

# Reclaiming Dignity, Justice and Wellbeing

*A Case Study of Jagrutha Mahila Sanghatane  
- A Dalit Women Agricultural Labourers Collective -  
and its Social Accountability Processes Challenging  
Caste-Class and Patriarchal Systems of Oppression*

E. Premdas Pinto, Chinnamma Muddanagudi,  
Sathyasree Goswami and Susheelamma Mallikappa



Publisher: Centre for Health and Social Justice (CHSJ), COPASAH Global Secretariat  
Design and Print: Drishti Printers, New Delhi

© Centre for Health and Social Justice 2019. All Rights Reserved  
For **'Private'** Circulation Only



COPASAH Global Secretariat  
Centre for Health and Social Justice  
Basement of Young Women's Hostel No. 2  
Near Bank of India, Avenue 21,  
G Block, Saket, New Delhi- 110017  
Telephone: +91-11-26535203, +91-11-26511425 | Fax: +91-11-26536041  
[www.copasah.net](http://www.copasah.net) | [www.chsj.org](http://www.chsj.org) | Email: [chsj@chsj.org](mailto:chsj@chsj.org)

# Reclaiming Dignity, Justice and Wellbeing

A Case Study of Jagrutha Mahila Sanghatane  
– A Dalit Women Agricultural Labourers' Collective –  
and its Social Accountability Processes  
Challenging Caste-Class and Patriarchal Systems of Oppression

E. Premdas Pinto, Chinnamma Muddanagudi,  
Sathyasree Goswami, Susheelamma Mallikappa

2019

Community of Practitioners on Accountability and Social Action in Health (COPASAH)  
Centre for Health and Social Justice, Delhi  
Jagrutha Mahila Sanghatane, Raichur (Karnataka-India)





# Foreword

The world today is becoming increasingly complex. Along with Relatively simpler development aspiration of poverty alleviation has become complicated with a whole range of concerns including economic issues, income inequalities, social issues like inclusion and environmental issues like climate change which affect both the rich and the poor. Participation, transparency and accountability are being seen as common principles which help to navigate the process of coming to consensus solutions. COPASAH (Community of Practitioners on Accountability and Social Action in Health) is a collective of practitioners who have been applying these principles in the field of health governance in different places around the world.

Health care is a contested area of governance and public policy action. In many countries, especially in the Global North, it is provided through state support. Whereas, in many countries in the Global South public services are in disarray and the private sector is flourishing, creating huge inequalities in access and health outcomes. 'Privatisation' and 'fee for service' are a common refrain of many development think tanks, while a case for 'universal health care' is put out by others.

While cost of care and nature of public or private provisioning continue to be a matter of public debate, it is undeniable that there is a huge power asymmetry between people, especially poor people in distress and the providers. This power asymmetry affects the ability of the poor to access services in their best interests. In many countries communities have themselves come together to negotiate better health care services from the state. In this Case Studies series we wish to highlight some of these organised efforts. These case studies describe the work of colleagues in COPASAH, outlining how they conceptualised, organised and implemented these processes, drawing upon the principles of participation, transparency and accountability.

We hope these Case Studies will serve as stories of hope and inspiration for other practitioners to adopt similar practices while we strive for better health outcomes and for health equity in our common march toward health for all.

# Authors



**E. Premdas Pinto [Premdas]** is a Human Rights lawyer and Public Health scholar-activist, working with social justice issues of the marginalised communities in India for the last 25 years. He is one of the co-initiators and continues to be a mentor for Jagru-tha Mahila Sanghatane (JMS). His academic journey includes scholarship from eminent institutions – master’s in social sciences from Tata Institute of Social

Sciences, law studies in Karnataka followed by diploma in human rights from the National Law School of India University, Bengaluru and a doctorate in health care jurisprudence from Jawaharlal Nehru University, Delhi. He currently works as the Director- Research and Advocacy at Centre for Health and Social Justice ([www.chsj.org](http://www.chsj.org)) and is the global secretariat coordinator for COPASAH.



**Chinnamma Muddanagudi** is the president and convener of Jagrutha Mahila Sanghatane and is one of the core leaders involved in the formation (1999) and currently leads JMS as a grass roots collective. She is a neo-literate agricultural labourer. She received a national award from the National Commission for Women for her community leadership. Her leadership has also received state government honours.

Besides being the convener-president, in JMS she performs various roles mobilising communities, nurturing other leaders, healing and community health work.



**Sathyasree Goswami** is a development practitioner, activist and researcher working with issues of adolescent and women’s health with a focus on psycho-social perspective. She is currently pursuing her PhD from TISS Mumbai on psycho somatic chronic body pain of women. Over a span of 25 years, she has worked with grassroots organisations, human rights organisations as well as donor organisations. As

a social entrepreneur she has undertaken PME assignments in India specifically and South Asia and with the donor community of Europe and Asia. She has also held membership positions in Boards of various organisations and works on Leadership teaching and training in IIM Udaipur and Hindustan Petroleum. Sathyasree is also a practicing Psychotherapist specialised in working through Creative Art Therapy, Symbols and Dreams. For the last 12 years she practiced counselling and therapy with various groups of people from difficult backgrounds, alternate sexualities, children with disabilities and their parents along with rural children.



**Susheelamma Mallikappa** is a core member of JMS and is a member-trustee and treasurer of Navnirman Trust which supports the work of Jagrutha Mahila Sanghatane. She has a bachelor’s degree in arts and education. She supports JMS in its administrative and financial management as the administrative officer.

# Acknowledgement

Authors would like to gratefully acknowledge the following:

- JMS women leaders and members for their valuable time for interviews and in-depth discussions;
- JMS and Navnirman Trust for the access given to the archives of JMS;
- Prof. Arima Mishra, Azim Premji University, Bengaluru - for peer reviewing the case-study and for providing very critical insights and feedback;
- Ms. Shrey Maurya for copy-editing and for providing suggestions for improving the text.

## List of Figures and Boxes

Figure 1: Location of Raichur District in Karnataka

Figure 2: The Organisational Structure of JMS

Figure 3: JMS's Approach to Social Accountability for Health and Wellbeing

Figure 4: Process Based Accountability Model of JMS

Figure 5: Theory of Change in Social Accountability Processes of JMS

Figure 6: Grounded Theory of Social Accountability

Box 1: Parading Yerramma Nude!

Box 2: JMS Confronts Corruption by Medical Officer Certifying Women's Age for Social Security Schemes

Box 3: Case of Domestic Violence and Death

# List of Abbreviations

ANM	Auxiliary Nurse and Midwife
CSDM	Commission for Social Determinants on Health
DSS	Dalit Sangharsha Samiti
GP	Gram Panchayat
ICDS	Integrated Child Development Services
JMS	Jagrutha Mahila Sanghatane
KJC	Karnataka Janarogya Chaluvali
KS	Karyakarta Samithi
MRHS	Madiga Reservation Horata Samiti
MNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NBA	Narmada Bachao Andolan
NAPM	National Alliance of People's Movement
NCPL	National Child Labour Project
NRHM	National Rural Health Mission
NHRC	National Human Rights Commission
NREGA	National Rural Employment Guarantee Act
NREGS	National Rural Employment Guarantee Scheme
NGO	Non Government Organisation
PHM	People's Health Movement
PHC	Primary Health Centre
PDS	Public Distribution Scheme
RTI	Right to Information
SC	Scheduled Caste
ST	Scheduled Tribe
SDMC	School Development and Management Committee
USD	United States Dollar
WHO	World Health Organisation

# Glossary

Abhiyaan-	Campaign
Anganwadi-	Child care centre under the ICDS
Bundh-	Shut down of town or village as a mark of protest
Chilipili-	literally meaning "chirping"; was the name of the child labour school.
Dalit -	literally meaning "oppressed but not broken"; the word refers to the ex-untouchable community in India.
Devadasi System-	is a socially accepted cultural practice (mainly in South India) where Dalit women are dedicated to a Goddess and are deemed to be married to God Hanumantha; these women remain unmarried but often have partners amongst men from upper caste and bear their children. This practice is abolished by law, but on ground it continues. Dalit movement have opposed such practices upper caste patriarchal exploitation.
Devadasi-	literally meaning "female servant of God" is a woman who is dedicated to a goddess Yellamma under the Devadasi system
Gram Sabha -	Statutory ward meeting or peoples assembly under the Panchayati Raj Act of India.
Gram Panchayat-	Lowest governance unit for a population of ten thousand people.
Hanumantha -	A Hindu semi-divine being of monkey-like form, the faithful follower of Rama, who is considered to be never married in mythology; however the Devadasis are considered married to this form.
Jagrutha -	Awakened or Conscientised
Janadhikara -	People's/Citizen's Rights
Karmachari -	Worker/Employee
Madiga -	demographically prominent ex-untouchable caste within the scheduled caste populations
Mahila -	Woman
Mestri -	Leader of a labour group
Navnirman -	Reconstruction or re-creation
Narmada Bachao Andolan -	People's movement to prevent mega dam construction on Narmada river in Western India.
Panchnama -	Forensic Investigation
Rasta-roko -	Picketing for road block
Sanchalaki -	convenor
Sangharsh -	struggle/protest/public dissent
Sangathan -	collective/union/movement
Tehsildar -	Administrative head of a revenue Block with magisterial power only on law and order
Taluka -	Revenue Block (equal to a Development Block) or known as Tehsil.
Yellamma -	Subaltern goddess worshipped by lower caste communities in South India. She is also the goddess to whom women are dedicated as Devadasi
Zilla Panchayat -	District unit of development interventions comprising of elected members.

# Executive Summary

This case study of Jagrutha Mahila Sanghatane (JMS), a Dalit Women Agricultural Labourers' Collective, documents and analyses the experiences of Dalit Women demanding social accountability for their dignity, health and wellbeing. The multiple struggles waged by Dalit women agricultural labourers belonging to the sub-caste 'Madiga', against the triple oppression of caste, class and patriarchy in a predominantly feudal society in Raichur district of Karnataka State, India. The district belongs to the cultural region of Hyderabad Karnataka. Responding collectively to the grave atrocities (human rights violations) they have faced in different periods of history, and becoming a stronger collective, (a process described as collectivisation in this study), forms the immediate context of this study.

This study follows the methodology of document analysis (physical and web based archives) and key informant interviews (with community leaders and associates of JMS), over a period of two years (2017-18). It examines the practice of social accountability spread across two decades (1999-2019).

The study highlights how 3000 Dalit Madiga women, who were landless, neo/semi literate, became a counter-vailing force through the process of conscientisation and collectivisation. They followed the three key strategies enunciated by Dr. B. R. Ambedkar, viz. Organise, Educate and Agitate, which JMS reformulated as organising, conscientising and struggle (Resisting).

The analysis of the accountability processes is summarised through a theory of change and it proposes a grounded theory of accountability for social change based on the process based transformative model of JMS accountability. The key strategies of organising (masses), conscientising and empowerment, and struggle for social change are depicted as the three key 'levers' of this social accountability model. The case-study is positioned as a counter-narrative of challenging caste - class - patriarchy based oppressive social structures from the perspective of the marginalised communities.

# Contents

Foreword	3	
Authors	4	
Acknowledgement	5	
List of Figures and List of Boxes	5	
List of Abbreviation	6	
Glossary	7	
Executive Summary	8	
<b>Chapter 1</b>	Introduction	11
<b>Chapter 2</b>	The Story of JMS – the Beginnings	15
	Context	16
	JMS as a Community Organisation	19
	Health, Wellbeing, Dignity and Justice – Intersectional Approach of JMS	21
<b>Chapter 3</b>	Strategies and Accountability Processes	23
	Resistance to Exclusion in Public and Social Spaces	25
	Class Relations and Demands for Equality	28
	Claiming Entitlements from Public Institutions and Services	30
	Challenging Patriarchy within Dalit Cultural Practices	36
	Bolstering Accountability Processes	39
<b>Chapter 4</b>	Social Accountability Model of JMS	43
	Outcomes and Key Contributions	48
<b>Chapter 5</b>	Changing Socio-Political Eco-System and Addressing Challenges	51
	Changing context	52
	New Challenges	52
	Addressing the Challenges	53
<b>Conclusion</b>		55
<b>Appendix</b>		57
<b>References</b>		59



# Chapter 1

---

## Introduction



The Health and wellbeing of individuals and communities is socially determined by the structural and social arrangements related to the distribution of resources and the organisation of power relationships in society (Navarro 1976, 1986; Townsend et. al. 1988; Marmot 2005; WHO-CSDH 2008). The linkage between health status and structural barriers that marginalised communities face is very palpable in their everyday living. Most often these structural barriers that adversely impact their health and wellbeing are experienced as discrimination and social exclusion in social relationships and in their transactions with the governance and public service delivery institutions. The axes of such social exclusion and marginalisation are embedded in the socio-economic and politico-cultural structures of society such as gender, caste, patriarchy, ethnicity, disability etc. among others. Social exclusion is the very configuration of unequal power relationships and results in the collective oppression and subordination of the marginalised communities.

The multiple axes of marginalisation and their intersections have a compounding effect on the lives, dignity and wellbeing of marginalised communities. For example, the discrimination experienced by Dalit women is considerably more acute as compared to Dalit men. The complex contours of gender, patriarchy, caste and class intersect, even within the oppressed Dalit communities, giving rise to varied forms of social discrimination that women in such communities experience. They face a denial of basic human rights both in the realms of private spaces (of their households, communities, etc.) as well as in the formal spaces of institutions of public services.

Historically oppressed communities that are now organised and empowered, have responded by demanding accountability for health (and health care), primarily targeting structures of social exclusion. These demands are driven by broader perspectives of accountability and seek to resist and dismantle the structures that create such



*Jagrutha  
Mahila  
Sanghatane*

inequities and disempowerment. Empowered Dalit communities in some parts of India illustrate such a proposition. Even as many marginalised groups have begun the process of liberating themselves from the inequitable and oppressive social structures, they also have been able to unpack various layers or multiple axes of discrimination that keep them further oppressed. The nuances of accountability that they articulate and paths they follow are markedly different from those who tend to locate equity in accessing health care services alone.

This case study of *Jagrutha Mahila Sanghatane* (JMS), a Dalit Women Agricultural Labourers' Collective, documents and analyses the experiences of one such mobilised grassroots community of Dalit Women in demanding social accountability for their dignity, health and wellbeing. It aims to examine their practice of accountability for nearly two decades (1999-2019). Further, the case-study intends to decode the mechanisms engaged in the practice of accountability. It seeks ways to leverage these strategies to build a counter-narrative of challenging oppressive social structures from the perspective of the marginalised communities.

Central to the case-study are the multiple struggles waged by Dalit women belonging to the sub-caste 'Madiga', in a predominantly feudal society in Raichur district of Karnataka (India), for nearly two decades. All the 3000 members of the Collective are illiterates or neo-literates. Being landless, they primarily earn their living through agricultural daily wage labour in the fields belonging to the upper castes. This grassroots collective was synergised through a consciousness of being 'thrice oppressed', through the structures of caste—as Dalits, class—as agricultural labourers and patriarchy—as women and responding collectively to the grave atrocities (human rights violations) they have faced in different periods of history. The notion of 'thrice oppressed' was advocated in the early 90's by Ruth Manorama, a prominent Dalit women's rights activist in Karnataka state. Dalit women are also referred to as 'Dalits among Dalits'.

This case-study follows a qualitative research methodology. The primary source of data are JMS archives and in-depth interviews with key informants as well as in-depth group discussions with the current and erstwhile group of women leaders. This study draws heavily from series of historical and archived documents of JMS, various review reports and external documentation and publication of the work of JMS. Additionally, the JMS case study synthesises the reflections of organisation leaders, facilitators and associates within women's collectives, service providers and officials in the local public service institutions. The oral history narratives of JMS leaders were a great source of information. The data collection and document review were done during the period January-June 2018, the analysis and writing of the case-study was done during July-December 2018. During this period, the writing was iterated with the community leaders of JMS for accuracy of information. This case-study was updated in 2019 to incorporate newer campaigns that JMS initiated during 2018-19. Peer review of the case-study was done by an academic researcher who is also an anthropologist by professional expertise.



# Chapter 2

---

## The Story of JMS – The Beginnings

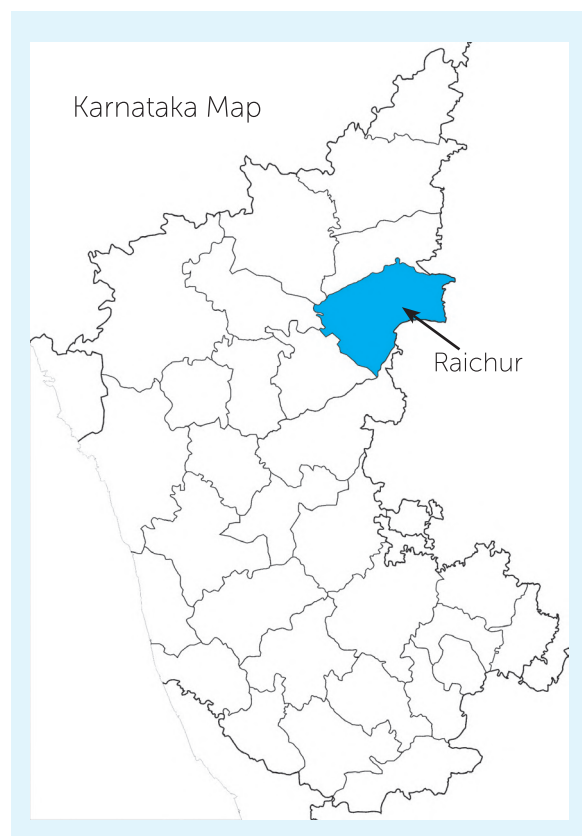


## Context

**The Enigma of Hyderabad Karnataka:** The Raichur district of Karnataka state shares its border with the states of Andhra Pradesh and Telangana, and is a part of 'Hyderabad Karnataka', a region currently consisting of five districts, which became part of Karnataka during the re-organisation of states in 1956, annexed from the Nizam state. It stands out for its feudal legacy under the Nizams of Hyderabad. According to the Karnataka Human Development Index (1999 and 2005) Raichur district ranks lower than the sub-Saharan African countries especially in indicators of health, education and gender disparities. The Gram Panchayat Human Development Index 2015 by the Government of Karnataka further confirms the unchanged situation, as 173 of the 178 Gram Panchayats in Raichur, faring much below the state HDI, i.e. 0.4392 (Shivshankar & Prasad 2015:19). Various studies have confirmed the low human development status in this region, and this resulted in a demand for special status under article 371 of the Constitution of India. The Dr. D. M. Nanjundappa Committee '*Report of the High Power Committee for Redressal of Regional Imbalances in Karnataka (2002)*' which coincided with the demand for a separate state of Hyderabad Karnataka, cumulatively paved the path for a parliamentary committee report on this issue. Subsequently special status for Hyderabad Karnataka region (consisting of six districts) was approved with a Constitutional amendment and insertion of Article 371-J in the parliament of India.

The narrative of the general backwardness and poverty of the region camouflages the inequities within the populations and the plight of Dalits who bore the burden of the feudal legacy of Nizam's rule, and of Dalit women who face both caste and patriarchy based forms of extreme physical, sexual and psychological violence. The feudal legacy is reflected in the dominance of upper caste landlords in the economic and political domains. A few landlords, belonging to the dominant Lingayat caste own hundreds of acres of agricultural land and most of the Dalit households still owe allegiance to them by being tenants, landless wage workers or unpaid labourers. Traditionally, Dalit households were attached to farmland of particular landlords to serve as unpaid labourers and were paid annually in the form of some grains and clothes as a gesture of charity by the landlord. The perpetual dependency of Dalits on the landed peasantry of the upper castes for their survival summarises the context of vulnerability and discrimination of Dalits in this region.

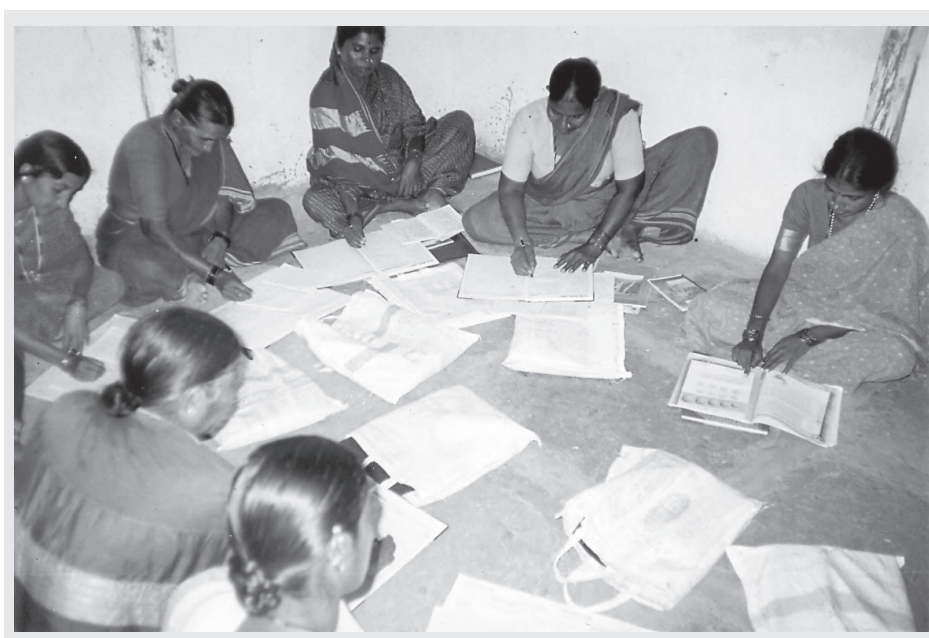
Figure 1: Location of Raichur District in Karnataka



The practice of untouchability and its manifestations continues in several ways, such as segregation of wells and water sources for Dalits, use of separate utensils in local hotels and barbers still refusing their services to Dalits. Such routine and normalised practices are punctuated by the social boycotts that the dominant community engineers and imposes on the community at the slightest instance of social change or defiance by Dalits. These boycotts were frequent when Dalit women were appointed as cooks for the midday meals programme in schools. Rapes and sexual assaults of Dalit women, including parading them naked, have been the norm in several parts of India and a common feature in 90's.

Raichur has a population of 19,28,812 of which males constitute 9,64,511 (50.01 percent) and females are 9,64,301 (49.99 percent). The literacy rate of Raichur is 59.56 percent (one of the lowest literacy rates in the state of Karnataka) for the general population. The Scheduled Castes forms 20.79 percent of the population in the district, their literacy rate is 44.82% of which male literacy is 27.14% and for females it is 17.68%. In the domain of occupation, compared to the 27.2% cultivators (landowners or tenants) in the district, Dalit women form a substantial proportion of the 42.5% agricultural workforce (Registrar General of India, Census 2011).

The socio-cultural oppression of Dalits has existed in a context of feudal societal structures and continues to be practiced extensively in the democratic secular polity of India. District of Raichur, illustrates the direct links between poverty, caste based exploitation of Dalits and structural factors such as inequitable distribution of land, the complete absence of land reforms, caste hegemony over natural resources such as land, water, agriculture as well as local economic and political institutions. The cultivating and non-cultivating landowners form a dominant peasantry class that coincides with the dominant peasant caste in the region, viz. the Lingayats. The Lingayats followed by a few



File Picture:  
Women leaders  
who learnt literacy  
in the process  
of forming JMS  
(2001)

other castes lower in the hierarchy, own vast stretches of agricultural lands in each village. Dalits, forming a major portion of Scheduled Castes (SC), being landless and without any collective bargaining power or political patronage, thereby form a readily available daily wage and agricultural labour force at the disposal of the landed and politically powerful peasantry.

The Dalit movements in Karnataka vehemently upheld the demand for justice and equality in Raichur district where caste atrocities were rampant with overtly or covertly. (Pinto, 1999) Dalit Sangharsha Samiti (DSS), a prominent lead in the spectrum of Dalit social movements led land struggles, put up an organised resistance to the continued atrocities, and fought against the *Devadasi system* and untouchability practices, and protested against caste-based violence against women. However, raising issues of violence against Dalit women was incidental to countering the caste-based discrimination, and did not explicitly address them on the basis of gender equality. Dalit movements hardly addressed the issue of Dalit women's rights and their autonomy. There were very few voices even within the women's rights movements in India that gave priority of the plight of Dalit women.

**Initiation of JMS:** The understanding and analysis of the triple subordination and oppression of Dalit women as *Dalits*, *agricultural labourers*, and as *women*, laid the foundation for the evolution of JMS. Challenging social structures based on caste-class and patriarchy and their exploitative expressions in the social spaces led to the formation of the JMS collective of Dalit women agricultural labourers in the drought prone district of Raichur in North Karnataka. The trajectory of struggles for social, political, and economic entitlements has made JMS a symbol of empowerment of rural Dalit women.

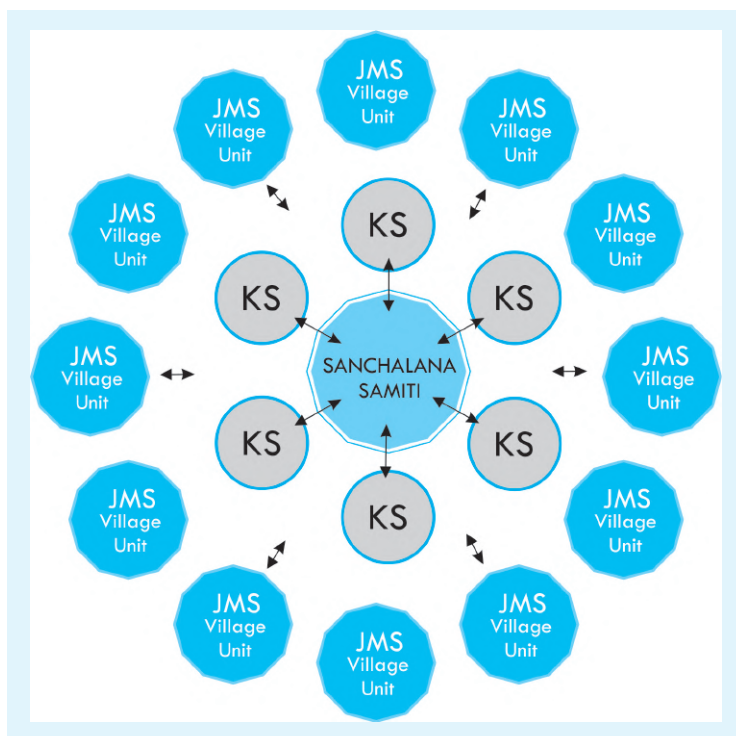


Figure 2: The Organisational Structure of JMS

*Whereas agricultural labourers generally faced hardships in obtaining work with paltry wages, Dalit agricultural laborers faced untold hardships. This dual discrimination included a third dimension which was that of gender. An agricultural female Dalit labourer fell into a category that was 'thrice oppressed' with no recourse to any system of support – social, family, community, education or legal. It was in the context of this gross denial of basic human rights, that JMS was born. The vision of JMS was simple but was a means to an end. The end was empowerment of the Dalit female agricultural laborer; the means was educational and occupational strengthening.*

(Karpagam, *JMS Review*, 2011:5)

## JMS as a Community Organisation

Women agricultural labourers belonging to socially and economically under-resourced communities are mobilised in the village as Sanghas, to form the basic units of JMS in villages. Membership of JMS is determined through the membership of these units. These could be a group of about 20 women or a large group of women labourers. The Sanghas are actively involved in several activities such as ensuring access to public services, resisting acts of violence within homes and the larger community, and perspective building on issues of significance to their lives. Some of them also undertake saving and micro-credit activities as part of their economic empowerment. On the other hand, labour groups largely focus on the right to work and take up other issues in addition. The constituency of JMS thus includes *sanghas* in 50 villages in the talukas (blocks) of Sindhanur, Manvi, Maski and Sirwar. Each *sangha* is coordinated by two women leaders and their tenure is two to three years. Besides, each *sangha* also designates two senior women as nominees, known as *karyakarthas* to the general body of JMS, known as *Karyakartha Samiti*. *Karyakartha* denotes activist, community mobiliser, cadre of social movements etc. (See figure 2) The organisation's decision-making body comprise of these two *karyakarthas* from each Sangha. The *Karyakartha Samiti* meets once in two months and makes collective decisions regarding the direction and implementation of the programme of action.

Ten women who grew as leaders in the process of capacity building now function as full time '*sanchalakis*' (conveners). The *sanchalakis* are active in (i) Creating awareness of issues regarding wages, caste atrocities, violence against women, etc. (ii) Planning campaigns on state accountability for various social and public services such as PDS, NREGA, Pensions etc. (iii) Working towards raising confidence, awareness, interest and belief in the strength of collective action.

The incidents such as that of parading a Dalit woman nude, had a significant impact on the beginnings of JMS (see Box 1 below).

### Box 1: Parading Yerramma Nude!

In Vanenur village of the adjoining Bellary district, about 100 kms from Pothnal, in September 2000, the entire non-Dalit community collectively meted out the traditional "feudal justice" to a Dalit woman daily wage labourer by stripping and parading her naked on the streets. A Dalit boy crossed the traditional norms when he and an upper caste girl developed friendship and they eloped from the village fearing backlash. The villagers, however, made Yerramma, about 40 years of age, the scape goat, blaming her for the elopement saying that they had seen her speaking to the boy. In a pre-mediated move, the villagers led by a few upper caste leaders waited for Yerramma in the evening and pounced upon her on her way back home from her wage work in the twilight. Helpless Yerramma was surrounded by men who were drunk and screaming. They stripped her naked and tied her hands and physically beat her and dragged her to the (local governance) Gram Panchayat office. The men in the crowd tied her to the flag-mast pole, kicked her, beat her up till she bled and fell unconscious. Though this incident immediately was condemned, due to the influence of the upper castes over the local institutions and law enforcement agencies, criminal complaint was not filed.

In this case-study we have kept a broader canvas to locate health. Health, or the conditions of being healthy, and wellbeing are socially defined and determined. (WHO CSDH & World Health Organisation, 2008) It is strongly argued that health and wellbeing are socially produced, and the relations of such social production are embedded in social structures. (Navarro, 1976, 1986) Health care services themselves are an expression of the social and structural inequalities. (Qadeer, 2011) For Dalits and women, the indignity and discrimination experienced in health care facilities is an expression of the overarching systemic oppression that they face in public spaces and institutions.

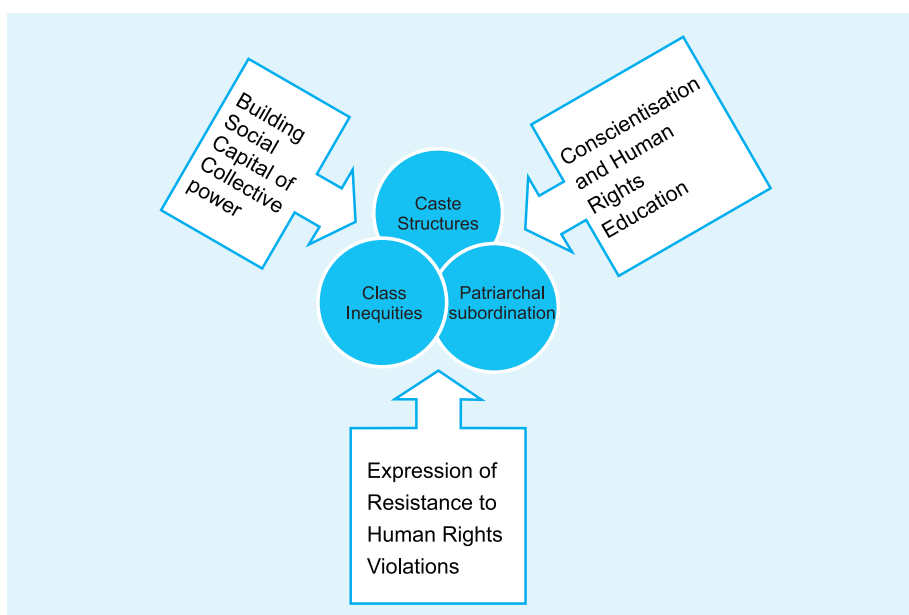


Figure 3: JMS's Approach to Social Accountability

## Health, wellbeing, dignity and justice – Intersectional approach of JMS

For women, more so Dalit women, the concept of health and wellbeing is integral to their perception of dignity and self-respect. Dignity, as Dr. B. R. Ambedkar, the architect of the Constitution of India argued, is linked very closely to 'humanhood' and 'personhood' where the equality of being human is the basis to ensure basic rights entitled to an equal person by the State as well as in social relations. It encompasses the basic right to live as well as material rights and respect in social relations with one another. (Ambedkar vol 5, ch3). In this study, we consider that discrimination, social exclusion, differential treatment and the feeling of being 'left out', the negligence and denial they face are violations of human dignity, personhood and social justice.

The word discrimination derives from the Latin term *discriminare*, which means 'to divide, separate, distinguish'. Conceptualised broadly, discrimination refers to a means of expressing and institutionalising social relationships of dominance and oppression. It is perpetrated by a diverse array of actors which includes the State and its institutions, non-state institutions, social configurations (caste, religion, ethnicity etc.) and individuals. (Conde & Gorman, 2009; Krieger, 2012)

A research study (Deshpande, 2006) undertaken in the context of Dalit Madiga women of Raichur has explained the concept of dignity as including the following components as integral to such an understanding.

- *Work-* availability of work; conducive working conditions under non-exploitative and non-casteist labour relations.
- *Food-* availability and security
- *Land-* availability
- *Health-* a state of being healthy and access to health services
- *Social relations* based on equal recognition of the human person and respect
- *Recognition as a full person-* humanhood and humane treatment (e.g.: rest after childbirth)
- *No discrimination* in public spaces
- *Education* for children
- *Respect for one's work* in the family, respect to be accorded by the husband and children
- *Freedom from violence:* Dignity at the level of a community or collective

JMS integrated an intersectional approach to confront systemically embedded injustice, overwhelmingly reinforced by caste and class relations and patriarchal structures (Figure 3).



# Chapter 3

---

## Strategies and Accountability Processes



Constitutionally, the practice of untouchability is abolished in India. (Constitution of India, Article 17) However, discrimination based on caste, especially against the lowest and hitherto considered untouchables, continues in various forms in public services, social and public spaces and in social transactions. Such exclusion and discrimination remain a great challenge to the self-respect and dignity of Dalits. Moreover, caste discrimination and its expressions, ingrained deeply in social relations and structures, have severe adverse implications to Dalit women's lives, health and wellbeing. The historical narratives of Dalit women leaders, brought out vividly during interviews, on how caste-based discrimination always had an element of suppression, subordination and episodes of violence in the form of physical attack on the entire community. The social boycotts on Dalit community, assault on the community leaders, sexual assault on women on the pretext of a Dalit boy eloping with an upper caste girl, routine sexual violence on women were vividly recalled by JMS women as illustrations of reprisals and vengeful punishments meted out to Dalits always under the gaze of landlords in the villages. Such extreme forms of violence and ostracisation happen especially when Dalits organise themselves and defy the social norms and sanctions laid down on them.

Demanding accountability in this realm meant quite a different thing to JMS. In such situations, women leaders in mutual consultation and keeping the context in mind developed several strategies of social accountability. These strategies were then adopted by JMS based on the context of the incidents of human rights violations, the strength of JMS cadre, and the kind of response that was required. It ranged from a delegation of women confronting the perpetrator/s, to filing a police complaint, appealing to the higher political leaders, flash sit-in demonstrations and roadblocks, or a mass protest either in the villages or the administrative headquarters.

The prime strategy of JMS to address grave human rights violations has been articulated as '*Sangharsh*' (struggle) for justice (against injustice). It connotes a stiff resistance to indignity and injustices experienced as Dalits, as agricultural labourers and as women. This strategy is based on the three strategies propounded by Dr. B. R. Ambedkar for the emancipation of Dalits, viz. Organise, Conscientise (educate) and Struggle (agitate). It is a tool used by JMS to resist the power of dominant castes and classes with their collective power in order to break the culture of silence and to build a 'Dalit-Women's-Counternarrative'. The '*sangharsh*' strategy encompassed campaigns, public rallies and public tribunals for the issues of systemic deficiencies in service delivery as illustrated by the campaigns for the right to food, right to education, right to work, right to health etc. Through these, solidarity is simultaneously built with other movements such as the mainstream Dalit movements, women's movements labour movements etc. at the district, state and national levels.

The second strategy 'Navnirman' translated as 'reconstruction' or constructive engagement for dignity aims at empowering Dalit women towards self-reliance and autonomy. It includes various initiatives for livelihood, education and health. The former strategy, by virtue of its articulation, forms the key component of accountability processes initiated by JMS.

The following section describes with anecdotes, the accountability processes, pursued in various domains, to address the inequalities related to caste, class and patriarchy. The illustrations are only anecdotal, signifying a very grave issue responded to with a vigorous exhibition of collective power. Such collective power is built by addressing issues on a day to day basis, a routine part of the lifecycle of JMS. It could be seen that such incidents are so many that women leaders often forget the count and recall only the most prominent ones in their memory.

## Resistance to Exclusion in Public and Social Spaces

Caste based atrocities on Dalit communities was a routine practice of excluding Dalits from public services, public spaces and public events. The exclusion also extended to Dalit women being deprived from benefiting from common resources. In the following stories the processes of caste-based exploitation are depicted both at the individual and the collective level. JMS responded as a collective to confront and address the issue through advocacy and campaign.

**Nude parade of a Dalit woman:** Yerramma was a middle-aged woman in Vanenur village of the adjoining Bellary district. In September 2001 she was paraded nude by the upper caste and other non-Dalit members. She was accused of supporting a Dalit boy who had eloped with an upper caste girl. On her way back from her daily wage work in the evening she was stripped of her clothes and was paraded nude for a kilometre. She was then tied to the flag-mast pole in front of the Gram Panchayat and was physically kicked and beaten up, till she fell unconscious. (See Box 1)

*The response to this incident became the foundation of JMS' belief in collective power, in the infancy stage of the movement. Women leaders, in solidarity, spent a day in Yerramma's house and later, called for a public protest in Pothnal village, petitioned the government for justice for the survivor and demanded action against all forms of sexual violence.*

### **Atrocity on Dalit community at Jawalgere by the landlord:**

Jawalgere is a village in Sindhanur Taluka (Raichur district) and the landlord of the village is the owner of more than 500 acres of agricultural land and was also affiliated to the mainstream political

party. As the youth were getting empowered in the village and were defying the traditional caste norms, a rumour spread that a Dalit boy was teasing an upper caste girl (the people said that the girl and boy were studying in the same school and were friendly with each other). The landlord personally led the upper caste men, and armed with wooden sticks and batons, swooped on the Dalit colony beating up men, women and going on a rampage in the colony damaging the houses. While the young (men and women) fled, the aged and women got injured.

*JMS, in this incident, sat in protest with the community, participated in picketing and roadblock to demand the powerful landlord who was the mastermind behind this incident, and provided all logistics support to Dalit movements in this case.*

### **Struggle for burial ground, sanitation and clean environment in**

**villages:** The Dalit colonies and settlements in each of the village were located generally in inaccessible, swampy and low-lying areas without proper drainage, where rainwater gathered regularly. In many villages, Dalits faced the problem of burying their dead without having their own burial ground. In all these, the upper castes occupied privileged places, denied entry to Dalits into their fields or public spaces for sanitation.

*JMS petitioned to the district administration and political leaders to demarcate separate burial grounds for Dalits, as they did not have their own lands. This demand was kept alive over the years, and in several villages, the Gram Panchayats (local governance institution) provided separate land for burials.*

**Social boycott on Dalits:** Another heinous way of punishing the entire community when they dared to transgress traditional boundaries was social boycott. Social boycott is a term used for a complete social ostracisation of Dalits from livelihood resources (such as work) and blockade on their access to public services. As the upper castes had the ownership of all the resources such as transport, local grocery shops, grain threshing local shops, water sources etc., Dalits were refused employment in the fields, groceries from shops, entry into the local transport, their water supply cut off etc.

*JMS addressed the issues of such social ostracisation by raising this issue in the public, writing about the instances in the media and bringing it to the notice of statutory bodies such as National Human Rights Commission (NHRC) and National Commission for Women.*

One prominent example that women gave from the recent incident was of social boycott in an interior village Tadakal (which is about 6 kms. from the JMS location in Pothnal), where on the pretext of building a sub-health centre, the housing plots of Dalits and the space they had earmarked for a community centre was confiscated. There

was a gram panchayat resolution earlier to build the sub-health centre at a different location in the village. The upper castes manipulated the record of the Gram Panchayat and changed it to the location in the settlements of Dalits. When Dalits of the village opposed this move, the ostracisation that was imposed (social boycott) continued for over a month.

*JMS, in solidarity with state activists and solidarity movements, mobilised a delegation for fact-finding report, confronted the district administration for inaction, and forced the government to provide separate food-ration to each of the victim households. It also filed a complaint with the State Human Rights Commission and demanded withdrawing false criminal cases that were slapped on Dalit youth.*

(JAAK, 2010)

**Rotting pool in Muddangudi village:** In Muddanagudi village, behind the Dalit settlement there was a pond where wastewater flowed in from other colonies. As the black cotton soil is impermeable the pond became a pool collecting dirt, resulting in an unhealthy stench and miasma that began to permeate the houses of Dalits resulting in a rise in diseases in the colony. A passage to let out the water through the colony of the other castes would have easily solved this problem. However, the usual water passage was blocked by a Lingayat (Upper caste) household who put up a stiff resistance.

*Though this had continued for several years, the Dalit women, now organised as JMS, took up the issue with the local panchayat, forced the taluka administration to visit the village, medical personnel to certify, sent delegations to the local legislator on the situation, photographs of the rotting pool appeared in the local newspapers. After two years of relentless naming and shaming, the legislator agreed to fill the rotting pool with soil. It took over 15 days of dumping over 300 loads of soil to close the stinking pond, thus relieving the Dalits of the stench and filth. The protracted struggle saw altercations with the upper castes in the villages, threats and intimidation and took over two years to be resolved.*

Overall, in such cases, the strategies adopted, and the type of response JMS gave depended on the reading of the situation. When needed, JMS mobilised larger Dalit movements and women from the villages for mass protests. Most of these intertwined with the issues of gender relations and the power inequity of the Dalit communities. In many of these unconstitutional and unlawful atrocities, because of the nexus of upper castes with other authorities, the latter were reluctant to take any legal action such as filing FIRs. JMS mobilised public opinion with village meetings, pamphlets, submitting memoranda and organising protests, picketing (as in the case of parading nude of Yerramma, a Dalit woman) to build pressure on the authorities and to demand immediate response and action.

## Class Relations and Demands for Equality

The lower castes and Dalits are the largest constituents of the unorganised and informal sector workers. Historically, Dalits, treated as untouchables in India, have been the serfs in the Indian society, attached (bonded) to the lands of the higher classes and farm owning castes (Patankar and Omvedt 1979).

Raichur district known as the 'rice bowl' of Karnataka, was noted for its agricultural products due to irrigation facilitated by the Tungabhadra canal. In the agricultural season when the Dalit farm labourers went to work with other labourers, they had to collect their wages through a leader (mestri) after a few months. It was gathered through the members of JMS. that very often they were not paid for several months. Each time they went to collect their wages, they were paid only partially. As they had to go repeatedly to several landlords, they gave up after a while. Secondly, apart from the three months of peak season of work, other months were lean months with little work in the village. In such lean season, which lasted about four to five months, the wages were Rs.20/- and Rs.15/- for men and women respectively (Documented during 1998-2002, Ref. Pinto 1999). The struggles and campaigns of JMS, as the archival documents indicate, included primarily demanding payment of unpaid wages alongside higher and equal wages. For Dalit households work and wages are an integral part of their survival. A research done in the JMS field with Dalit women strongly indicated that work and wages (livelihood) is inextricably linked to the sense of dignity and wellbeing of Dalit women. (Deshpande 2010)

### The key milestone of these campaigns includes the following:

**Demanding payment of wages (2000-2002):** JMS found that in three villages namely Kharabdinni, Amareshwara camp and Pothnal the wages of women were kept pending by the landlords (farmers), and in some cases for over three years. JMS facilitated a series of negotiations to recover these pending payments of wages. When some of them did not agree to pay the pending wages, sit-in (dharnas) were organised in front of the landlord's house as a measure to publicly shame him. As a result, in all these cases, unpaid wages of over three years were collected.

### **Struggle to be employed in 'food for work' scheme (2002-2005):**

During the severe drought years labourers en-masse migrated to cities for work. During this time JMS held rallies demanding work under drought mitigation programme known as 'kooligagi kalu' (food for work, literally reads as grains for work). This resulted in labourers from different villages getting work for a fixed period, for example, about 300 people of Muddanagudi and Pothanal villages got work for a week (2002). During this process JMS also demanded equal wages for men and women irrespective of their age and it was also the first-time men and women were paid equal wages under a government programme.

**Struggle against the mechanised harvesting (2002-2005):** The mechanised harvesters employed by landlords in harvesting paddy reduced the days of work for agricultural labourers. The agricultural labourers had to bargain hard for Rs.600/- per acre for harvesting and threshing paddy which took up almost fourteen hours a day. With the introduction of harvesting machines, the rate per acreage was decreasing. JMS embarked on a campaign against mechanised harvesting for three years and the campaign included awareness in the villages, petitions to Tehashildars and the District administration. In the year 2004, as a result of the campaign, the district administration banned the entry of the harvesting machines in the entire district. The people then got wages worth Rs.1500 per acre and for a greater number of days in the entire district.

File picture of a mass protest demanding work and fair wages by JMS at the District Headquarters in Raichur in 2003 [The placard displays the key slogan of JMS in Kannada language: *Only one power, Collective power*]



**Dalits accessing MNREGA (2010-2012):** The Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) was piloted as a scheme (NREGS) during 2005-2007 and Raichur was one such districts. JMS actively campaigned and mobilised communities and facilitated the process of filing applications for employment. As the corruption ridden gram panchayats were dominated by the upper and landed castes who saw opportunity for siphoning off money, JMS found that it was simultaneously a struggle for transparency and accountability. JMS intensively involved itself in this process since 2007, by being part of any committee or action to demand accountability and to strengthen the process. JMS was part of the "Joint Action Committee" a forum of people's platform in Raichur district that facilitated a Social Audit of NREGA, conducted training

and capacity building in villages, spearheaded collective action at the Panchayat level for implementation, facilitated dialogue with the Zilla Panchayat for implementation of NREGA and also led collective action at the district. JMS intensively campaigned for getting 100 days of work for 1000 households (5000 labourers) which resulted in harvesting collective revenue (income) of six crore rupees for the 1000 Dalit households. (JMS, NREGA report 2008-12)

**JMS expands constituency for universal right to work (2013-2019):**

The phase following the initial euphoria was challenging, as by now the administration and various stakeholders had mastered the art of siphoning off funds. The Gram Panchayats, hitherto starved of funds, had started receiving almost 5 crore rupees (150,000 USD) a year and was a lucrative incentive for the powerful people from the upper classes and GP members. JMS on the one hand, joined hands with local people's collectives and labour unions to demand the effective implementation of the Act, thus providing 100 days of work to every household. Another strategy JMS adopted was to build a working-class solidarity and expanded its constituency to form labour groups in villages, drawing from all marginalised communities including Devdasis, Muslim women and women from other castes as well. Since April 2018, JMS has facilitated the right to work in 47 villages coming under 18 GPs. At an average of 61 days of work per household, 2486 members and their households have obtained 151,506 person days of work, bringing a cash flow of Rs.33,856,740/- (USD 521,000) into these households. Through these labour groups, the process of demanding the right to information, transparency in the planning of work, payments etc. has been intensified. Similarly, with this expanded solidarity base, the demands for other social rights of the communities such as efficient management of Childcare and nutrition centres (Anganwadis), health care for women, has also intensified.

## Claiming Entitlements from Public Institutions and Services

When Dalit women understood the power of collective strength that could lead to life changing action, they also understood that they had the collective ability to influence change not just for the community, but also for all women. As Dalits and poor women, entry into public spaces and institutions, such as Gram Panchayats, Primary Health Centres, Public Distribution Shops (PDS), schools etc. was beyond their imagination. No woman of their community had entered those spaces, nobody informed them that they could freely go there. Hence, such spaces were not accessed. Change in power relations in the public institutions and access to such places was still a challenge. Firmly believing that women had to claim and capture these public spaces, JMS women exercised their organisational collective power to make their way into these institutions and gain access to their entitlements. Hitherto excluded and restricted by virtue

of being women, entry into these spaces itself gave them enormous confidence.

**Local self-governance institutions- Gram Panchayats:** Gram Panchayat (GP) was one of the key public institutions that operated as the space of power and hegemonies of the landed castes and men who deprived Dalits and women of their rightful place. Karnataka was the first state in the country to implement the Panchayat Raj Act which also provided classified reservation to SCs, STs and women. However, even among Dalits, the men represented the elected women in the GPs. The Dalit and women in general had not gone to GPs and as such there was no public knowledge disseminated about the Gram Sabha (village assembly). Though mandated by law, they were held secretly and, in the temples, or in the front yard of the landlord, thus excluding participation of the vulnerable. During 2002-2004, JMS launched a two year long campaign by name 'nodi nimma panchayat' (Know your panchayat) that included taking groups of Dalit women from every village to their respective GP, facilitating discussions with the GP members and the secretary, and facilitating education on the schemes and programmes of GPs. Simultaneously, in each village women demanded that they be informed of the Gram Sabhas in advance, protested against the ones held without their participation, made the officials reconvene GP and placed their demands in the gram sabhas (people's assembly at the ward level, mandated by law).

Engaging GPs as the local governance institution, including the elected representatives and the officials has continued during 2005-2019 in different ways. Though MNREGA provided the prime lever for such an engagement, the issues raised by communities too continued to be the reason that brought delegations of JMS to GPs. Sensing that MNREGA has occupied the GP officials leaving many other issues unattended, in 2019, JMS launched Janaadhikara Abhiyaana (Citizens' Rights Campaign). Through specially convened community meetings, the local issues of citizens were discussed and recorded. They included sanitation and drainage in villages, shortage of drinking water, toilets, malfunctioning Anganwadis etc. In each village grievances were made into a memorandum that was submitted by a group of citizens to GP officials. Such campaign was conducted in 15 GPs, covering 45 villages in the four talukas (blocks) of the district. The campaign spurred action by GP officials by the pressure that was exerted by delegations meeting higher officials, i.e. executive officer at the block level and chief executive officer at the district level.

**Health Care Institutions:** JMS's analysis of their experience of accessing health care during the years 2000-2001 provided substantial insights into the barriers and discrimination they faced in accessing health care services. In the year 2000, JMS participated in the campaign prior to the first People's Health Assembly (held in Kolkata) and did an observational study on access to PHCs. Dalit communities and women illustrated several practices of discrimination against the Dalit community. (Chauramma, Premdas & Mita, Report



File Picture:  
Women in the  
Chief Executive  
Officer of Zilla  
Panchayat  
(Raichur District),  
putting forth their  
demands (2014)

2000). Auxiliary Nurse Midwives (ANMs) largely hailing from non-Dalit communities refused to visit Dalit hamlets and Dalit households resulting in Dalit women being deprived of ante-natal care and services. Dalit women experienced rude behaviour from the nurse and health personnel in the local PHCs. In addition, corruption, absenteeism, unauthorised prescriptions to private drug store affected Dalit women as well. The JMS members described the situation thus-

*“Doctors never used to touch us. They treat rich and poor differently. They used to take bribes. Before community monitoring, patients used to wait for a long time. We had a meeting with them, asked them why they behaved this way and explained these things to them. Now things are better. They give medicines, conduct deliveries, the infrastructure is better. Now there are some ASHAs who are Dalits, and some Dalit women have been selected as Anganwadi teachers.”*

(Karpagam, JMS Participatory Review, p.21)

The campaign for claiming spaces and demanding accountability was triggered by an unusual incident on certifying for social security schemes by the medical officer (Box 2). Pursuant to this incident in 2002, JMS organised an yearlong campaign in the 50 villages coming under 4 PHCs which was named as ‘Nodi Nimma Arogya Kendra’ (Know Your PHC). It included Dalit women from villages visiting PHCs and interacting with MO and other health providers, knowing about various services available in the PHC and introducing women leaders to the health personnel. At the village level JMS organised

women's meetings with the front-line health personnel in each of the villages. This not only built rapport and familiarity with the health personnel, but also reduced hesitation of women and enhanced their self-esteem. In a way, community monitoring of health systems by Dalit women began here, much before the NRHM was launched in 2005. JMS's engagement with PHC system continued intensively during the NRHM period as they took part in the community monitoring of health services of 5 PHCs and 30 villages. JMS worked in solidarity with several campaign for Right to Primary Health Care spearheaded by People's Health Movement, engaging with local PHCs for reducing corruption and for better services to people.

### *Box 2: JMS confronts corruption by Medical Officer certifying women's age for social security schemes*

*During the phase of mobilisation of communities for their social security, JMS filed over 1000 applications in 2003 for various categories of people needing state pension under various schemes – widows, people with disability and the aged. The application form invariably had to be certified by the Medical Officer of the respective PHC of their jurisdiction for their age. At the PHC of Thoranadinni which was 15-20 kms away, when the group of about 25 such men and women went about four times, changing scantily available private transport vehicles, the doctor was found absent. He was found during their fifth visit, but they were made to wait from 11.00 a.m. till 5.00 p.m. At the far end of the day, he made each one to pay Rs.50/- (equal to 2.5 days of their wages then) and certified them randomly for their age. Though the community people were happy then, they were enraged to know back in the village, that there were erroneous certifications such as aged woman was shown as 45 years of age and her younger daughter in law was certified as 65 etc. The five visits were rendered futile due to the callousness of the medical officer who often used to be absent from the PHC.*

*A group of 50 people from the community staged a protest in front of the PHC asking the doctor to come and talk to them. He was shown the errors he had committed and accused him of corruption, while they had to spend Rs.500/- for each of their visit. He apologised and agreed to rectify the age. However, not satisfied, they demanded from him their transport cost of all five visits and the money that they had paid as informal payment to his signatures. In total, he paid them Rs.2000/-. They also made him promise that he would not take money from the poor and that he would regularly attend the PHC.*

*The news of this small victory spread like wildfire in the villages, thus emboldening many more Dalit women access PHC at Thoranadinni village in the Manvi Taluka.*

The community has perceived the changes in the primary health care system over the years-

*'The PHCs are now clean. Government doctors are good. We still must buy some medicines from outside. There are cases of denial of health care. Earlier, we used to go to the private hospital for delivery. The public hospitals had neither doctors nor nurses. Now there are not many deaths of mothers and children. 'The doctors tell us – you do not know how to read and write; still how do you know so much?''*

Interview, JMS Sanchalaki

**Campaign for Food Security:** The Public Distribution System (PDS) and Integrated Child Development Scheme (ICDS) programmes formed the backbone of key food security programmes in the country, along with the food-for-work seasonal programme that government of India undertook when the state declared the district as 'drought affected' in any season when the rain failed. The PDS and ICDS were spaces dominated and occupied by non-Dalit and upper caste people. A rapid assessment study done by JMS in 2000 revealed severe psychological and structural barriers and discrimination Dalit children faced in accessing ICDS facilities. Due to this most of the children continued to live in unhygienic conditions when parents went on daily wage labour. They were also deprived of supplementary food served at the ICDS centres which were in the non-Dalit and upper caste lanes. Dalit children were not included in the ICDS services by the ICDS worker who belonged to non-Dalit community.

On the other hand, the PDS shops were irregular with supply of food grains and kerosene (used by the poor as fuel) was being siphoned-off to upper caste farmers to run their motor pumps, resulting in Dalit households regularly being deprived of fuel and food grains. In several villages, the PDS cards were held back by the PDS shop owners. In the village survey that JMS carried out during the severe drought years in Raichur (2002-2005), it was found that many households had run short of grains and people had started migrating. Following this JMS filed mass petitions to the government on the pathetic conditions of PDS shops and initiated to translate into Kannada, the orders in the Right to Food case (PUCL v. Union of India 374/2002) which came in 2004. JMS then launched a campaign in 100 villages, demanding implementation of these orders and the JMS fact-finding reports were filed with the district administration along with the copy of the orders. This paved the way for a continuous monitoring of PDS shops and ICDS centres by JMS, which became core work of JMS. Post-2005, RTI applications, surveys and filing petitions with the right to food commissioners, providing information to the RTF campaign continued vigorously.

**Social Security:** Widow pension, old age pension, disability pension, scholarships for SC/ST children were the key constituents of the social

security schemes. Though it was a very small amount (Rs.200/- per month) up to the year 2010, it instilled some hope of survival for the most vulnerable women, when the wages were Rs.20/- (30 cents) and Rs.15/- (25 cents) for able-bodied men and women, respectively. A systematic documentation of Dalit households had revealed that only a few women (widows) and People with Disabilities, especially who had some linkages with people in the system, received these benefits. Several Dalit leaders acted as conduits; they were paid money to obtain sanction letters for these services. Most of the vulnerable had paid money to so called 'social workers' without getting their applications processed. JMS initiated a process of filing applications of 450 such persons by bringing the Tehashildar face to face with them. Though it was a tedious process which took over a year, nonetheless, annually it brought a revenue of over INR 10,08,000/- (excluding the scholarships) to the Dalit community in JMS's area of work.

**Access to Education as a Right:** Raichur district was listed with the highest percentage of child labour, which indicated the malfunctioning of the primary education system. JMS identified several Dalit drop-out children in each village, who were either working as daily wage labourers and/or pledged as (bonded) labour in the houses of upper caste landlords and non-Dalit landed households to repay loans incurred by their parents. Though most of the children had enrolled themselves into the schools, the psychological and emotional exclusion and rejection that Dalit children experienced by teachers who invariably belonged to the non-Dalit castes, resulted in their dropping out, and thus paving an easy path to be child labourers. Besides, the conditions of the school themselves became a demotivating factor. The primary schools were managed by a single teacher, who were also known for their absenteeism. One of the JMS workers describe the situation of the Dalit children and education system thus-

*'Our children used to drop out of the school and take care of animals. Children of other castes were getting educated. Our survey showed that almost 350 Dalit children were not receiving education. People of the upper castes used to call the panchayat for a meeting and demand that our children should not be allowed to attend schools. Even if they did attend, they had to sit at the back or outside the classroom'*

Interview, JMS Sanchalaki

The strategy employed by JMS included campaign for universal enrollment, proper functioning of primary schools, and rehabilitation of child labourers. JMS conducted community surveys to identify child labourers and submitted them to the district administration and children gave testimonies of their plight in a public hearing organised in Raichur. While the campaign continued to seek accountability from the district education system/department, it also took the shape of

a community initiative through the "Chilipili Child Labour School" for education and rehabilitation of child labourers. Chilipili was initially a mobile school which moved annually from one village to the next, and later as a residential school, supported by the National Child Labour Programme (NCLP). About 800 children in pledged labour and child labour were mainstreamed through this school over a decade.

Besides this, ever since the Right to Education Act has been enacted making primary education a fundamental right, JMS has been engaged with reforming primary educational institutions with a focus on enrolling every Dalit child in the school. JMS members also have been inducted into the School Development and Management Committees (SDMC) and they strive towards making school a safe and acceptable space for Dalit children.

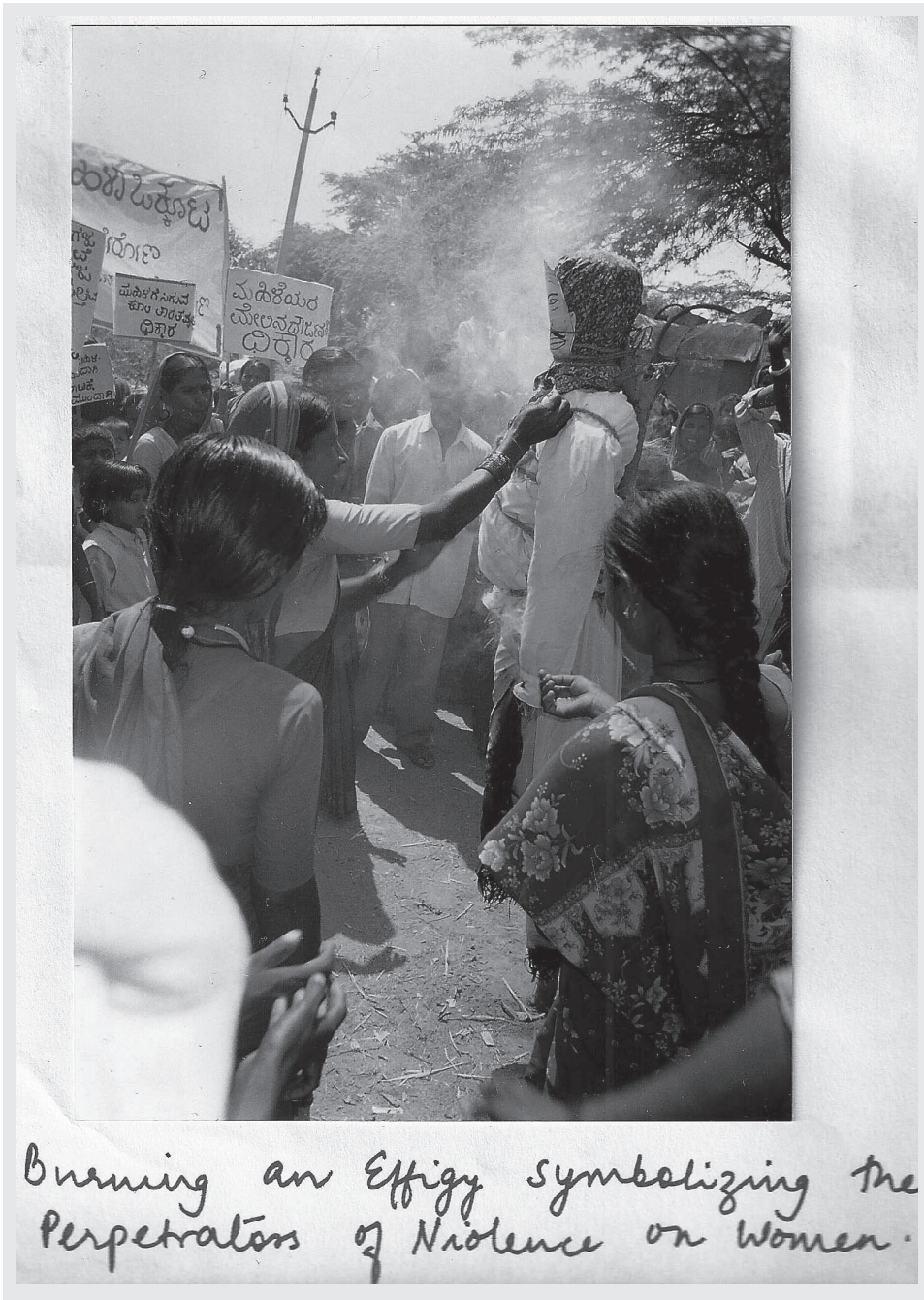
## Challenging Patriarchy within Dalit Cultural Practices

Patriarchal structures intersect with caste and class structures and gender relations (boys and girls, men and women) were at the centre of caste conflicts. The caste atrocities on Dalits often started with an incident where the Dalit boys defied the caste norms, or the upper castes concocted such stories to target the Dalit women and communities. Similarly, vengeful acts or 'showing the place to Dalits' by the upper castes resulted in physical assault, sexual assault or heinous violence such as parading women nude with impunity alongside social boycott on the community. This created a conflicting situation that justified attacks by spreading rumours about the love relationships and so on.

Devadasi system was another example of the operation of caste and patriarchy. Adolescent girls from vulnerable Dalit households often headed by single women, widows, or the last girl from the households without male children or girls with disabilities fell victim to this system in a very mysterious way. Such a girl supposedly dedicated herself to '*yellamma*' or other subaltern deis (goddesses) and considered '*Hanumantha God*' as their husband. However, in practice it meant that much before the dedication process began, an upper caste man had developed a sexual relationship with the girl or had struck a deal with the household to covertly have a relationship in exchange of cash or kind.

Patriarchal hegemonies and masculinities in class relations were exhibited in varied ways; while the landowners were invariably men, negotiating and pleading for wages involved unequal patriarchal relations. The labour groups of women were headed primarily by men who had to accept what was settled as the wages for agricultural work. Similarly, when the 'food for work' was declared in the drought seasons or during the implementation of MNREGA, the corrupt systems, misappropriations and obstacles were created primarily by men.

File Picture  
 (2003): JMS  
 women  
 protesting against  
 rape of a girl  
 from nomadic  
 community in  
 Markamdinni  
 Village of Manvi  
 Taluka (Raichur  
 district)



JMS delved into understanding patriarchy, primarily in the private spaces of households and couple relationships. Women facilitated series of 'social analysis' sessions with groups of women in the villages to analyse the caste-class-patriarchy. It was followed by film screenings and in-depth discussions. As an outcome, Dalit women of JMS started discussing for the first time in the collective, about violence within their own households and castes, a factor that the Dalit movements in the district or state, had never raised.

It is significant to mention that one of the senior women sanchalakis herself lodged a complaint with the police against her husband who was harassing and beating her up. The husband had to tender a public apology agreeing to never to assault her again. In several villages,

women as a group invited the men to a meeting and publicly confronted men who were abusing women or obstructing their participation in the sangha meetings. The JMS women were not just confined to addressing domestic violence for their own communities but would even reach out to other castes and class. An upper caste (Marwari-Trader household) woman who was beaten to death and was burnt. JMS leaders, reported this to the police. Further JMS decided to act on serious cases of violence against Dalit women even in villages not in the purview of JMS' area of work. The law enforcement, forensic, and judicial mechanisms were used, sometimes with fair degree of success and in majority of the cases without yielding any tangible results from the courts. However, opening the discourse did happen through these processes, and JMS' identity as a women's rights organisation was established as can be understood from the story below (Box 3).

### *Box 3: Case of domestic violence and death*

*A Dalit woman who was pregnant died under suspicious circumstances and was hurriedly buried. The Inlaws had planned to cremate the body without informing the family of the deceased woman, though generally burial is the custom among Dalits. However, due to the protest by the family of the deceased woman, she was buried. One of the female relative of the deceased argued that it was a domestic violence death. This news came after about 10 days. JMS while putting various hearsay evidence together confirmed that it was a death due to torture by the husband and mother-in-law. She was brutally kicked on her stomach due to which she died on the way to a private nursing home. The police did not show much interest in the case. Neighbours refused to divulge any information and were not ready to testify either. JMS found a senior police officer (Circle Inspector of Police) who was sympathetic to the cause and managed to get a forensic inquest ordered in this case.*

*Under the criminal procedure code section 176, the inquest was ordered and JMS was asked to be the witness to the procedure. The burial place was in a deserted land without any access. The government machinery including the Tehasildar, CIP, Taluka Surgeon and a forensic expert had to walk in the scorching sun for about two kilometers. The vital organs were taken for forensic test as evidence.*

*Culturally however, digging out a dead body after 14 days was a thing that was unheard of in the village, and created quite an uproar and fear among the villagers. It was reported that for about two weeks the villagers kept awake in the night, which also spread the news around the villages about JMS and its vigilance.*

*Outcome of this incident in the court of law and the forensic evidence was not impactful. However, such a procedure put the police machinery on alert about the activism of JMS. In two incidents of deaths of women which followed in the next two weeks under suspicious circumstances, JMS was duly informed by the government machinery to be witnesses when the panchnama of the body was done.*

Due to the relentless work of JMS in identifying and addressing various cases of violence against women, there was recognition from the authorities as well. In a case of a suspected dowry harassment death in Kotnekal village, where the woman consumed poison, JMS was invited by the taluka administration to be witness at the '*panchanama*' (forensic examination of the body). The criminal case on behalf of the parents of the deceased on dowry death was pursued till the last step in the district sessions court, through legal assistance by JMS. After three years of court battle, the case did not get a favourable order.

## Bolstering Accountability Processes

JMS' embedded concept of '*struggle*' for accountability meant collective actions and collective negotiations for accountability with the power wielders at various levels and diverse stake holders symbolizing such patriarchal-caste-class power. Confronting and negotiating with the political representatives—who are generally drawn from the landed class—for Dalit women's rights was an integral part of the political vision of JMS for political and social accountability. This included engaging with electoral candidates, using judicial and investigation/law and order (police) systems, building solidarity with other social campaigns and movements and using strategies of right to information act for change and accountability. Apart from moving various institutions of power, a mass campaign during elections and submitting memorandum to the contesting candidates across political spectrum, is one of the pathways that JMS has kept alive. The following section anecdotally describes such processes.

**Electoral accountability:** During the state assembly elections of 2004 and 2018, the Gram Panchayat elections of 2002, 2007 and 2012, JMS actively mobilised communities and educated people on voting for appropriate candidates. A public face to face dialogue was organised in Pothnal village between the legislative assembly candidates and women in 2004, where women placed their demands through a manifesto before the candidates of all leading parties. Similarly, in the Gram Panchayat elections of 2002 and 2007, discussions were held with communities about various candidates and their public profiles, with a resolve not to yield to any incentives such as money or alcohol and not to vote for candidates known to be corrupt. In the GP elections of 2012, an effort was made to support specific candidates who were nominated by JMS and other solidarity movements. The outcomes of such a process, in terms of electoral results, were not always as women expected; however, it provided a space for Dalit women to question the contesting candidates and to elicit their responsibility publicly.

**Judicial-legal mechanisms:** The structural injustice that the Dalit communities and women experienced was aggravated and denial of justice was reinforced due to the apathy of police and judiciary. This has been evident in several cases of mass atrocities on Dalits in India

where atrocities have been committed in connivance with or with the apathy of the police, and police have remained bystanders. In the aftermath, the police have also weakened the case due to their shoddy investigation, resulting in acquittals of the accused. Such apathy was experienced by JMS in its initial years as it was addressing caste-based violence on women.

In a first instance, in 2002, some non-Dalit men abused and assaulted Dalit women on their way back from daily wage work in Hirekotnekal village. The women who had stronger sense of solidarity now, collectively took the decision to lodge a police complaint. However, it took a series of delegations by women and three sit-ins in front of the police station at the block level and a delegation going to the superintendent of police at the district level; To put pressure and get the culprits arrested. The women were under tremendous pressure to withdraw the complaint during the time of filing the charge sheet in the court. However, they decided to continue with the trial in the court. Cases of domestic violence (Yeddaladinni village), caste based atrocities of various kinds such as refusal of burial ground (Kharabdinni village), assaulting community members on frivolous grounds (Dumthi village), addressing rape on a nomadic woman who was collecting women's hair in exchange for hair-pins (known as hair-pin selling woman) in Udbal-Markamdinni village to name a few were dealt with. In all these cases women waged strong public protests, burning effigies, taking pledge and oaths not to tolerate violence, marching with sickles (agricultural harvesting knife/tool), holding *rasta-roko* (road block) demonstrations etc. Such collective actions moulded and mobilised women in favour of rights of Dalit women and at the same time challenged the police inaction.

**Solidarity with other campaigns:** The vision of a greater social change and social accountability led JMS to forge alliance and express solidarity with various social movements such as Dalit movements, environment movements, labour movements, Right to Food Campaign, People's Health Movement etc. JMS is closely associated with the Madiga Reservation Horata Samiti (MRHS), a campaign which demanded an internal population-based reservation to various castes within scheduled castes. Association with various alliances such as National Alliance of People's Movements (NAPM), Narmada Bachao Andolan (NBA), Pension Parishad, Right to Primary Health Care Campaign, Right to Education Campaign, campaign for the prohibition of alcohol in the state, campaign for the regulation of private healthcare providers in association with Karnataka Janaarogya Chaluvali (KJC) and such other solidarity struggles have broadened the understanding of JMS's core members to other issues of structural injustices.

**Strategic use of legal provisions:** JMS strategically engaged with legal and policy provisions to boost up the process of accountability. The usage of Right to Information Act (RTI) was extensive and included filing petitions for information on Project Implementation Plans of

Gram panchayats, NRHM departments, various government departments, functioning of the PDS in villages and to obtain work under NREGA. Four GP secretaries were hauled by the State Information Commission for not providing information and one was levied a fine of Rs.25,000/-. Other legislations strategically used were SC/ST atrocities Act, Domestic Violence Act, Child Labour Regulation Act. Building solidarity with the local legal community and judiciary also strengthened such a process.

#### Box 4: Prominent struggles and campaigns spearheaded by JMS

1. *Pothnal village Bundh and Rasta Roko (protest with shutters down of the shops and roadblock) protesting the nude parading of Yerramma, a Dalit woman at Vanenur village in Bellary District (2001).*
2. *Protest atrocity on Dalit community at Jawalgere by landlord and other forward castes (2002).*
3. *Campaign for food for work and equal wages during drought (2003)*
4. *Campaign for the right to health and primary health care (2003 onwards)*
5. *Campaign for the outreach of government social security schemes to Dalit communities (2003 onwards)*
6. *Campaign for Dalit women's participation in Gram Sabhas and Gram Panchayats (2004)*
7. *Struggle for the allocation of burial ground, sanitation and clean environment in villages (2004).*
8. *Campaign for the elimination of corruption in and proper functioning of the PDS shops, as part of right to food campaign (2004-05)*
9. *A three-year long campaign for banning the paddy harvesting machines in the district (2002-05).*
10. *Campaign and struggle against violence on Dalit women (within their own households and in the society at large) (2003-06)*
11. *Campaign for the right to (receive) wages after work from employers/landlords (2002-05)*
12. *Campaign for education for all without discrimination (2002-2013)*
13. *Campaign for adequate compensation and rehabilitation during floods (2009-10)*
14. *Various solidarity struggles (2002-2019).*
15. *The campaign and struggle for right to work with a specific focus on the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) included women leaders going on hunger strike for 6 days in Raichur. (2010-11)*
16. *Community Monitoring of health services campaign (2009-19)*
17. *Campaign for maternal and child health care (2017-19, ongoing)*
18. *Citizen Rights Campaign for basic public services and amenities in villages (2019- ongoing)*



# Chapter 4

---

## Social Accountability Model of JMS



At the turn of the millennium (1999-2000), JMS was initiated as a synergistic model of a labour collective. Since then it has been challenging hegemonies based on caste, class and patriarchy and identifying the key barriers for the realisation of Dalit Women's dignity and wellbeing. JMS has emerged as a grounded grassroots movement of the most marginalised sections of society – viz. Dalit Madiga women who are daily wage and agricultural labourers, wholly owned and controlled by them, with some critical support from organic intellectuals. The collective has perspectives of human rights and dignity at the core of its work and is reflected in the historical process of challenging three-fold hegemonies that have been entrenched in their feudal society. This case study and the accountability model followed by JMS, together with an analysis of its accountability praxis for nearly two decades, lend itself to formulate a grounded theory of social accountability.

**JMS Accountability model:** The praxis of accountability, strategies and approach, practiced over two decades, provides a cogent model for an intersectional approach to the practice of accountability.

*The Approach:* This model illustrates accountability as a continuous historical process. Interventions related to accountability model are multi-layered, and yet integrated and interlinked, while addressing complex issues affecting the dignity and wellbeing of Dalit women. What stands out is that it is not a linear or a positivistic model, aiming only at short term gains or results. (Figure 4).

It is possible through this case study to summarise an underpinning theory of change which drives the social accountability strategies of JMS. Despite an overlap of processes, distinct features related to organising, conscientising and expressing resistance can be identified. Each of these segments, analytically depicted in Figure 5, is mutually iterative and reinforcing and show a great deal of reciprocity. The collective's goals are long-term, and it's strategies are long drawn and aimed towards substantive social change (Figure 5).

*The Mechanisms:* The integrated and interlinked model revolves around three levers or gears—Organising (of communities) for collectivisation, conscientisation and empowerment, and collective action and struggle demanding accountability (Figure 4 & 5). These closely resonate with the call that was given by Dr. B. R. Ambedkar, the visionary and charismatic leader of Dalits in India, which virtually became the three pathways for the future social movements in India—Organise, educate (conscientise and empower) and agitate (struggle and resist).

**1. ORGANISING:** This consists organising the oppressed communities and building solidarity at different levels of the power pyramid of society and its institutions. In this model the rights claimants are the Dalit women. They are not limited only to those villages where JMS

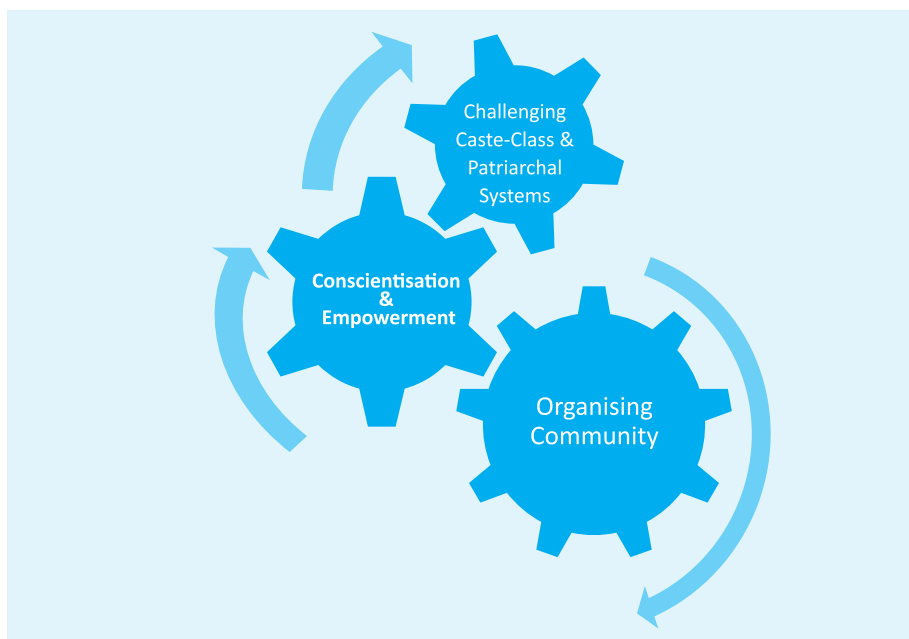


Figure 4:  
Process based  
accountability  
model of JMS:

is active, but to all Dalit women as a deprived constituency. While in villages such organisation wields visible power, at the higher levels of policy formulation (e.g. district, state and at the union level), JMS has extended broad-based solidarity with other labour unions and campaigns.

*a. Building Collective Strength:* Dalit women leaders of each village form themselves into a group of karyakarthas and the core group of women conveners (Sanchalakis) are the key actors of this process. Dalit women are organised at the community level, with each village group being the building block of JMS. This is where fundamental discussions are held, and decisions are taken.

*b. Building Identity and Ownership of Indigenous Leadership:* Building ownership of Dalit women over the community organisation and nurturing a multi-level leadership are the key factors for the sustainability of JMS as a community organisation. This is accomplished through perspective building, taking up individual cases of atrocities and violence, and addressing these challenges always with the leadership of community women leaders.

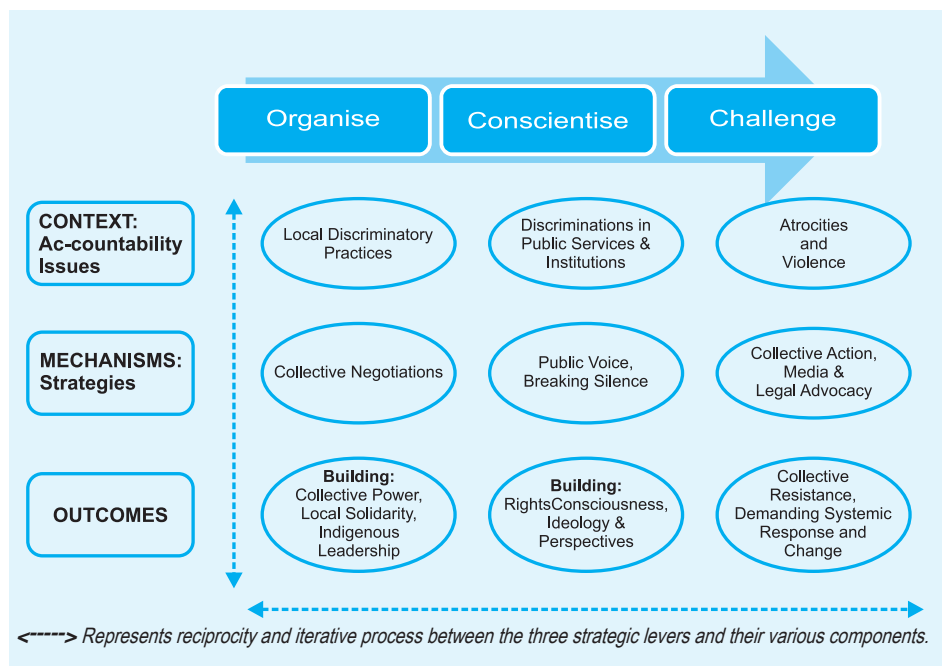
**2. CONSCIENTISATION AND EMPOWERMENT:** This is realised through a long process of building community ownership and leadership in organisational decision making. A participatory analysis of the context and building rights consciousness among to members facilitate such a process.

*Setting Agenda:* Resistance to overt expressions of discrimination, indignity and violence was the first step to show public dissent and to break the culture of silence. Various campaigns shaped the public imagination of the community leaders and the public discourse around these issues of human rights violations. Campaigns for

violence against women, social security rights, sustained campaigns for rural employment were instrumental in building a power and rights discourse in the region.

**3. STRUGGLE (Resistance and Public Expressions of Demanding Accountability):** Struggle is either localised (at the village or gram panchayat level) or is done through cycles of issue-based campaigns. Campaigns build momentum and propel the cadre to move from rights awareness to action for rights.

Challenging caste-class-patriarchal systems and demanding accountability of caste and class hegemonies is quite complex and is markedly different from demanding accountability from the state for public services and institutions. Challenging patriarchal structures both at the household (private) as well as public spaces, requires building the perception of the collective as a strong counter-vailing power that breaks silence, raises community voice, responds to violations and that is uncompromising in its principles and positions in such matters. Such a perception of JMS has often created a deterrence in several cases stopping further violence or forcing the dominant community to



come for negotiations. JMS also is called in as a representative of Dalits by the government departments, when they need to ensure representation of Dalits. In building the identity and such perception of JMS, the following strategies stand out:

*Addressing Systemic Injustice:* At different intervals, JMS took up long-term strategic interventions and intensive campaigns, which touched the nerve of systemic deficiencies. For example, campaigns such as the struggle against harvesting machines, campaign against child and bonded labour, community monitoring of primary health care services in four PHCs, campaign for rural employment were long drawn in duration, and some of them continued for several years.

*Strategic Solidarity:* This is done through strengthening solidarity amongst local JMS units and other organisations, at the villages, building solidarity with other networks and social campaigns & movements at the district level, and by participating in the campaigns of various wider networks at the state and national level.

### **Towards a Grounded Theory of Social Accountability**

The grounded theory of social accountability stemming from the analysis of JMS's social accountability processes begin with harnessing and nurturing the agency of Dalit women to confront the barriers to health and well-being that are embedded in oppressive societal structures. This can be plotted on the horizontal and vertical axes of collectivisation and conscientisation, respectively (Figure 6).

The horizontal axis is a continuum that ranges from a fluid group formation to an ideology based collectivisation. The former is used as the usual developmental strategy (known as self-help groups or group formation around some cultural or economic activities), whereas the latter, is a continuous processes of moving such mobilised group to be a collective force through the infusion of perspectives and enabling them simultaneously to act on the issues affecting their dignity. It is through these collective actions that they grow as leaders and build their ownership over the processes of the collective. Such collectivisation is contingent on another process that is depicted by the vertical axis.

The vertical axis depicts the process of perspectives and ideology becoming the binding and moving force of the collective. It can range from awareness (of services or their entitlements) to being a vibrant conscientised group, having the wherewithal to understand and analyse the context and historical incidents within an ideological perspective and articulate their positions on such incidents. The former (awareness) which is usually deployed in the development sector means imparting information, at the minimum, around local issues or schemes or government projects. Conscientisation is a long-drawn process where one must examine information through an analytical lens and be able to act upon the issues.

The top right quadrangle explains the interface of conscientisation and collectivisation, which is progressive in its nature. The more conscientised the group/collective is, the stronger the collectivisation and these two reinforce each other. A social systemic change and the sustainability of its impact on society can be depicted to be the sum-total of these two intersections. It occurs through the collective resistance shown to oppression, the intensity of breaking the silence, the sustained nature of this resistance and use of the multiple strategies such as media and legal advocacy, moving constitutional bodies, building public perception of resistance to human rights violations and the like. Nonetheless, it is a continuous and cyclical process of acting, reflecting and moving further, through the three levers of change (Organising, Conscientising and Collective Action) illustrated in figure 4.

In the case of Dalit women, the social-political-economic and cultural structures form a web within which their dignity is violated in several ways that range from local practices to systemic barriers. Demanding accountability in this context is an intensive historical process too, which needs iterative-interlinked approaches and strategies that are multilayered and multi-faceted. JMS has worked for two decades engaging various pathways of struggle and reconstruction for dignity and justice through a creative blend of resistance of the oppressive structures. All the three levels of such a process (Organising, Conscientising and Collective Action) are inter-linked and interface with each other in multiple ways and at different levels of advocacy.

The JMS case-study of the social accountability processes, analysed within this grounded theory framework, points to the understanding that deeper the conscientisation and collectivisation processes are, more impactful and sustained would be the social and systemic change outcomes.

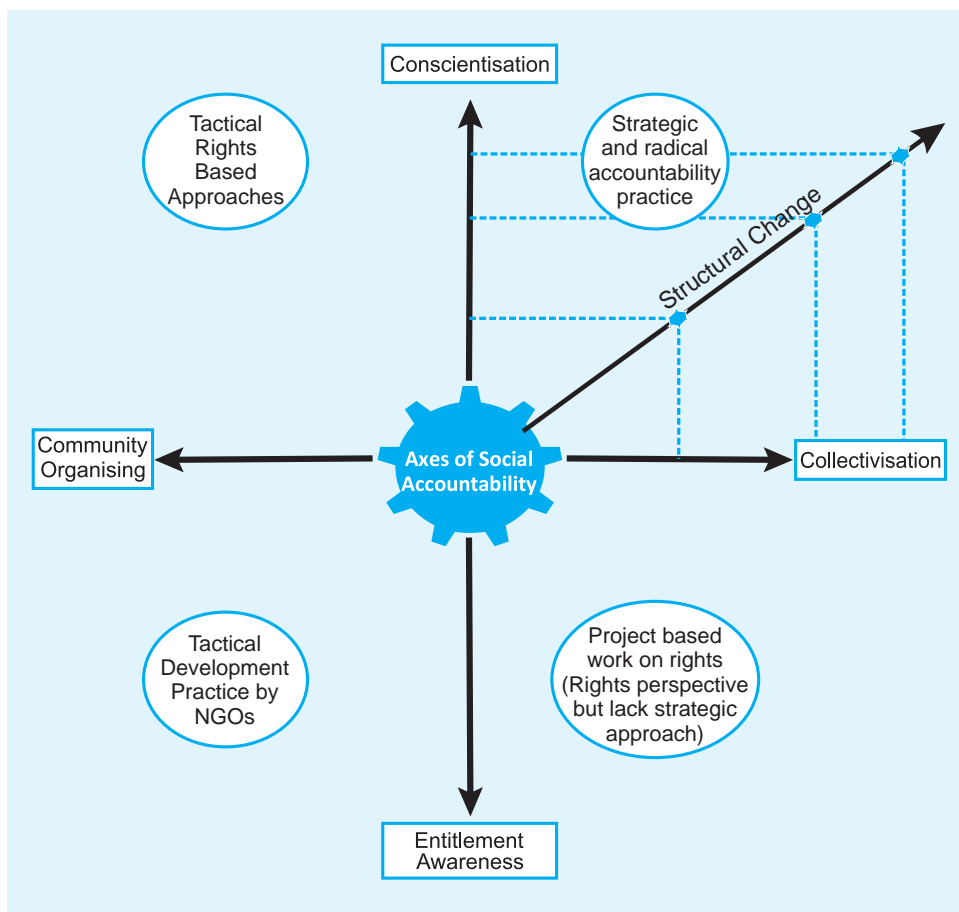


Figure 6:  
Grounded  
Theory of Social  
Accountability

## Outcomes and key contributions:

Demanding accountability, hence, is not limited only to the governance structures but extended also to societal structures as well. A mixed model of horizontal and vertical accountability which strategically takes inter-sectoral and systemic approach is seen in the JMS model.

As mentioned earlier, the principal focus of work of JMS has been the social-economic and cultural empowerment of Dalit women agricultural labourers in Hyderabad-Karnataka region through the community-based peoples' organisation. It began as a collective voice against the ubiquitous nature of caste violence that women in the community faced. It grew as a collective, empowering Dalit women units across more than 50 villages of Raichur district. Gradually its identity grew as a collective engaged in the protection and promotion of human rights of Dalit Women. Some of the key contributors in this process have been as described below.

*Enhanced understanding of accountability:* For JMS accountability is conceptualised as a community-based process that begins and continues with the ownership of Dalit women. It is not a demand for a few services or some incremental change in some piece-meal programmes that are announced by the government. The processes of accountability are a dynamic and continuous process of restoring dignity towards a quest for social justice. Health care system and its barriers are an integral part of the manifestations of the systemic barriers that Dalit women face. Hence, to make health system accessible to Dalit women, overcoming barriers of discrimination and oppression must be a process that addresses issues outside the health care system as well.

*Collective power entrenched in the process of accountability as a countervailing strategy to challenge hegemonies:* In contrast to the techno-centric tools of accountability, systemic oppression banks upon social power and social capital of collective power. The process of demanding accountability is intrinsic to building autonomy, ownership and control over their own collective decision making. This case story narrates how Madiga women have battled an uphill struggle for justice, equality and dignity with their fair share of gains, challenges, and roadblocks in the process of social mobilisation and collectivisation. Through interrogation of the structures of oppression and by using organised power to confront violence related to caste and gender Madiga women continue to stand steadfast against marginalisation and oppression.

*Re-imagining Accountability Strategies:* The alteration of fundamental power equations between marginalised communities and the power structures calls for reimagination and innovation in strategies. JMS has used strategies that range from 'dialogue and negotiation' to 'resistance' to address various issues of oppression and violence. The strategies have been employed as tools to invoke response to the accountability issues in the public consciousness of people and officials. The strategies have taken the form, among others, of dialogue, tough negotiations, public demonstrations, picketing, confronting officials and leaders, demanding action and reforms in various institutions of governance and justice using the judicial-legal systems. Strategic alliances and forging of social solidarity with larger struggles of labour movement and various state and national level networks also is a key strategy used for sustaining the movement.

The analysis of various strategies employed by JMS point to the use of multi-pronged, multi-layered and inter-linked strategies. Such strategies have been deployed very judiciously, feeling the pulse of the situation, to leverage best outcome in each situation. As campaigns stretching over a long period of time, have been the primary methods to address systemic issues, the use of methods too has not been uniform. Strategic retreat to reflect and re-configure too has been used by JMS as a strategy.

*Sustained processes for accountability:* Unaccountability towards the poor, embedded in discrimination and societal inequity, needs a sustained process of resistance and confrontation. The behaviour of public institutions including that of health care is reinforced socially and culturally over a period. The impunity of the systems of public governance is reinforced over a period where the privileged upper class and upper caste men collude and the oppressed feel too powerless to question oppression. Through organised power and solidarity, the process of accountability begins with breaking the culture of silence at every instance of violation and in every space, both private and public. JMS case-study illustrates such a sustained process and its impact on changing the mind-sets in local governance institutions such as Panchayats or public service delivery institutions such as PDS shops or PHCs. The strategies to such a process cannot be formulaic but are locally formulated and decided.

*Expanded dimension of health:* JMS has expanded the scope of understanding health and accountability in the context of the most marginalised community and locates it in the larger dimension of health as well-being, dignity, a human right and fundamentally an issue of social justice.

The focus has been on making health systems responsive and community-centric and rendering primary health care system responsive and sensitive to Dalit women. It involved public health dialogues and public demonstrations in PHCs on the one hand and building a cadre of local traditional healers and validating their traditional health knowledge. Mass support was garnered by touching the lives of people by healing their suffering by using local remedies. Similarly, the process of conscientising communities about systemic oppression was taken up while addressing the issue of bonded child labour that was prevalent; education for liberation was undertaken by making a bridge school for Dalit children working as child labourers and providing them alternative, creative and safe learning space.

*Reconfiguration of citizenship as a part of accountability process:* Marginalisation is a process of excluding citizens from the participatory governance processes and more fundamentally is a process of rendering them as 'non-citizens'. In an expanded understanding of health, dignity, wellbeing and accountability, JMS reinforces the idea of reinventing citizenship through empowerment as a part of the accountability process. The results of such an accountability process is not certain tools or events but a sense of dignity and affirmation that the disempowered community feels. Such process cannot be episodic event or a linear process. It is a spiral process of dialectics of continuous struggles, experiencing setbacks and retreats at times and continuously sustaining the process of resistance and claiming rights.

# Chapter 5

---

## Changing Socio- Political Eco-System and Addressing Challenges



The two-decade long journey of JMS has seen waxing and waning of equations and solidarity within and around JMS. The socio-political eco-system has changed over twenty years within the time period of a generation. Various social collectives have witnessed fragmentation and various resistance movements have fizzled out. Meanwhile, children who were born during this period to the sanghatan women, are now in their youth and are carrying a very different aspiration of social mobility. This case-study is a narrative of the process of organising, conscientisation, resistance and liberation that this subaltern group covers the lifespan of JMS from 1999-2019. JMS is still active though the contours of its work and processes have undergone modification and adaptation, however, its core strategies and approach are still intact.

## Changing context

JMS has very consciously and effectively addressed caste-based violence and have acquired the mechanism and ability to address such incidents when they do occur. Migration of labourers during this period to cities, education of children, outmigration of youth for work, relative increase in wages has broadened the exposure and opportunities for Dalit communities. However, on the other hand, the pace with which the other forward communities have progressed during the same period, points to increased inequities. Compared to the situation during 1999-2000, their vulnerabilities are less apparent, and incidents of caste-based violence have substantially reduced. However, during the same period, the public services and the systems distributing them have become fragile and fragmented even as the rise of private providers in many arenas of social security (healthcare, education, food and nutrition etc.) has substantially increased. This has forced the communities to purchase food, health care and education from private institutions, which have further rendered them resourceless. As the social protection is depleted, their vulnerabilities too have become unpredictable and alarming.

## New challenges

JMS also faces the challenges of predatory elements and competition in the social struggle arena. New social configurations that grew over the strength of JMS while building strategic solidarity, have encroached the constituency of JMS and poached its cadre. This has left the communities confused. Similarly, other financing institutions who have descended into the villages in the garb of welfare and charity, have trapped people in the web of credit. Many households are now trapped in multiple borrowings of money. It has become an uphill task for JMS to answer several questions on material benefits that JMS does not provide as other NGOs do. JMS has always

questioned the politics of charity and the disempowerment that it brings to the communities of the marginalised.

At one level, JMS has provided dignity, identity and space for Dalit women to extricate themselves from caste-based violence. For the thrice oppressed, exiting one axis of oppression is only a part of the story of their emancipation. Such a liberation is often overshadowed by other oppressive hegemonies that continue unabated. A sharp rise in domestic violence is observed by JMS as several women bring their cases to JMS asking for support and JMS leaders understand that working to address domestic violence is a potential area needing a lot of attention.

The dilemma of choosing between survival strategies (for the communities) versus struggles for identity and dignity continue in an unresolved manner within JMS. Quite often, the convening group of JMS has anxiety over the difficult choices they need to make – either satisfying the immediate need or the long-term empowerment of the communities. For living a life of dignity, ensuring dignified existence and livelihood are essential, especially for Dalit women. However, the material benefits that JMS has been able to provide to the sanghatane (the collective) members have been far from satisfying their material needs. Such dissatisfaction also arises as the challenges for dignified living are enhanced due to policy induced measures (e.g. demonetization in 2017), climate change and increased frequency of droughts, erratic rains, escalating expenditures, volatile markets, ever expanding private services in food, health care, education, etc. All these have rendered communities further resourceless. Therefore, the struggle for adequate livelihood and survival struggles of women must be addressed in the future with urgency.

JMS has addressed systemic discrimination and social exclusion faced by the Dalit women in socio-cultural, economic and political spheres which in terms of healthcare that result in poor health outcomes. Discriminatory and exclusionary practices in health care can be in several forms like negligence or denial in admission to medical treatment, poor quality medical treatment, neglect by service providers, being uncared for or not included in the processes of health programmes or not being examined on account of social identity of the citizen (patient) seeking health care. These result in serious denial of health entitlements and violations of health rights.

## Addressing the challenges

This case study traces how JMS, which translates to ‘a collective of rising women’ has moved from being an ‘unOrganised Dalit Madiga women’s group’ to a collective claiming dignity and well-being over two decades. JMS has brought visibility to themselves by shunning the ‘culture of silence’, demanding for accountability and through the twin

principles of sangharsh (struggle for rights and dignity) and navnirman (reconstruction). These have harnessed their collective strength to address caste, class and patriarchy-based oppression and violence leading to demanding greater accountability and responsiveness both from the community and from the State. JMS has continued to demand accountability from the households, societal structures and the public governance system.

JMS leaders have identified several areas where nurturing of the members is needed as they are semi-literate and have several limitations. Challenges of fostering and nurturing community spaces is an important issue that JMS needs to consider. The need for soft skills of financial management, resource mobilisation, finding newer leadership and continue work as a non-elite and grassroots collective places a continuous demand for nurturing leadership in varied ways. The life and spirit of JMS is infused with co-ownership, commitment and strength of the core leadership in solidarity with the community level cadre. Sustaining and nurturing this solidarity and simultaneously addressing systemic issues of accountability and striking a balance between both these are some of the key challenges that JMS faces now.

It is worthwhile to mention here that as there is configuration of solidarity among the oppressed, there is also a re-configuration of oppressive forces of caste, class and patriarchy which is bolstered by the dominant political and cultural eco-system. The rise and consolidation of right-wing Hindutva politics in India is one such challenge that JMS will need to address soon. Beside though the periodicity of social boycotts and assaults on community have reduced, one hears of such incidents suddenly for which communities are often un-prepared. In such incidents, the caste-class-patriarchal structures render heavy backlash on to the communities.

This is equally linked to making JMS relevant to contemporary needs and aspirations of young Dalit women, who may not find untouchability related discrimination as the foremost problem. The younger generation, for example, faces new problems quite different from those that JMS addressed so far. A young Dalit girl of 13 years was wooed by an unmarried Dalit adult man in August 2019 and was taken away on the pretext of taking her to a religious festival. She was found murdered in another area and man himself later committed suicide. Similarly, JMS increasingly now gets cases of young girls being blackmailed by young men using the social media.

JMS needs to continuously re-invent itself in the changing socio-political-cultural situations to strengthen, sustain and make itself relevant.

# Conclusion

JMS which began as a collective social process of the most marginalised women in the Indian society at the turn of the millennium (1999), has continued to consolidate its collective power over the last two decades. Alongside, it has also seen rapid changes in the societal, economic and political spheres during this period, that have posed fierce challenges to the very survival of JMS as a collective. The challenges of fostering such community spaces suffer setback due to the lack of sustained financial resources required for process-oriented accountability models such as this.

The lived experiences of Dalit Women reveal that their vulnerability and disadvantages are enhanced and are perpetuated by the 'culture of silence'. The process of accountability as is outlined in this case study indicates the potential of the collective power of the marginalised communities to break the culture of silence and as an antidote to exploitation. In highly subdued and exploited communities, breaking the silence itself becomes a counter - narrative and resistance. It self off a process of challenging exploitation and caste-class and patriarchy based privileges and impunity enjoyed by the dominant groups.

Through continued adherence to the strategies of organising, conscientising and struggle (resistance), the unorganised masses of Dalit women attained the identity of a community-organisation, whose organisational power they harnessed to reshape their journey as active citizens. The evolution of such non-descript marginalised women into active citizens in remote villages in the further removed Raichur district in Karnataka is a story that needs recounting to assure the communities at large of their potential to realise true citizenship.

The case-study as much as it describes and analyses the journey, also points to the need for community based collectives such as JMS to reinvent itself continuously to respond to the changing external and internal eco-system, which is now surrounded by, among others, polarized politics, competing interventions by financial and charity organisations in the name of development, inundation of social media, and heightened aspirations of a younger generation quite different from their parents. Such changing ecosystem appears to be paradoxical, simultaneously empowering and disempowering.



# Appendix

## JMS Documents referred

1. Chauramma and Mita Deshpande (2000). Dalit Children's Access to Anganwadis- An Inquiry submitted to Community Health Cell, Bangalore.
1. Narasappa and E. Premdas Pinto (2000). Dalit Community's Access to Primary Health Centres - An Inquiry submitted to Community Health Cell, Bangalore.
1. Dr. Sylvia Karpagam, *Jagrutha Mahila Sanghatane (JMS)-10-year external review*, 2010
2. Navnirman Trust, *Claiming Dignity and Justice – A photo-story of 16 years of JMS*, 2016
3. Earthworm Productions, *Documentary Film 1, Hejjevalu (Footsteps)*, 2014
4. State Institute for Rural Development – Government of Karnataka (SIRD), *Documentary Film 2: Jagrutha Mahila Sanghatane*, 2013.
5. Earthworm Productions, *Documentary Film 3- Sittina Dwani (The Rage)*, 2015.
6. Various Print Media reports on JMS interventions (2001-2019)
7. Research papers and Academic Writings on the Work of JMS (2004-2019)
8. Archives of JMS and annual reports and other campaign reports
9. JMS website: [www.jmschiguru.org](http://www.jmschiguru.org)
10. JMS Facebook: <https://www.facebook.com/jms.chiguru.3>
11. Deshpande, Mita (2015). *Namma Arogya Namma Kaiyyalli: Our Health in Our Hands – A Brief Note on the Health Workers of the Jagrutha Mahila Sanghatane*. A note submitted to an academic conference.
12. Janaarogya Andolana Karnataka (2010), *Fact Finding Report on Social Boycott of Dalits in Tadakal Village (Manvi Taluka, Raichur District)*, Bengaluru
13. Pinto, EP (2006). *Health for Dalit Communities*, Christian Medical Journal of India (Vol. 21, No.4 October – December 2006), pp.22-26.
14. Pinto, EP (2008). *Right to Health and Health Care*, Integral Liberation (Vol.12, No. 1 April 2008), pp.2-15
15. Pinto, EP (2008). *Health as a Social Movement – Right to Primary Healthcare Campaign*, Health Action (Vol.21, No.12 December 2008), pp.27-29,35
16. Pinto, EP (2008). *Our Health in Our Hands – Story of Women of Jagrutha Mahila Sanghatan*, Health Action (Vol.21, No.12 December 2008), pp.39-41
17. JMS (2019). *Right to Health Campaign of Jagrutha Mahila Sanghatane 2002-2019 – A Short Report*.
18. JMS (2019). *Janaadhikara Abhiyana – A Short Report on the Citizens' Rights Campaign of JMS*.

19. JMS (2019). *Right to Work and Livelihood – A Short Report on the Right to Work and Livelihood of JMS (2002-2019)*.
20. Various petitions and complaints submitted by JMS to government authorities, courts, investigating agencies, Ombudsperson bodies such as NHRC, NCPCR and NCW (2000-2019)
21. Various press releases issued by JMS on key issues. (2000-2019)

# References

- Ambedkar, B.R (1987): Ch3, Vol5, *Dr. Babasaheb Ambedkar: Writings and Speeches, in V. Moon* (Ed). Department of Education, Government of Maharashtra, Bombay.
- Bharat Patankar, and Gail Omvedt (February 1979). The Dalit Liberation Movement in Colonial Period. *Economic and Political Weekly*. 14 (7/8): 409–411+413+415+417+419–421+423–424
- Conde, E., & Gorman, D. M. (2009). Krieger's conceptualization and measurement of discrimination and internalized oppression in studies of adverse health out-comes. *GeoJournal*, 74(2), 131–142.
- Deshpande, M. (2006). *The Social Construction of Dignity and its Relevance to Public Health: An Exploratory Study Among Dalit Women*, Dissertation submitted to the Jawaharlal Nehru University New Delhi in partial fulfilment of the require-ments for the award of the degree of Master of philosophy. New Delhi: Centre for Social Medicine and Community Health -Jawaharlal Nehru University.
- Gail Omvedt (1975). Caste, Class, and Women's Liberation in India, *Bulletin of Con-cerned Asian Scholars*, 7:1, 43-48.
- Government of Karnataka – Planning Programme Monitoring & Stastics Department (2010). *Report of the High Power Committee for Redressal of Regional Imbalances in Karnataka*.
- Krieger, N. (2012). Methods for the Scientific Study of Discrimination and Health: An Ecosocial Approach. *American Journal of Public Health*, 102(5), 936–944.
- Marmott, Michael (2005). *Social Determinants of Health Inequalities*. The Lancet, 365 (9464), 1099-1104 (March 19)
- Navarro, V. (1976). *Medicine Under Capitalism*. New York: Neale Watson Academic Publications, Inc. (Prodist).
- Navarro, V. (1986). *Crisis, Health, and Medicine: A Social Critique*. New York: Tavistock Publications.
- Omvedt, G. (1994). *Dalits and the democratic revolution: Dr. Ambedkar and the Dalit movement in colonial India*. New Delhi: Sage Publications.
- Pinto, E. P. (1999). *An Exploratory Study on the Life- conditions of the Dalits: A dissertation submitted to Tata Institute of Social Sciences, Mumbai as part of the award of Master of Arts in Social Work*. Mumbai: Tata Institute of Social Sciences.
- Pinto, EP (2007). *Right to Health as a Fundamental Right*, A dissertation submitted to National Law School India University, Bangalore as part of the Post Graduate Diploma in Human Rights Law.
- Pinto, EP (2009). *Public Health Law in India – A Study on Public Health Law in India with a Special Reference to Article 21 of the Constitution of India and Judicial Perspectives*, a Dissertation submitted to the Directorate of Distance Education as partial fulfillment of Post Graduate course in Law (LLM).

- Pinto, EP., Vasan, A., Kilaru, A., Obalesh, KB. (2011). *Rapid Assessment of the Conditions of Severely Malnourished Children in Karnataka*, A study conducted in 11 districts of Karnataka to submit on the Malnutrition related Suo-moto Public Interest Litigation by the High Court of Karnataka (November 2011).
- Qadeer, I. (2011). Health services systems in India: An expression of socio-economic inequities. In *Public Health in India: Critical Reflections*. Qadeer, I. (ed.), Nayar & Baru (series eds.) (pp. 61–91). New Delhi: Daanish Books.
- Registrar of Census (2011), *Raichur Census Report 2011, Part II*, Government of India.
- Shivshankar P. and Prasad, G.S.G (2019), *Human Development: Performance of Gram Panchayats in Karnataka – 2015*, Government of Karnataka: Abdul Nazir Sab State Institute of Rural Development and Panchayat Raj and Planning, Programme Monitoring and Statistics Department, Mysore.
- Townsend, P., Davidson, N., Black, D., & Whitehead, M. (1988). *Inequalities in health: The Black report*. London: Penguin.
- WHO Commission on Social Determinants of Health, & World Health Organisation. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report*. Geneva, Switzerland: World Health Organisation, Commission on Social Determinants of Health.
- Zilla Panchayat Raichur (2015), *Raichur District Human Development Report 2014*, Raichur: Government of Karnataka

## COPASAH ISSUE PAPERS

1. Who are We to Care? Exploring the Relationship between Participation, Knowledge and Power in Health Systems – Barbara Kaim
2. How Do We Know We are Making a Difference? Challenges before the Practitioner of Community – Abhijit Das
3. Ethical Issues in Community Based Monitoring of Health Programmes: Reflections from India – Renu Khanna
4. Developing an Approach towards Social Accountability of Private Healthcare Services-Anant Phadke, Abhijit More, Abhay Shukla, Arun Gadre
5. Social Accountability in Health in East and Southern Africa: Practitioners Perspective of Trends, Strengths, Challenges and Opportunities in the Field – Giulietta Luul Balestra , E.Premdas Pinto

## COPASAH CASE STUDIES

1. Women in the Lead: Monitoring Health Services in Bangladesh – Samia Afrin, Sarita Barpanda, Abhijit Das
2. Accountability and Social Action in Health - A Case Study on Solid Waste Management in Three Local Authority Areas of Zimbabwe – Training and Research Support Centre (TARSC) with Civic Forum on Housing (CFH)
3. Citizen Monitoring to Promote the Right to Health Care and Accountability – Ariel Frisancho, Maria Luisa Vasquez
4. Claiming Entitlements: The Story of Women Leaders' Struggle for the Right to Health in Uttar Pradesh, India – Abhijit Das, Jashodhara Dasgupta
5. Community Based Monitoring and Planning in Maharashtra, India – Abhay Shukla, Shelley Saha, Nitin Jadhav
6. Empowering Marginalised Indigenous Communities through the Monitoring of Public Health Care Services in Guatemala – Walter Flores, Lorena Ruano
7. Reclaiming Dignity, Justice and Wellbeing: A Case Study of Jagrutha Mahila Sanghatane – A Dalit Women Agricultural Labourers' Collective - and its Social Accountability Processes Challenging Caste –Class and Patriarchal Systems of Oppression. - E.Premdas Pinto, Chinnamma Muddanagudi, Sathyasree Goswami and Susheelamma Mallikappa
8. 'Pourakarmikas' March towards Dignified Life and Liberation in Karnataka: A Case Study on Advocacy Processes and strategies of THAMATE for the Rights of Manual Scavengers in Tumkur, Karnataka (India) -Surekha Dhaleta, K.B. Obalesh, E. Premdas Pinto



**COPASAH Secretariat and Communication Hub**

Centre for Health and Social Justice

Basement of Young Women's Hostel No. 2

Near Bank of India, Avenue 21,

G Block, Saket, New Delhi- 110017

+91-11-26535203, +91-11-26511425

[copasahnet@gmail.com](mailto:copasahnet@gmail.com)

[www.copasah.net](http://www.copasah.net)