



# CHIRAG

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## Entering The New Millennium: A Strategic Plan

by Tony Phillips

**The Central Himalayan Rural Action Group (CHIRAG) started its work in 1986, under the inspired leadership of Mr. Kanai Lall, with the aim of improving the ecosystem in the Central Himalayan foothills of north-eastern Uttar Pradesh, through a focus on environment, health, education, sustainable development, and selfsufficiency.**

CIVA was the first foreign NGO to support CHIRAG and what originated over a decade ago as a vision for a self-reliant community has today transformed itself into a 90-person organization that is among the premier NGOs of the Central Himalaya.

CHIRAG has made a considerable impact in a number of areas through its focus on integrated grass roots-level development. As expected, significant progress has been greater in some areas than others, with considerable impact being achieved in natural resource management and income generation, and only marginal success in health-related initiatives. The latter can be explained in the main by the difficulty in attracting highly trained medical doctors to work under the very basic conditions such as those that exist in the simple rural medical clinics established by CHIRAG.

In a recent monitoring visit it became apparent to members of the CIVA Board that the loose, democratic management structure free of bureaucratic constraints, which had allowed CHIRAG to experiment freely with innovative approaches to unique development challenges found in the hills, and to develop rapidly into an effective agent for change was beginning to outlive its usefulness. Our suggestion, that an organizational review and strategic planning exercise would help to prepare CHIRAG for the next phase of its work, was welcomed, and we agreed to fund this review process which began in the summer of 1999. In collaboration with the Trans-Himalayan Aid Society (TRAS), we also agreed to continue our support of the two medical clinics and the Mother and Child preschool program, in preparation for their integration into a combined social and health activities initiative. The organizational development exercise has been completed and CHIRAG now has a clear vision of its vision, mission and strategy for the new millennium.

**After a fairly intense process of critical self-evaluation, it is gratifying to see that CHIRAG's original vision and mission statements are seen as appropriate for the years ahead. Its vision is defined as: "*A self reliant community with improved quality of life*"; and its mission: "*Development in rural areas of the Central Himalaya through the enhancement of natural resources, increasing awareness and a focus on women and children.*"**

A major area of change concerns restructuring and project evaluation. New policies have been adopted to clarify the organizational structure and to create procedures for staff evaluation of salary structure and promotions. Recruitment policy will now identify areas where new management or field workers will be required before staff shortages adversely affect performance. Another important issue concerns gender imbalance, and every effort will be made to hire women at senior management levels. Project evaluation will reflect CHIRAG's original mandate, which can vary between its serving as a service provider, with subsidies to beneficiaries, or as a catalyst, in which case no services or subsidies are provided. It was discovered that such dichotomies, if not carefully conceived and planned, serve only to confuse both CHIRAG staff and local villagers.

Stage II of the reorganization will address strategic planning and projects. In keeping with the vision and mission statements, women, children and poor farmers will remain the target groups. In addition to grass roots development work in natural resource management, education and health, increased attention will be paid to Income Generation, Training, Documentation and Information Dissemination, and Curative Health Care. A particularly exciting new initiative will involve the creation of an integrated hospital, community health and management resource centre that will be used to train local women on human health care and issues related to environmental health.

New programs in training and capacity building will be greatly facilitated by the recent appointment of Dr. J. Sivaraman as Director of the preventative and curative health programs. Dr. Sivaraman has more than 20 years experience, having spent a decade in the army and another running rural hospitals for Tata Tea in south India. He joins Dr. Rajesh Thandani, who has a doctorate from Yale University in forestry management and who now serves as the new Coordinator of CHIRAG. Working together with the existing management and staff, and with Kanai Lall now acting in an advisory role, the new leaders of CHIRAG can be assured of continued support from CIVA as they forge new opportunities for the peoples of the long-neglected hill regions of India's Central Himalaya.