



Prof. Vimla Nadkarni

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Prof Vimla V. Nadkarni joined TISS on June 6, 1984 and is currently a Professor in TISS. She has worked extensively in the domain of social work for 42 years, with focus on health social work, community health and social work education. After heading the department of medical and psychiatric social work at TISS for 20 years, she served as founder Dean of the School of Social Work (2006-2008). She also worked as the Secretary General of the Family Planning Association of India (2001-2002). She is working towards setting up a National Network of Schools of Social Work in India. She is the Vice-President of the Bombay Association of Trained Social Workers. She was the 2nd Annual Hokenstad International Lecturer at the Council of Social Work Education Annual Conference, USA in 2008. She was a recipient of the Fulbright and Kellogg Fellowships. She is a founder member of the International Social Work Network in Health Inequalities. Her book “NGOs, Health and the Urban Poor” was

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published in 2009. She has guest edited the first special issue on Asia of the Social Work Education the International Journal published by Taylor and Francis, UK.



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I joined the institute as a Reader in the Department of Medical and Psychiatric Social Work and took over as head..that was 1984 and I took over as a head of the department in 1986 and since then I have been in TISS as HOD for about twenty years.. And in 2006 when we restructured the institute I was fortunate to be the dean of the social work.. So that was a new challenge for me. And of course that was a two year stint and after that I am back with the centre for health and the mental health as professor and I was on lian for two years in 2000 and 2001 I worked as a secretary general of the family planning association of India. so that was also a very good break because that took me back into the field of practice..you know ..i think I came back quite refresh..

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I am an alumni of TISS and I have done medical and psychiatric Social work as specialization so when I joined the department with a lot of team level discussion. We felt that maybe we look at health in a different perspective. We will be using a lot of clinical model in our practice you know..Hospital based practice etc. We had not really developed community held practice in a large way and this was also based on my previous experience of teaching in college of social work Nirmala Niketan where we had done a lot of work at the community level on community health. In fact we initiated a first ever national conference in the collaboration with late Dr. N.H Antiya from Foundation of Research and Community Health(FRCH). wW had initially the first major seminar on community health. So with this background experience when I joined the department I felt that we need to look at health from a more comprehensive and developmental perspective and we also need to then engage in practice at the community level because that was



really the need of our population. Also since we tend to practice in the urban areas we did not have rural perspective at all. So it was in 1986 that our director at that time, Dr. Armaity Desai, she had encouraged us. She was encouraging our departments to initiate new field action projects where at least one social work practitioner could be employed and they would be paid by the grants in the institute

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So because of that possibility of initiating a project in the rural areas because we had the urban perspectives but did not have the rural perspective and we wanted students to get an experience in rural health world so I took the advantage of getting a social worker and of course tried to go into a remote area where there were no NGOs working or we thought at that time there would be no NGOs working also the political situation would not be very fragile... which would make work difficult for us. Because at that time we had no perspective of radical action and things like that. We thought that we will initiate through primary health centre and ensure people's access to health and health care their services in their area. So we were able to... We did a lot of exploration with the help of the social worker and finally we came to Aghai where at least whatever scanning we did we found that tribals living there were not using the primary health centre adequately. So we did a little survey of the situation and the context there and then also we thought that some access to mobility, so it should not be too far away also from the institute. At the same time it should a remote area, at the same time there are tribal there so the most marginalized people living there. So these tended to be our criteria and I felt very strongly that we should be catering to the most marginal populations who have little access to health care and health institutions which are not there- at least we should be creating those new resources there.



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And we talked to the people- our social worker explored, talked to the people... We met doctors... We tried to find out what kind of work we can do there and that's how we found a place to stay within that Aghai area and we were able to rent a small place over time...initially the social worker had to live in with a family but over time we were able to rent our own place there .. And start our work there and of course it sort of developed to some extent over time.

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The core areas have not just been working on health as disease...like we did have camps- health camps specially for women... through with the help of PHC doctors we had regular medical check ups. All this was done through our students. We also worked on school health and there was a great need to look at livelihood issues so we worked with the young people there. Some of them...you know haven't even passed their 10th or 12th standard and they were sort of not comfortable with sort of going back to their farming and their fields, so they were looking out for they were looking out for their employment. So we felt that there was a great need to link the community with the district health or the tribal department that had schemes... had government schemes... So the convergence at that time... became major priority areas at that time, besides the work that we were doing in terms of health awareness...in terms of check up camps...in terms of working with these schools...ashram schools and the other schools for creating awareness among the children about health care. We also introduced reproductive health and sexuality... though there was great resistance from the school. They said that you talk to the girls you know that's okay. But don't talk to the boys because the boys would start experimenting... So we had to



sort of in a way...tried to break that resistance and assure them that we will be teaching about sexuality and a sense of responsibility that young people should take. Because there were instances of rape.. .a case of rape... And exploitation of the young there and we felt that...also because HIV had entered and was recognized as a problem... So livelihood linked with health and nutrition... We found that education for children became the priority area because there were no Balwadis there... for the children below the age of six. So that became the priority areas for us to initiate the Balwadis. And we did that in three villages... And...three hamlets and fortunately for us the government took over...i think one or two of the Balwadis were taken over by the government.. And the local people whom we had employed as teachers were now government employees in the Balwadis.

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So the education for the children... which through education they also got nutrition. So their nutrition was looked after, so children who were otherwise very malnourished were getting their nutrition through Balwadis. So health, nutrition of the children, education of the children... because we saw health as a developmental issue and not health only as very restricted narrow diseases definition and of course health of the families the school children and livelihood. So linking people with the government schemes and enhancing the quality of primary health centre...you know bringing the primary health centre closer to the people... So the people would see that as an important institution for accessing health care. So health was an entry point for us for larger development work...but health didn't lose its priority. Health and development became our priority.

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The great challenge is to not to ignore the political situation because... And mobilizing the people...because there very strong political bodies and political parties...that are stationed there...which we came to realize much later... And also the place that we were using...was owned by one of the land lord's there. So that...the challenge was...as how do we move out of a place where we know that we are... you know... We get identified with the richer groups in the area. So how are to create our own spaces which are neutral...which are not seen as being identified with any of the groups... So that's a great challenge...second challenge is how do we work at a macro level because working only at the micro level does not bring about social change, working at the district level health issues. So that people are also...they are able to see that they can go beyond the local situation. They develop links with other influential people so the sustainability issue of how long do we continue there. Of course if you ask many NGOs they will say they will be there forever as long as people need us but how can be really create a sense of independence doing work without people becoming dependent on us. Creating that sense of empowerment in the people. I think these are very great challenges. Of people becoming much more aware of their life and what they are doing, the connection with health, how they can resolve issues and they can demand access to health and they don't have to depend on outsider institution to come in and they should be able to use as students you know away as they have the greatest need. As students able to contribute to the welfare of the people as a whole so challenge is also to upscale what we are doing at the moment.. We started little by getting involve in training of health staff we had a session on health management for the doctors who were running the PHC in that district we had one session I think we need to go into training and research also more training at the district level



as a research and also the challenge of getting involve with the national rural health mission you know.. We have another...by the next year we do not know what going to happen to that program how that we as group as a project could get involved in that we are involved to some extent in some of the monitoring through the people. But we need to strengthen those aspects.

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I think students play a very major role in field action projects. Even with Aghai without the students we couldn't have covered a larger area. You know, the number of villages that we are covering you know the different social systems within that area, the kind of... See the numbers are important it's not enough to go to a hamlet with few houses and cover a few people. The other was that we could even decentralized the work so students could go live in that hamlet and identified the needs...live with the people...identified their needs. Then we bring it together, develop a plan along with the local people because we had local para professionals... young women from the area who were paid by us as their health workers. So students have contributed a lot. They have also created links with the Ashram school, with other schools in the area, with ICDS program. In a way they have increased the ways of work... their bringing their own skills and knowledge and commitment and of course in their presence they also have learned a lot. You know that romanticisation of the village... You know poverty actually seeing people living inside remote areas, seeing people not able to access the health services, seeing people not able to access development programmes. You know how they are exploited by the locals as well as the outsiders. So they see the social reality of our rural India which we know that seventy five percent of the people are living in rural India and specially tribal groups which are you know marginalized groups. You know they have been uprooted constantly. There is a forest nearby



which has no tigers. Supposed to be a tiger sanctuary and there is water nearby and they can't use that water. Water comes to all of us in Mumbai. So they see the contradiction of the development there while they are living there, and so are able to integrate theory with practice. It's okay to learn...like I remember when I went to my daughter's school and they had one beautiful village model and I asked them have you visited the village? They said no. Then I said how you made the model...oh... We saw it in pictures... So I was talking to the teachers I said you know we can organize camps for your children. They said that would be a great picture. So we know when our students our children go and live with that reality then only can they understand and work with the people. And we are doing people centred development work. We have to be with the people. We cannot sitting in our ivory towers then directing people. It is not possible- one has to be with the people, understand what the issues are ... And always see as an opportunity. We go with the problem orientation always. We have to see the potential...people are not ignorant... They may be they are...technically uneducated but they are very intelligent... They know much more about the forest. The plants...the herbs...the medicine...

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I remember meeting a lady who had got severely burnt. And I asked her I said part of her face, her ear has gone...I said what did you do...I went to the PHC but the doctor- I don't know what he did to me, so I went to the local guy and he gave me a liquid. And I am feeling so much better, I feel so much better. Thanda thanda lagta hai (it feels cold) nahi to itna garam garam lagta tha, jalta tha (otherwise it felt very hot) so I smelled the liquid and it had camphor in it. Now these are basic remedies which are which we have learned as children, camphor is cooling. Do we even think today- our children wouldn't know the use of camphor. So they do have local



knowledge, it is getting lost because of the imposition of the kind of the development that we are putting there which may not be relevant to their reality. At the same time we are putting them in a fix because of which they are neither here nor there. We are getting educated in the urban environment. Their books are not necessarily rural based not necessarily functional or related to their reality. So they come out confused. They don't want to go out with their farming, their lands and neither are they getting jobs here. So they are very frustrated you know.. So the question is should they continue to live as they are with malnutrition, early mortality, large families or whatever. Of course we found that the tribals didn't have very large families there. They don't have very large families. Or do they come out of their realities, then what is the alternative? Is this slum an alternative? So the self sufficient they can be where they are...with the access to all the resources. Why should they be deprived? And they are deprived of their forest. The illegal contractors are coming to the forest and they are destroying it. There are hardly a forest left. If there are no tigers in the forest that itself is symbolic that there is no forest. It is just a showcase for the nexus between the politician and the contractors. People get into, they are used. they are used for cutting the wood and police catch hold of them. The big fish get away. So how do people become much more aware of their own self and how do they enhance their own self esteem and self confidence to able to fight for their rights? I think that is a greatest challenge for us. And through this university system there are some limitations also because how much radical action that can you do...are we ready to take risks of that? Will the university take responsibility? Who will take responsibility for the students? Because we know that... We are linked with Kasthakari Sanghtana and we know that initially what they went through, the kind of violence that even the social worker had to experience. And even today you know. The whistle blowers... They are decimated completely...every day you hear that a witness has died.



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Today only in the newspaper there is news of a witness for that one of the cases he was found dead... So activism has become a great risk in our country. And if we have to teach students that especially in rural remote areas where poorest of the poor were the most exploited. How do we do that, how do we change the reality? So health alone cannot solve the problem. Health will be the one way that okay, if the child is not malnourished the child grows normally, the child you know... health and education... Then the child develops self esteem and self confidence and gets enough confidence to fight with the reality so it's a very long standing principle and it cannot be done alone it has to be done with the community. That's a really major challenge. One of the tribal hamlets that you may have visited I don't know they run their life on alcohol. They brew alcohol, they earn lots of money from it and they drink it and they fall sick, but they are not going to give up alcohol and they don't allow entering their hamlet to talk about alcoholism and their addictions you know because they are living on that income and the revenue from that.

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And who has initiated it? The outsider...because the mahua is a local drink and they are fine with mahua because it is nutritious they would drink up to an extent...coming back hard work...itna thak jaate hain to thoda humlog pi lete hain... maza aata hai ..Neend aata hai (we get really tired with work so we drink a bit... We enjoy it... And also get a good sleep) then the outsider comes and teaches them how to brew. Adulterated alcohol... Then they get a greater high so they get more addicted to it. So you can see how external forces can influence their social reality and create such damage. So how we do deal with all this it is very complicated... So we cannot go in



simple linear way we have to look at the linkages with development.

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Basically the objective of the project is to enhance the links between the people and the health and development resources in their area. To also enhance their self esteem, develop self confidence in them so that they can demand for the health rights to create greater awareness in them about their health rights and also to make them aware of the links between health and development programmes so these are the major.... So of course the objective of the field action project is to train our students in understanding health and development perspectives in practice... And to develop all the skills of practice in them... And also the appropriate attitudes of working with people who live in poverty and realize the importance of working with people in poverty in our rural context.

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I feel that we need to link with other organizations working in that area because there are other organizations working, doing work on livelihood issues and land issues. So if we link up with them then even that if we are not able to take up those controversial issues at least these organizations can help us and give us some directions in that. So we need to enhance our networks and our base with other organizations in the area. Also we need to strengthen our links with the government because finally it is the has the greatest reach and to see that people are able to access their health resources as best as possible and government cannot escape from the responsibility.



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VN: I was in the 69-70 batch in the specialization of medical social work, which I have already mentioned and we had Dr. Gauri Banerjee who was our H.O.D. She was a fantastic teacher. And we respected her. I was a very serious student and I used to always be in the first row in the class and when she would come in I would be looking at her and would write down every point that she would say. Even if it was raining very heavily somehow I would reach the institute. You know at that time we had a very poor transport and I was living at Dhobi Talao and so imagine from south Bombay, I had to come all the way to come here. And if would miss the institute bus that would come to Dadar then I would be finished. Then I would have to wait and would have to pay for the taxi and public transport was really bad and her class would be at 9. She would teach case work. So we had to be there in time. We dare not be late but today things are very different of course-so as a teacher she was excellent. She was always my field work supervisor. We used to be scared of her. We were in awe of her but we would be scared of her also because she was so strict.

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She would come beautifully dressed, always spic and span in a Sari. She would look so good. She was a Sanskrit scholar and we thought what is she doing here in social work...but she was brilliant, so from that angle we really liked her and I was very scared of her but at the same time I really learned a lot from her and that was my favorite subject. Even in practice it was my favorite subject because I could really understand what she was saying. She would come with a lot of examples because she was the one who initiated a lot practice in the field of health and in



the hospital settings.

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Of course the only thing was... We were in awe of her... We were scared of her so I was very goody-goody so usually all the other students would be teasing me or would use me if they wanted to do anything naughty...tried to keep away but I remember in one of my field work conferences she made very unusual comment to explain the behavior of a male person who had a sexual disorder and she made an such unusual comment. Of course I don't want to repeat it on the camera... I had to keep the very straight face because I was in a way shocked because it would come from her because we couldn't imagine that she would even use these sexual terms for explaining the behaviour of the person. But she did it very seriously so I also had to put up a very straight face.

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But you know before she retired... She was very strict with us and she would always call us with the last name and never the first name. So my last name being Lala... She would call Miss Lala.Miss Gandevia...Miss so and so... And you have to be very formal with her. She really practiced social work in true sense of the term. She practiced every theoretical principle and demonstrated it in her lifestyle situation. But of course she was not popular with all the students because some students didn't want to follow that path...that structure which she had set for her. They were deviants in her eyes so towards the end she softened a little. We were surprised that she called us her home for the farewell party and we had great time with her. So we saw her very differently, as a person, as a holistic person otherwise one would see her as a teacher, mentor



somebody to look up to and things like that.

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Then of course the next... We had Marie Lobo.. And she was so different. She was a very soft person, very gentle as a teacher. And we had Miss Matthew who was a wonderful combination, who would laugh loudly and would have lot of fun but because of Dr. Banerjee she had to keep some of the norms of calling us by second name and things like that.

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So we had a very interesting group of faculty teaching us. We were very small group we were only 12 of us in our department or MPSW department. All across I think- we were five departments in social work- probably there were 60-65 students and not more than that. So we were a small group and very close to each other. So when the course of personnel management started, they also used to attend our classes- it was labor welfare. They had a lot of men attending our classes. We also had deputed candidates and we had people from the Jesuit community and they were great fun. They would be very sporting and we would have lovely institute days. We would have Father D'souza and Patrick in our batch and they would organize these programmes in our institute day. We were active in learning as well as in extracurricular activities and sports. It was a much smaller campus but very beautiful with no trees. Mr. Panakkal who was our senior faculty, used to look after the garden. We had fewer buildings. These constructions have suddenly boomed in last decade. Fortunately there is of course a need to maintain the environment. But the moment you start to have a bigger library and offices you need space so but somehow I feel that the external ambiance has kind of remained.



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Internally we have expanded tremendously... We now have a school of social work... We have 400 hundred students. Otherwise it used to be Tata institute of social sciences identified with social work and personnel management was an additional programme and it was also labor welfare so it was seen as part of social work until it became personnel management.

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Today we are now a school...an independent school within a university system not really independent but a very different structure. We have additional structures. Now as a HOD of the department I have direct links with the director but now I am the professor in the centre and we have rotating chairperson and it's the Deans who have the direct link. So we have additional levels now. Which have created probably because it is so large and it has to get more decentralized and things like that ... So these have been... with Dr. Parsuraman coming in in 2006 this has been a new kind of experiment. Dr. Desai, in the 1986 in the golden year we had an excellent conference where lot of alumni had attended. And each of the department had organized their portion...like in health, we had special working groups. And we brought very good material or documents on way forward. In fact a blue print was created that time for restructuring the institute and several scenarios were presented but it was not implemented, as Miss Desai also left. Then there were several changes in the directors but fortunately with Dr. Parasuraman coming in we have been able to take this forward.

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It has been a challenge and painful also. But it has been quite an exciting time...me getting used to getting the HOD... Then becoming the Dean... And then becoming a so called ordinary professor. But I think that's life.

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I think our institute is moving very fast in terms of its expansion and putting systems in place so that it is sustainable. I think the challenge would be to sustain all these new changes that happening in the institute. I think that is a challenge and I hope that before Dr. Parasuraman leaves I hope that the phase of consolidation happens because this framework has been experimented since 2006 which is five years only. So I think he needs to be here for little more time so that all the systems whether administration, research, teaching and everything is in place, so when he leaves we are able to move forward. But there has been a tremendous growth so I am waiting to see how the Hyderabad campus develops and how the Guwahati campus develops...I think it is something very wonderful that the institute is doing and the institute should be a great national centre for excellence but I think we are the one of the primary social work and social science institutions and I also feel that there is a lot of theoretical work that we need to do, both within social work and social sciences. There are very good faculty and we need time but if we keep expanding our students, then it becomes very difficult for the teacher to give time for theorizing on what they are doing on practice and that what we are need to do. But it is happening that professors are doing the same thing as associate professors and I think there should be a difference. The professors should be given to do something out of the box. Some freedom they need. Not the same thing as routine. We tend to become very routine and it becomes little difficult if we have to do other things. But we are managing.



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I think our social work school is definitely moving towards integrating more theory in relation to social activism. We always looked externally to see what we are, as students can practice in that environment, like in disaster situations. From the beginning we have always participated in disaster activities. The whole institute used to be mobilized. I remember when I joined in 1984, first thing that I had to do was to work with the riot affected people in Mumbai, at that time we had those riots, then Bhopal..Go to Bhopal so as an institute we used to fully mobilize to work in these areas with rehabilitation for the people. So that has been taken forward and we now have a centre for disaster management. So we have put our practice into a theoretical framework and we have actually having a master's programme in that and there is a specialization also. Now we also have introduced a topic on conflict because conflict is a major aspect of practice in our own country and even internationally. And there are many institutes who have been theorizing on social work practice in situations of conflicts. So that is also an area of conflict that we need to develop. We always have an debate on how apolitical can we really be or we have to take a stand in situations of exploitation. So for that we need radical action and for that also we have introduced critical theories and we have one particular centre that is working on Dalit and tribal social work, that is placing students with social movements. And we think we all need to work towards creating students who can develop confidence to work as social activists and the advantage is that we do have now a lot of groups- NGOs, movements, where students can be placed to learn what is social activism all about..What are social movements all about.. And we are placing are students with them. So we do need to create some pattern. So unless there is a structural change... unless we create social workers who can deal with structural change, we will



probably not make too much of a difference for our people. You know reducing exploitation... reducing poverty... So what we'll do will always have a limited scope... but really have to create strategy... And have to sort of talk of transformation... create social workers who could work towards social transformation