



Prof. Surinder KP Jaswal

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Professor Surinder Jaswal, MA (TISS), Ph.D (LSHTM, London University) has taught at the TISS since 1988. Prior to her appointment as Dean, Research and Development in May 2012, she was the Dean, School of social work. Prior to this she was Professor at the Jamsetji Tata Centre for Disaster Management. She is also the Associate Editor of the Indian Journal of Social Work –an international indexed journal, established in 1940.

She is the founder Director of The Thane Health Project and Aarohi, field action project on urban development and health, adolescent health and violence against women. At present she is the project director of the Andaman and Nicobar Islands project working on enhancing the livelihoods of the Nicobarese, post the 2004 Tsunami and project advisor on 26/11 Terror Attacks in Mumbai.

She has conducted a variety of research projects over the last 25 years ranging from Adolescent Health, Reproductive and Sexual Health, Women's Health, Mental Health and Development, Psycho-social Care and Support, Sustainable Rural Livelihoods, Migration and Development, Conflict and Health, Public Health, and Disasters. She has been Principal Investigator of several

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international and national projects on issues related to Public Health, Women's Health, Mental Health and Disasters. She has served on international scientific committees and is currently a member of 'Go India', a collaboration between University of Gothenberg, Sweden and 6 Indian universities, steering committee member of SIGN – Sweden India Gender Network, convenor of several collaborative academic and research projects with Universities of Leuven and Gothenburg in Sweden, University of Roskilde, Denmark, University College London, as well as on the scientific and ethics committees of national bodies such as the Indian Council of Medical Research (ICMR), Bhaba Atomic Research Centre, Mumbai, the Aga Khan Foundation, Mumbai, Sneha, Mumbai, Sangath, Goa, Banyan, Bangalore and several other organizations working on issues of social justice.

She has been awarded the Commonwealth Scholarship for doctoral studies, the International Rotary Teachers Fellowship in 2005 and received international competitive grants from Rockefeller foundation, International Council for Research on Women, UNFPA and the European Union. She has published widely in national and international scientific journals and also edited special journal issues and books.

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I was here a student between 1980-82. Came from a pure sciences background, the Chemistry Honours background. I had taken a little time off to explore what is it that I would like to do further, whether to go into the pure Sciences or take an alternative route. And TISS was very attractive, so came here and did what we call a recce, gave the admission test and joined in 1980.

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TISS was very small. It was very beautiful, very green, much more green than it is today, had a much more smaller student body, much more cohesive student body because student and teacher ratio was about 1:3, so we obviously had a smaller faculty group as well as a much smaller student body.

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At that time, in the early 1980s we only had two programmes within the Institute. One was the Social Work Programme and other one was the Personnel Management and Industrial Relations. Because it was such a small student body, obviously even though there were two streams, the interaction between the two streams was pretty strong. Though we did not have joined classes any more which was the case much earlier when Sir Dorabjee Tata School of Social Work was founded and you had the first year for Social Work and the second year you went into Social Work or specialised in Labour Studies or Personnel Management.

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In our times, they were two different programmes entirely but there was much more interaction between the student body. So 1980-82 batch as well as our juniors and seniors, we knew everybody between both the programmes.

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It was a life changing experience for me because I chose to come in to TISS in a very informed manner. I came in as I said and explored. I actually visited many other institutes and also visited TISS, met people who had passed out from here, met the current students. As I came in from the Pure Sciences, I had come in with a very focused, comparatively narrow perspective where we had a lot of understanding about the subject matter but very little understanding of the contextual factors. So TISS was a very revealing experience for me because the out-of-class discussions, debates, discourses were as much of learning as what happened within the classroom.

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And I think some of my first adult experience of differentials in the society happened on this campus where if I said something, fellow classmates said, "Do you mean to say that you don't believe in caste or you feel that gender and caste are different?" Or what is the differential between these differentials for the few groups of people.

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Also much closer interactions with students from rural, tribal and other backgrounds which had happened at the Undergrad level but it was much more confined to your subject matter whereas here we went on from the subject matter to many more discussions, debates and their relevance for the society we were living in, for the larger world. So yes, it was a life changing experience and a very very enhancing one. I would like to believe that I grew, I grew overnight from a student to an adult who was willing, waiting to work in the larger world.

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Several...but Prof. Grace Matthew who was the Head of the Department of the then erstwhile of the Medical and Psychiatric Social Work department because Social Work was taught through five



specialisations and I was with the Medical and Psychiatric Social Work department and she headed the department.

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During our year, we had only two faculty in the department because another Senior faculty, Marie Lobo who also had a lot of influence on us left to join the UNHCR when we moved into the second year. Prof. Grace Matthew's dedication, commitment to Social work both as a profession as well as an educator is something that for me is a role model. She lived, breathed TISS and Social Work and though she was an excellent teacher, she was an equally good Social Work professional and she blended the two beautifully. Her professional way of working, her ability to multi task, her ability to look beyond the immediate world of TISS and connect with the larger world, her ability to bring in larger debates and discussions of key scenarios in the country and people who are making an influence on society per say into the classroom, to challenge us in the classroom, to openly appreciate what we did and even after retirement at the age of 60 because 60 was the retirement age at that time, to continue to engage with us and come and as she said 'learn from us' because she was no more in the middle of education any more, is something we all aspire to learn from. Her humility, her unassuming attitude but her strength in what she was and who she was and the she way she moved further, for Social work students and professionals, I think is very very inspiring.

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I had worked in the field but within the Social Sciences, as I said where you had laboratories, you started at 6 in the morning and continued till 9 and then just move into theory classes, here also you had field but a much more live and vibrant field where we were placed with organisations.

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It wasn't a difficult experience. In fact I was so enchanted with the process that I jumped into it with both feet and also chose to have as many experiences as I could because I was aware of the fact that I did have any of the lived experiences nor 'read experiences' as I call it. And I was trying to maximise that within the two years that I had here.

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So in the first year I was placed in the morning at the Wadia Hospital for Children for case work, in the afternoon at the BDD 'chawls' for community organisation and group work. This was in my first year. In my second year, I chose two different placements for both the semesters as I said that I tried to maximise the experience. In the third semester, I was placed at Samaritans and in the fourth sem I was placed with BARC's Social Work department. And we had an end of year block that is two years of your programme you had one month of block field work which could be wherever you wanted it to be. and I chose to be placed in two places. One was the Child Guidance clinic which was at the Wadia Hospital and the second was at the J.J. Hospital Child Guidance Clinic. So after I was exposed to a public institution which offered services for the masses and a field action project of TISS which is the CGC, the Child Guidance clinic at the Wadia Hospital. So I managed to get the best of many worlds.

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I don't think there is a gap because you know we were also conscious of the fact when we were students that all that we learnt was not enough to address or to work in world of work outside. But it did not stop us from being confident about stepping out and working out there. We did not see this as a cause-effect kind of relation that what we learnt in the class-room should be immediately useful in the field outside as I said the Cause effect that if this happens you should be able to do a fit.



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One looked at what was happening in the classroom as a learning experience from which to understand, have a knowledge base, know the direction that you needed to take and also have the confidence of who you were, having tested it out in the field during your field placements and constantly adapt and change the reality. So in fact though I worked my first year after immediately passing in TISS itself, worked in the department as an assistant lecturer, we had a position like that at that time for the first year that '82-'83, I chose to step out of this comfortable zone to go the North-east immediately afterwards and did things if I was asked I never really learnt in the form of ABC in the class room.

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All that I did and I did 4-5 jobs simultaneously again to maximise my experience while I was in the North-east. I was an MPSW student, entered into Medical and Psychiatric Social Work because I had come from the biological Sciences and I thought that it could be a strength. But in the North-east, i did not work in the field of health except during the volunteering time at a local hospital to learn about Child mental health because that was an area that was being neglected and I had heard about things like that there were ECTs with children which is a method of treatment which you do not employ with children.

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Bal Bhawan, I was not from FCW(Family and Child welfare) but I stepped in and wanted to work with that. I went in and did work with the AASU movement which was at its peak in the North-east, volunteered time in the Central jail to work with youngsters who had been jailed for having participated in the activities related to the AASU movement and did a job at NIPCCD (The National Institute of Public Cooperation and Child development). They did not have a vacancy for



me, so I wrote up a proposal on Child Labour, gave it to the director and said, "I want to do this and you are going to employ me. You have to put the money for this and I'll go and do the job. So that was my job, Child Labour which I had not learnt when I was a student here and some work with ICDS AND IRDP(Integrated Rural Development Project) because I had not worked in rural areas which worked with the North-eastern Institute of Bank Management. So thoroughly enjoyed all that I did there and with that bit of confidence I felt that the base in TISS gave me that initial information and knowledge base to be able to do all these multiple things.

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As I said earlier, I did work with the Institute immediately after passing out and I left because I felt that it was important for me to experience the field. I did not have a social sciences background and even otherwise I feel that it is important to have worked in the field before you come in to education and people centred profession like Social work. So I worked for two years in the North-east but had to come back for health reasons because I developed severe health problems and had to come back because there was not adequate health services though I did try.

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Came back here for one semester here back to TISS and then applied to the BARC and decided that I needed to work in the field of Health because that's what I had studied and what I had been doing was actually not directly in the field of health.

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So went in to the BARC and the so called permanent job, worked for a year and a half, nudged many boundaries which earlier had not been, within the ambit of Social work, within the BARC. Took up several challenges in the field there but felt very restrained because BARC, the key work that they do has a lot of security boundaries around it and that meant that even social work had to



abide by the larger boundaries which were defined for the key work at the BARC.

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Also you were working with a closed community and the closed community had adequate resources which being supplied by the Public sector and at some point I felt that I had experienced all that I needed to and I wanted to come into a world where I could straddle both the world of work as well come back into education.

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So from the learning that I did on a day to day basis or with larger projects I could feed it back into what I call 'indigenous information and education' because that is one of the gaps that we all had spoken about when we were students and also as alumni. I felt that I would like to bring back what I was learning from the field back into the class-room because that was also a very enriching experience which I had already experienced twice, once when I was working for one year and later for a semester. So decided to come back to TISS and TISS kept calling saying, "there's a vacancy, Please apply." So decided to come back.

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My first experience of what we call a disaster was the flood at Jambulpara. We had a Field Action Project at Jambulpara which the erstwhile URCD(Urban and Rural Community Development) was managing and there were very severe overnight flood and some of our students and faculty were also caught in it.

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TISS immediately as has been our tradition came together to respond and I also volunteered and

went and spent time at the site. That was my first experience of actively being in the centre of relief and response.

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The rehabilitation work was done by the URCD department; I was not involved in that. But in 1994-95 when I came back after my Ph. D, the Latur earthquake had happened, we just putting together rehab plan for the Latur affected. We had also played a very big role though I was not here at that point of time to be at the forefront of relief and response action but I also decided that I needed to now to contribute in disaster work by helping to document all that we and collaborating agencies had done with regards to relief and response as well as the rehabilitation plan.

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So given my own background in Health and Mental health, I edited two volumes , one in Psycho-social aspects of disaster and other on Mental health consequences of disaster where for the first time we brought out two special issues of the Indian Journal of Social Work on the work that had happened at Latur as well as at other similar disasters in the country. So these were India specific volumes.

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Following this the Kutch Earthquake, the learning from Latur, we were very good in the way we coordinated both on the TISS front also the kind of work that we decided to engage with. I did not go to Kutch because we had also decided at TISS during the planning phase that the faculty who spoke the local languages, who already had liaisons, linkages I would say in Gujarat would lead the field work and the other faculty would experience in disaster work with coordinates, students and



other groups at the TISS end.

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We also needed to raise resources because that was very important to see that our work was carried on seamlessly. So I was part of the coordinating group here and we coordinate with the government, with local civil society groups, with our own student body across different departments as well as the faculty. And I must say I think we maximised the inputs that we could give in Kutch.

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In terms of continuing indigenous interventions such as the play therapy for the children who had been affected by the Kutch Earthquake. So our Centre, that time still the MPSW (Medical and Psychiatric Social work) department, our field action project-the Child Guidance Clinic, people from there as well as from within the department and others from within the institute, we continued for over three months of the play therapy sessions as well as special camps for the women who were affected by the disaster.

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So we identified the vulnerable groups and sustained the work. We tried to see that we just did not engage only at the relief phase. I was also given my research interest involved with the baseline that we had put together to assess the families that were affected, the people who were affected and to help coordinate that work and send it to the government in order to identify which groups needed compensation and also to see that no vulnerable groups or marginalised communities were left out of the rehabilitation plan.

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We did a lot actually. Kutch was one of the first experience, I think of us intervening at all levels – from policy where the Institute engaged actively with the Maharashtra Government, with Gujarat Government. Also engaged very actively to see that the policy changes that were important for intervening with people at the field level as well as in preparatory work were involved. Also to see that we at every point of time coordinated with local agencies so that the work was sustainable over a period of time and did not suffer as a result of us having to withdraw at any point of time to come and be back at TISS which is our primary area of work.

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Following this of course many other disasters in Mumbai itself, the Mumbai flood where the majority of the work that we did was for the students and the faculty who were caught in the flood, policy level work with the government, the Mumbai train blasts where I involved students.

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Now, because our key work is capacity building at each point of time we are very conscious of the fact that we need to keep the current students engaged and involved with what we were doing so that they learn from the experiences of what they are working with and later that helps them to take this work further wherever they are. So the Mumbai train blasts, we not only worked with families, we also documented what had happened in terms of the different kind of interventions by TISS and other civil society groups.

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Another thing that we did was be involved with a very innovative project called the Mumbai Voices which was a coming together of two universities- the Harvard and TISS and three other civil society

groups one of which was involved with Emergency Ambulance services, the Mumbai university was also a part of it and one more civil society group which I cannot place at the moment. We came together for a very innovative project whereby we created a site where people could write in. All who had been affected could write in with their experiences and engage and network with people whom they would not have met but who have been similarly affected. They could do it at their own pace, they could do it at their own time, they could write in their own languages.

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We created an SMS service, we also opened up the TISS P.O. Box and said that they could write in any in vernacular language, they could ask for help, they could just share experiences , do catharsis or write in asking something very specific.

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So Mumbai Voices tried to understand what had been the effect of a particular disaster on people over a period of time and to give space to people not only whom we directly met one on one but many others out there who wanted more information as well who wanted to connect with others, I think Mumbai Voices provided that space. And helped also different organisations to come together, put together the expertise and create a space to respond to people who wrote in.

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You know Psycho-Social approach and Psycho-Social care or support as we call it . It signifies a paradigm shift in the field of mental health and disasters. Mental health was talking about what we call morbidity which is illness or sickness which affected many.

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During disasters, people's response to a disaster is the normal response to an abnormal situation, to an emergency situation for which they are not prepared. So we say in the field of psycho-social health that everybody is affected by disaster. Some people show symptoms so we have symptomatic response to them but there are others also who are also affected but are not helped when they need it.

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We have also come to recognise that disasters do not affect people immediately during and after but that the impact of the disaster can last for maybe a lifetime and at times you see the impact of the disaster only after a year or two but most agencies will have packed up their bags and left. So also professionals. So help when is needed is not available.

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Central to all of these is what I call the conceptual framework within which we understand psycho-social care and support where we look at human capacity that is the impact of the disaster on the individual and the household within which the individual lives, the nature of the household, where is it located-rural, urban etc.

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And the second is what we call social ecology concept where you are looking at the community also within which the person and the household is located. So if you are part of the migrant community, the history of the community as in is only five years old or maybe just five months old. What is its understanding within the larger societal frame, all that and their access to resources,

impacts how the disaster affect humans or the people, the individuals. It's not just impact only on the individual but is also interlinked with social ecology.

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And the third one, all this is grounded in or rooted in what we call values and culture which has previously not been given enough understanding. Here I would like to emphasize that within psycho-social we are looking at Emic Understanding that is the insider's views, people's own experience and understanding of the disaster on them which need to be as understood say, by psychiatrist in terms of pathological depression.

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People might understand it within their own local emic model of understanding, their explanatory model maybe very different from the way it is defined by psychiatric or allopathic practitioners. So these values and culture, what kind of a culture do you live in, what are the values which you hold true, all these defines how you experience, understand and behave and that in turn helps us to understand psycho-social care and support.

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So there's a paradigm shift from mental illness, the way we understood impact on people to what we said, mental health where we looked at what we call common mental disorders such as anxieties and depression that everybody gets affected to today, understanding psycho-social care and support that is the way you network, the nature of supports that you receive, experience, understand and behave because of the cultural underpinnings which define you, your society, your family. So psycho-social care and support has as you see paradigm shift which I think TISS and Indian Organisations and institutes have led this field internationally today .

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There had been many learnings. Because as I said earlier the Institute was the Sir Dorabjee Tata School of Social Work, so social work and support was the key response to the paradigm in the beginning where we went in and did what we could, collaborated with like minded organisations. It helped to train capacity as in the students from the Institute who participated but then it was also a learning experience.

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From that we moved to understanding that we needed to play a much larger role. We actively engaged with both the civil society groups in order to alliance a network with them so that there was no duplication. So coordination was a key learning and also to see that we actively engaged with government and other structures so that there could be systemic changes that could be brought about whilst we work even at the individual level.

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So we have moved from relief and response to coordination, to impacting social policy and of course one of the key things which over the last few years have engaged in is the research and education. Research in terms of rapid needs assessment, situational analysis, baselines, these have been done gradually both as an independent organisation as well for the state governments or for the Central Government.

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But gradually this understanding that this learning needs to go beyond the immediate group that is



engaged with, help us to document our experiences and gradually to also move towards the establishment of a disaster management centre which is the Jamshedji Tata Centre for Disaster Management where we now train Masters level students in disaster management .

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We also have a post-graduate diploma in psycho-social care and support which was the natural culmination of the work that we had been doing. Today we also as a result of having a separate centre, we have a bonafide presence with the government where we actively engage with NDMA(National Disaster Management Authority) which is the authority set up in 2005 as a result of the Disaster Management Act.

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We have helped to frame guidelines for the country in different areas such as psycho-social care and support, in biological, chemical radiation and nuclear disasters, in the field of community organisation etc. And recently we have also been called in to help to see that these guidelines can be rolled out on the ground to the state development Management authorities as well as other local bodies.

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So from mere relief to setting up a centre and engaging actively with the government and being recognised as the body which should be at the centre of any plan, any conceptualisations that happens with regard to disaster, I think we moved along way.

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The journey has been a little long in the sense that when I was a student here we had specialisations,

we had five departments of specialisations. But earlier to that you had a diploma in Social work. So from the diploma we moved to post-graduate degree in Social work with different departments being added gradually. All the departments did not start at the same time. In response to the needs in the field, different specialisations were set up with the social welfare administration specialisation being the last one .

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Subsequent to that for several years, for almost a decade and a half the specialisations ruled in Social Work and did some very strong and thematic work.

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In 1985 the Institute expanded and there was a shift in the way Social work had been taught with Social science research units being added to each of the departments. This helped to deepen the understanding of social work, its base as well as to expand its perspective and to draw on necessary disciplines which would help to constantly engage with the changing reality and redefine Social work within the specialisation.

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So in '85 there was a sudden expansion of number of faculty within Social work, the number of students as well as the perspective of social work, I would say now had a legitimate kind of a frame. 2006 we re-structured, we re-engineered and the departments gave way to the larger school of Social Work, I would not say to a generic program because the current program is not a generic program.

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What we did was we dissolved in a way, integrated the specialisations into a larger school where the scope which had expanded in '85. Now we were conscious of the fact that we could not have barriers between the specialisations where the students were educated in a very strong thematically focused area, did not allow them to be exposed to a specialisations which was even very close to what they were studying.

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It also did not allow the student to choose one particular course or subject which was outside the defined course or program. So we wanted to open up a little bit and give much more choice to students because we were also conscious of the fact that the larger world had changed quite a bit. And in order to respond to a changing reality, we needed also to have a system which allowed for that change.

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So the departments were dissolved and re-integrated into Centres. So we today have 6 centres but the centres were not like the earlier departments though they thematically continue to organise themselves around expertise areas. Students were allowed, that was the difference. Students had in the first year or have a common program but in the second year after the base has been laid they are allowed now to have a concentration of subjects.

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They choose a concentration and they choose it after they have been exposed to the field of Social Work. After the perspective building has happened to some point at least, now they make an

informed choice about the concentration that they take in the third semester. And along with this they are allowed to be placed in organisations little differently.

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So some concentrations have a concurrent fieldwork. We have also now changed fieldwork in response to the changing reality outside where students wanted to work not only in the process oriented work but wanted to complete certain projects in order to be confident about their ability to work in the field. So Block fieldwork for certain concentrations, depending on the subject matter that they were addressing and for others, the concurrent fieldwork.

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And in the fourth semester offering a cocktail of choices where students like in a liberal arts degree would be able to move from say, from the Centre for mental health if they had the Mental Health concentration they could now choose to go into disaster management, have a base in the third semester in health and development and in the fourth semester choose Disaster management.

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Or they could Community Organisation and Development Practice in the third semester but in the fourth semester they could choose to have a completely different concentration like therapeutic work with adolescents. So you have a combination which the earlier framework did not allow. So this was a conceptually what I would call more sophisticated programming of the program in response to both the nature of the students coming in to TISS as well to the demands of a rapidly changing reality outside.



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We have in 2009-10 made some changes not because the program did not meet the requirement of the students; I think it is a system which is beautiful actually. It is complex; it is sophisticated and in response to the larger reality but there are difficulties in managing the large student body within the school.

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And when you say that you are giving a cocktail of choices you cannot allow all students to take only one or two kinds of choices and as does happens with students, there is a lot of peer influence. So what tends to happen is that students tend to take one kind of concentration or the flavour of the month which is another concentration and there is not an equitable distribution across concentration.

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Now we must remember that all these concentrations have been formed in response to the needs of the field. So they are not offered because the faculty feels that this is my baby and I need to be able to teach it but they are in response to the capacity that the field requires. So now there is this understanding within the school that if we do not train capacity for the field and certain concentrations don't have enough number of students, then we are going to have problems out there .

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And therefore there has been a little re-orientation within the frame where we have opened up some concentrations into optional courses. So you need not take a set of 4 to 6 courses, you can chose instead of a concentration in the fourth semester to take 4-5 different subjects. So yes we have changed but I think it is for good.

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It's very difficult to define what a field action project or what we popularly call as FAP in the School of Social Work and now in the Institute too. Essentially it is a demonstration project which is initiated in an area which is identified as a gap in the field. We decide to demonstrate the idea, demonstrate both for the people on the field, respond to the people who are the centre of action and to up scale it in order to mainstream it within a structure which could be the government structure or in collaboration with other civil society groups, mainstream it such that the demonstrative project can be taken further.

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I think it was Dr. Armaity Desai who gave this particular FAP a space within this particular field of Social Work. Even though the first FAP was initiated in 1937 in TISS, the Child Guidance Clinic, we had not really look at it as a FAP. It was one of our projects, it was a part of the TISS work, in fact the people who are employed with the CGC were also being treated as TISS employees out there in the field.

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So today what we call public-private partnership, this was the first public-private partnership where the Walia Trust had given space to TISS and TISS funded the salaries of the people who are employed. So, a public-private, private-private partnership with the government also playing a stake in it. . Today in the School of Social Work we have about between 17 to 22 FAPs.

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Some FAPs are of a short duration, they last a few years and then move naturally either to be mainstream or sometimes to have serve the purpose, to have demonstrated what was set out to be demonstrated and then to be folded up.

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Other projects such as the Child Line and various others have run for many years or the Women Cells what we call as Special Cell for Women and Children which have been running now for 26-27 years. Today the government is willing to continue the service and it has also expanded to this state to other states and has been taken up as a national Project. I have been personally involved with 4 to 5 FAPs.

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In 1989 I set up a Field Action Project called Thane health Project (THP) where I based myself with the Thane Municipal Corporation and set up school services, health services, community services in order to demonstrate the need for social workers. The Thane Municipal Corporation did not employ any social workers as against the Bombay Municipal Corporation which had many social workers in hospitals and other spaces.

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So this Field Action Project was initiated with the help of students. I placed 8 to 10 students, demonstrated work in the community, within the health system, within schools and because of the impact by the work that was being done made on the various constituencies that we were engaged in, 14 positions were sanctioned within 2-3 within the corporation.

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We continued to engage with the Thane Municipal Corporation because then Thane was smaller sister to Mumbai, a small town which was gradually changing shape and form but which did not have a single voluntary organisation. And it had the largest number of migrants who when coming in to Mumbai because of the lower estate prices in Thane would stay in Thane and come to work in

Mumbai. Also because of the Thane-Belapur industrial belt, a lot of the workers, the informal sector was employed at the Thane-Belapur belt and they stayed at Thane. So I continued to work between '89 to late 90s. On Thane Health Project and typical of a FAP, when you have a project running for so long, it continues to change its shape and form in response to the realities in the field.

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So we moved from within structures in the schools and within health facilities out into the community to work with the migrants, to work with single-headed households of women who had been pushed out of Andhra, Karnataka and other such places and came in search of health services with their children, young widows of 19 and 20 years old whose husbands have died, leprosy patients who had been pushed out of the community because of the stigma attached to leprosy and who were residing in Thane, women facing domestic violence, women who were second or third wives who did not know that their husbands had been married earlier and who wanted to leave home.

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So we set up a project called 'Aarohi' within the Thane Health Project and set up a special OPD, an out-patient department in the Chatrapati Maharaj Hospital which is the Municipal Hospital in Thane. After 15 years of work with the Thane Municipal Corporation they were willing to listen to what we had to say and we showed through data, through research projects and through engagement with people that these were the requirements. They gave the space and the initial resources to start work. Then we wrote proposals and received money from UN bodies as well as other funding organisations to continue with the project.

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One of the concerns in working with Migrant population is that because of the emphasis on survival and because of the lack of social support and networks in the new place where they reside, the children and the adolescents tend to get neglected.

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Within 'Aarohi' we set up another sister response which was a helpline on sexuality and other issues of adolescents of migrant workers where they could call these free numbers and ask for information or coming and having face to face counselling and help from Social work counsellors, some of whom were employed by us and some who volunteering from Thane, Mumbra, Bhiwandi, Diva and other places round Thane.

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One of the newest FAPs which we established with the Jamshedji Tata Centre for Disaster Management was a response to the 26/11 terror attacks in Mumbai. The Tata group did respond to the people affected at the Taj who were their employees but a large number of migrants at V.T. Station and around who were affected, though the state did provide financial compensation to these families, many of the migrants had gone back to their parent states or were in a position not to come forward and prove that a family member had been affected.

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So we decided to ask the Taj Welfare trust which was helping the Taj employees to provide us money to work with the migrant population. And as always, we fell back on our students within the School of social work for the first collection of data both from the government as well as from other bodies which had responded in the first few months of the terror attacks where we identified each of

the families which had been affected, each of the persons who had been affected.

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After this data bank was set up, we then set up a core group of faculty and students which over the last two years have been working with the affected population. This has resulted in about 170 families worked with actively where we had families where the bread earner has died or has hundred odd ... wounds in his body and is unable to work, where we are providing health and education services for the children and for others within the family as well as pension for the person who is not able to work any more.

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We've also set up a Counselling Centre in Andheri so that families can continue to both come and receive counselling services as well as social work extension services to see that over the the next 5 or 10 years they are helped. So this is in a way that began as a short term project but because of the needs identified we continued to work with the families.

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We realised that we needed to continue the services which, even though they were available in the Public system but because of the definition, say, of disability by the government, a person who has ...shrapnel wounds is not labelled as person with disability but he/she can not surgically remove different ...so many pieces in the body but has pain constantly and not able to work or even live without pain on a day to day basis . And the other, the spouse, so if the husband is affected, the wife has to take care, is the care taker of the person and has to look after the children and other who are affected.

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So we redefined the needs of these families, set up with the help of the Tata group , skill training workshops. We've also written a proposal for new kinds of skill training, entrepreneurial initiatives where they can now work in different areas which allow the use of whatever capabilities they have.

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So a lady who belongs to a middle class family and who has good skills in setting up, say, beauty parlour which can be run from home where she looks after her children as well as employs two or three other people and coordinates and works with that, providing some base money for her to set up a new kind of initiative. A man who has driving skills is helped to buy a truck or a mini-van and sell vegetables and other things. Somebody else who wants to enter the hospitality sector is coordinated with the Tata Group which runs trainings for hospitality sector and is then integrated. So...one of the examples of the FAPs .

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You know the mantra at TISS since 1936 till today has been social change for social justice. And I think in all the re-engineering, redefinitions, re-defining that has happened over the last 75 years, this has remained at the centre of our mission, has been our vision collectively at TISS.

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From two programmes we've moved to 18 programmes, from one campus we have moved to what I call 5 campuses with 2 in Mumbai, one in Tuljapur, one in Guwahati and one in Hyderabad. We have two off site campuses, one in Ladakh and the other one in Andaman and Nicobar Islands. And faculty and students from this main campus engaged in big or small ways in all of them.



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I think from merely studying in the classroom about the need for a certain kind of social change, today we actively engage with that social change. And we are able to, if not always, provide enough indigenous material for learning. We are able to even provide actual human laboratories as we would call through these different 7 sites for engaging with the diversity that is India, for the different kinds of changes that are needed from Ladakh to the Andamans to the different states within India.

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I think we are also moving towards re-definition of social development for social justice and all the programmes within TISS reflect that. From the Foundation Courses to the nature of the 18 programmes and what is going to start in 2011-12 which is the dual degrees preparing Undergraduates for Social Change, preparing leadership for focused areas of work through Social Work and others and now dual degrees which is recognising the need for leadership in certain identified areas such as Mental Health and management of voluntary organisations.

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So I think through our work we are already re-defining the shape and form of TISS and what we will be doing atleast for the next 10-15 years. What I find very satisfying is that though we are a Post-Graduate Institute we have not restricted ourselves only to teaching at the Post-Graduate level. We have engaged ourselves with certificates, diplomas, undergraduate programmes which are of relevance and which lay the base for the Post-Graduate programme.

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Today we have a taught M. Phil which we felt was a requirement to create a strong base for research and intervention for Social work and Social sciences as well as the dual degrees that am talking about. So we continue to respond to practice and also continue to respond to theorising, indigenously theorising for social change both for India, the region and I would like to believe also for the larger world in the field of social justice .

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So TISS is moving towards many campuses, many sites, many new collaborations and I think we are going to have many new TISSes not just within the country but probably in many other countries too which I feel would add quality by redefining the way we look at people centred work. And that for me is truly inspiring.