

Accelerated Mahaweli Development Programme and its innovations deserve comprehensive evaluation

by B.K.D.S. Samarasinghe

The Accelerated Mahaweli Development Programme (AMDP) launched in 1978, under the Mahaweli Authority Act of 1978 to a very great extent achieved its objectives.

The principal objective of the programme was to implement during a six year time frame the major components (both upstream and down stream) of the massive Mahaweli Ganga Development Programme scheduled to be translated into action over a period of thirty years. Though it took more than 6 years, I believe that the AMDP realised most of its objectives over a very reasonable period of time.

The purpose of this article is to highlight some significant innovations of the AMDP in down stream development that deserve to be evaluated scientifically. Development similar to education is a continuous process applicable equally to the so called developed and the developing countries. Therefore, those successful innovations under the AMDP should be documented and gainfully utilised in planning and implementing the current and the future development Projects.

The major innovation that greatly influenced the development of the down stream as well as the upstream human settlements of the AMDP was its management structure.

The history of land settlement schemes in Sri Lanka is substantially long and, it was the observation of the top management of the AMDP in 1978, that it took a very long period of time for those pre Mahaweli settlement schemes to reach a significant level of development under the administrative structures that were managed. Hence, the AMDP management right from the inception was convinced of the need to manage the Mahaweli settlements under a novel management structure with the flexibility and the capability to accelerate the process of their integrated development.

Consequently, the H5 Pilot was set up in Mahaweli System H to experiment a new management system. The Pilot Project had its Project Office at Nochchiyagama and extended to an area that could accommodate under the Mahaweli land allocation criterion nearly five thousand families. The project was divided into four Blocks namely, Nochchiyagama, Ipalogama, Helambewa and Talawa. Each Block was divided into Units consisting of a minimum of one hundred families. The key technical positions of the management structure of the Pilot Project is diagrammatically presented as follows:

The salient features of the management structure of the Pilot Project were:

a. In pre Mahaweli settlements (except the Gal Oya Scheme to some extent) the appropriate line ministries were responsible for the agricultural development, operation and maintenance of the irrigation system and community development etc. In the Pilot Project the Project Management through its management system extended to Blocks and Units was responsible for the economic and social development of the project. Armed with the sweeping powers of the Mahaweli Authority Act most of the line ministries were kept out of the project area.

b. The Block Manager incharge of a Block was totally responsible for the economic and social development of the Block.

c. A Block was divided into Units comprising of over 100 families in a Unit and the Unit Manager of the Unit was responsible for the development of the Unit.

d. The expertise at the Project Office like the DRPMs of Agriculture, Community Development, Water Management and Marketing were available for the Blocks and similarly the expertise in the Block as well as the Project Office was available for the Unit Managers.

e. The Unit Manager was responsible for providing all inputs for agriculture such as seeds, fertilizer, agrochemicals, credit and the extension and the advisory services in the fields of agriculture, operation

and maintenance of the irrigation system, marketing of produce, community services etc. Of course he/she had at his/her disposal the resources at the Block and the Project Office.

f. The objective was to operate an one stop shop to cater to the needs of the settlers and to leave no room for the officers for shifting the responsibility and pointing an accusing finger at different authorities like in a system where different organisations carried the responsibility for specific functions.

g. The Resident Project Manager, the Block and the Unit Managers were called upon to play a multi-disciplinary role and they were given extensive and intensive training to acquire that capability.

Though, I am not competent to discuss the long term effect of the above management system, I know that it was very effective at the initial phase where the settlers were arriving from different parts of the country in big numbers. These settlers, most of whom were strangers to the harsh environment of the

years with inadequate basic requirements and a high concentration of people from the wet zone where they enjoyed a congenial climate, an abundance of clean water, not exposed to the deadly malaria epidemic were replete with health problems dominated by diarrhoea and malaria.

Most of the planned hospitals were not to establish and the few existing hospitals with limited trained cadres were unable to cope with huge numbers seeking medication.

It was a very lucrative environment for the quacks with various letters of the English alphabet following their names who prescribed and dispensed medicine for every ailment. In this situation the Health Volunteers selected from the community to represent one for twenty five families performed an invaluable, dedicated and very effective service to minimise the health problems in the Mahaweli settlements. Trained by qualified doctors from the Health Department to disseminate vital messages on primary

ning about and playing. If they are malnourished how can they do so.

However by presenting the facts and figures together with medical opinion on the serious effect of malnutrition among specially the pre-school children in a very convincing manner, it was possible to convince the authorities about the seriousness of the problem and the need for urgent corrective measures. The Home Development Centre (HDC) set up at Helambewa in the Pilot Project was another innovation for a long term and a lasting solution to the malnutrition. Subsequently the HDCs were set up in other projects too.

The primary objective of the HDC was to train the young women including the young mothers to become responsible mothers. The curriculum developed in the modular form had as the compulsory modules nutrition and child care and the national customs and traditions. It was observed that the good customs and traditions of the community were rapidly going out of practice and that was the rationale for making the national customs and traditions, a compulsory module for the trainees. The six months long course offered very useful training in agriculture, animal husbandry and other income generating skills.

The emphasis on agriculture was to impart skills to perform successfully the agricultural undertakings, they were engaged in, on a day to day basis. The skill to raise a home garden to have a regular supply of nutrition fruits and vegetables including herbs occupied centre stage in the syllabus. Through this process it was envisaged to improve the nutritional standards of the entire family and to provide an opportunity to save the money spent on buying fruits and vegetables from the market enabling investment of money thus saved to raise the quality of life to the family.

There are schemes at present to provide potable water to the people in different parts of the country. The Mahaweli settlements had quite a number of similar schemes described as shallow wells, deep wells with hand pumps and small towns water supply schemes. Some selected youth from the community were trained to maintain the hand pumps with a view to ensure their sustainability. Isn't it useful for the planners of new water supply schemes to study the current status of those grandiose projects?

Inadequacy of marketing channels to sell their produce at reasonable prices is an issue the farming community is confronted with very frequently. The Kalawewa Export Village set up in mid eighties was intended to provide stable marketing linkages for farm produce and to shield the farmers from the vagaries of the open market.

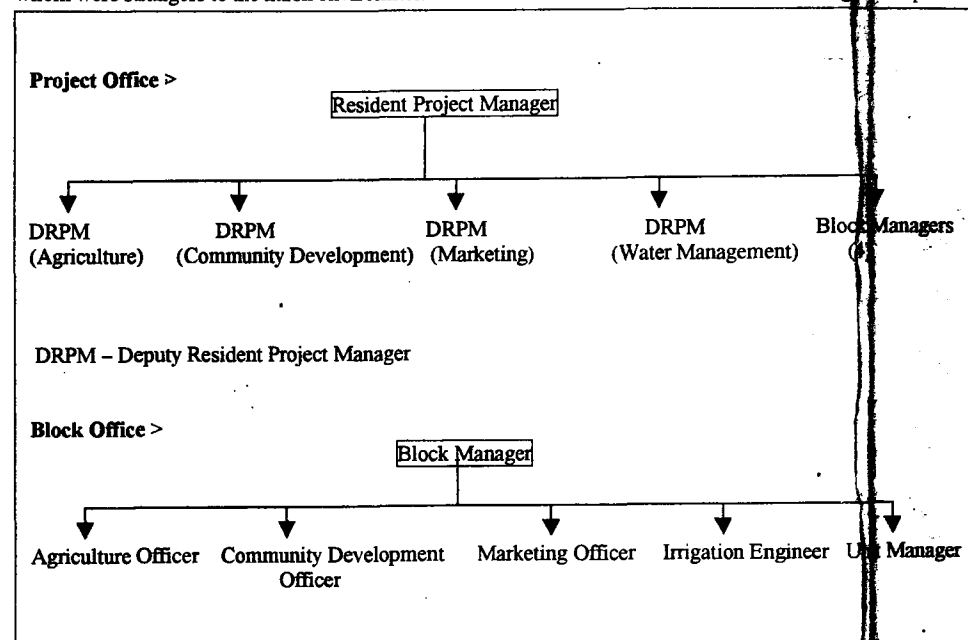
At the inception of the Export Village thirty farmers in Kalawewa were organised into a group to supply green chillies of a specified quality at a guaranteed price (Rs. 7/-) four Colombo based exporters of vegetables to the Middle East countries. The farmers in addition to growing and harvesting the green chillies took the responsibility on a rotational basis to quality control the chillies and to transport them to the warehouses of the exporters.

This Export Village functioned quite successfully for quite a long period and earned a Presidential merit award.

In the first season itself the farmers earned very good money and am aware that one of them who later became a Mahaweli Maha Goviya earned more than Rs. 90,000/- in the first season. By probing into the functioning of this Export Village quite useful lessons can be learned.

In a short article, it is not possible to describe all the innovations under the AMDP. However the Mahaweli settlements undoubtedly provide ample opportunities for the economists, sociologists, anthropologists and any other researchers to conduct very useful research.

The conclusions of the critical studies of the researchers may be useful for the planners and those who implement development projects in Sri Lanka and in countries where similar conditions exist.



dry zone were to be assisted as they came, to set up their homes and settle down quickly and subsequently to engage in their agricultural operations. This management system was installed in all Mahaweli settlement projects.

Another new development that should be critically analyzed is the manner in which a private bank supported the agricultural community in providing credit facilities. The Mahaweli Authority moving away from the beaten path persuaded the Hatton National Bank to set up a branch at Nochchiyagama to provide agriculture and other credit requirements of the settlers in the Pilot Project. This is the first time a private bank administered an agricultural credit scheme. Here again we saw very innovative banking such as the extension of agricultural credit hitherto confined to rice cultivation to other field crops as well.

The bank operated a mobile banking unit and it provided most of their services including the payment of loan instalments and collection of repayments at the doorsteps of the farmers. The bank also paid a substantial portion of the credit approved to the farmers directly to suppliers of inputs and thus minimised the misuse of credit granted. Appointment of field officers by the bank to monitor credit utilisation and to assist the farmers is also a noteworthy step.

I am personally aware that at the initial phase the recovery rates were unprecedentedly high and were above 95%.

The Health Volunteer Programme is another unique innovation. I am not quite aware who and where this system was introduced for the first time, but, I am aware that this scheme was quite successful in Mahaweli settlements. Newly set up settlements in the dry zone specially during the first few

health care and to provide a very limited, but most crucial and essential curative services such as dressing cuts and wounds, dispensing Jeeva or any other oral rehydration salts (ORS) for diarrhoea and prophylactic and curative courses of treatment for malaria.

At the commencement of the scheme some doctors vehemently opposed the curative role of the Health Volunteers, but, a few doctors had the courage to go through with it and this foresight paid rich dividends.

The Health Volunteer programme reduced quite substantially the numbers calling over to the government health centres for treatment for minor ailments. It forced the self appointed doctors (quacks) with unheard of qualifications to close their lucrative practices operated at the expense of the health of unsuspecting poor and innocent people as the people stopped seeking their medical services.

The advisory and extremely limited curative service they offered at the door steps of the settlers in addition to controlling the common ailments saved the valuable time and the money of the settlers for travelling up and down to the hospitals for treatment for common and minor ailments.

Their contribution to arrest the spread of malnutrition among the pre-school children, pregnant and lactating mothers was huge and remains a landmark to date.

Some health investigations like the water for age of the pre school children revealed widespread malnutrition in Mahaweli settlements. But the major hurdle that held back briefly the intervention to correct the situation was the difficulty to convince the authorities; the existence of the problem was gravity. They kept on saying how can it be, whenever we go to the Mahaweli villages we see the spots run-