings changed your "life style", in which way

Annex III

QUARTERLY PROGRESS REPORT: APRIL - MAY - JUNE 1989*

1. REGISTRATION AS AN AUTONOMOUS ASSOCIATION

The Women Welfare Program has been registered as an autonomous association with the Social Welfare Department under the name: Karachi Health & Social Development Association. The first meeting of its governing body was held on 15th June. From 1st June its budget and account is separate.

2. RESEARCH MONOGRAPH

Dr. Fauzia and Dr. Faryal have selected a further sample of 300 families for more intensive and in depth study of disease and birht prevention. Until now more than 200 families have been interviewed.

3. THE ASSOCIATION IS PUBLISHING A QUARTERLY BULLETIN IN URDU

4. HEALTH MEETINGS & IMMUNIZATION

	meetings				immunization						
	mtg	women	avr		1st	2nd	3rd	bcg	meas	btr	comp
1985	870	8004	9.20	1985	1552	710	507				
1986	966	11009	11.39	1986	1866	1276	923				
1987	1370	18382	13.41	1987	1393	1027	927				
1988	1195	13643	11.41	1988	871	608	453	218	232	213	150
1989 Ja-Ju	542	5542	10.22	1989 Ja-Ju	362	221	132	108	61	52	29
total	4943	56580	11.44	total	6044	3942	2942	326	293	265	179

5. FAMILY PLANNING SUPPLIES

	condoms dozens	oral.p cycles	foam ___	iud ___	liga-tion	inj ___
1985	520	373	19	21	26	0
1986	4201	1286	254	47	45	0
1987	5249	918	319	119	39	23
1988	10877	1106	182	158	42	31
1989 (Jan-Jun)	728	16	118	90	17	6
cumulative	21575	4299	892	435	169	60

6. TRAINING

Dr. Shamim and LHV Shagufta and SO Rehana have participated in training courses and seminars.

A group of lane activists visited the Aga Khan Medical College.

7. PANEL AND SLIDES

Showing the working of Women Welfare Programs have been prepared.

8. ACTUAL EXP. 1988 - 1989 & BUDGET 1989 - 1990

Women Welfare Program	actual 88-89	budget 89-90
Jt.Dir.Dr. SZK	56760	66900
LHV.1. Tahira	12238	0
LHV.2. Asma	16380	20700
LHV.3. Shagufta	16380	20700
LHV.4. Sagufa (AKF)	16380	20700
LHV.3. Aysha (AKF)	16380	20700
SO.1. Rehana	16380	20700
SO.2. Sanobar	16380	20700
SO.3. Seema (AKF)	16380	20700
SO.4. Anjum (AKF)	16380	20700
SO.5. Salma	16380	20700
Forester-Inam B	10560	0
Dr.170. Shahadat	16728	20868
Dr.186. Abrar	15840	19452
Dr.200. Waheed (AKF)	15564	19452
INF. Allow/OPP	17118	
PF.MF.QAB/OPP	37317	
MC.Allow/OPP	900	
TOTAL	330455	312972
Operation		
170207.POL.OPP	12000	12000
DO --S& R-OPP	7912	6000
267273-POL-OPP	11781	12000
" " "SR(OPP)	8870	6000
253-POL-OPP	8989	12000
DO--S& R-OPP	4561	6000
Supplies (AKF)	8960	10516
TOTAL	63073	64516
GRAND TOTAL	393518	377488
Break up		
NGOCC	194026	200000
AKF	90044	91600
OPP	109448	85888
TOTAL	393518	377488

* Source: 38th Quarterly Progress Report
April - May - June 1989, p.6-7
Karachi: Orangi Pilot Project.

Annex IV

RESIDENTIAL DISTRICTS AND ETHNICITIES OF THE INTERVIEWED WOMEN

Orangi Pilot Project area:

* Faqir Colony	Hindco/ Punjabi
	Punjabi
	Baluchi
	Punjabi
* Sector 10	Mohajir
	Mohajir
	Mohajir
	Punjabi
* Sector 5/E	Bengali
	Mohajir
	Mohajir
	Mohajir
* Sector 11/A	Mohajir
	Mohajir
	Mohajir
Sector 11/E	Mohajir
* Sector 4/F	Hindco/ Punjabi
	Hindco/ Punjabi
Sector 4/E	Mohajir
	Pathan
* Sector 14/B	Mohajir
	Mohajir
Sector 13/C	Bengali
	Mohajir
* Baluch Colony	Punjabi
	Mohajir
	Punjabi
	Mohajir

Non-Orangi Pilot Project area:

* Faqir Colony	Punjabi
	Punjabi
	Punjabi
* Qaslea Colony	Mohajir (1)
Islamia Colony	Pathan
	Pathan
* Gulshan-E-Bihar	Mohajir
	Mohajir
Gulshan-E-Zia	Bengali
Gulshan-E-Bihar	Bengali
* Baluch Colony	Baluchi
	Baluchi
	Sindhi
	Sindhi

(1): As this Mohajir woman was married to a Pathan man (which is very unusual), I classified her with the other Pathan women because she had adjusted herself to their way of living.

NOTES

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2. E. Duncan, Breaking the curfew: A Political Journey through Pakistan, London, 1989, p. 8-9.

3. Orangi Pilot Project (ed.), Progress Reports: April 1980 - June 1983, Karachi, 1983, p. 5.

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5. Progress Reports: April 1980 - June 1983, p. 4-5.

6. A. Hasan, p. 2.

7. Ibid., p. 62.

8. Ibid., p. 63.

9. Progress Reports: April 1985 - March 1986, p. 48.

10. Orangi Pilot Project (ed.), Introduction to Programmes and Methodology, Karachi, 1988, p. 9.

11. A.H. Khan, Experiences of Three Orangi Pilot Projects, Karachi, 1987, p. 13.

12. Progress Reports: April 1985 - March 1986, p. 50.

13. Ibid., p. 53.

14. Progress Reports: April - May - June 1989, p. 7.

15. S.Z. Khan, Lesson Plan: January - September 1989, Karachi, February 1989, p. 3.

16. Progress Reports: January - February - March 1986, p. 75.

17. Ibid., p. 53.

18. S.Z. Khan, September 1989, p. 2.

19. A. Rashid and M. Pervaiz, Women Welfare Programme of the Orangi Pilot Project: Statistical Data 1984 - 1988, Karachi, 1989, p. 29-30.

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