



# Civil Society



**Harmala Gupta shows how palliative care helps patients and their families**

## COPING WITH CANCER



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## COVER STORY



### HEALING TOUCH FOR CANCER

At CanSupport, Harmala Gupta shows that talking about cancer helps patients come to terms with the disease. And palliative care takes away some of the pain.

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# Civil Society

## Cancer and all of us

In keeping with our mission of profiling change leaders pitted against complex problems, we have devoted this month's cover story to Harmala Gupta and her NGO, CanSupport.

The importance of palliative care, as yet largely ignored in our country, cannot be stressed enough. Cancer has become a huge problem and if we look around us it is difficult to find a family which has not been touched by the disease in one way or the other.

Harmala is herself a survivor. Her decision to go out and help others is the result of her own experience in which she went from denial and disbelief to acceptance. It was her good fortune that she happened to be in Canada at that time and therefore could avail of more evolved medical responses than she would have found in India. During her treatment she discovered palliative care.

During the 10 years that CanSupport has been around, cancer has continued to spread at a pace that should be cause for concern. But there is no corresponding increase in systems for helping patients.

Palliative care improves the quality of life of a patient, particularly in the last stages. It can be used for cancer and several other diseases as well. It can save families from blowing up their savings in hospitals.

Palliative care helps families who have to cope with the stress of seeing a loved one die in pain. It recognises death as a part of life. It provides counsel on simple and yet effective ways of managing physical discomfort. It also involves working with families after a patient's death.

It is important that doctors and hospitals and society at large recognise the importance of palliative care, particularly because the number of cancer cases in India is going to keep growing and there aren't hospitals and medical practitioners enough to take care of them.

The cost of hospitalisation in India is also something to be considered. A lot of the time hospitalisation is not the answer.

We welcome on board with this issue Dr Devi Shetty who is not just India's best known cardiac surgeon, but also a devoted medical practitioner seeking practical solutions to challenges in public health care. Dr Shetty will do a column for *Civil Society* and has also kindly agreed to be a part of our peer review group.

An important story for us is the "referendum" in Jamshedpur. The decision to change the steel city's status from an industrial township to a municipality has met with loud protests. Naturally so. It is the only city in Jharkhand, perhaps all of India, with drinkable water in its taps and roads you can drive on. The Jamshedpur protests reveal a deeper disenchantment with services provided by the government. People would much rather have a privately-managed utility so long as it is accountable and efficient. This is the same message that comes from the residents' welfare associations of Delhi.

Our Insight section focuses on infant mortality and the relevance of breastfeeding. It is difficult to find a better informed professional in this area than Dr Arun Gupta whose Breastfeeding Promotion Network of India (BPNI) has soldiered on for several years.

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# Delhi residents put politicians on the mat

Civil Society News  
New Delhi

AS the municipal authorities acting on the Delhi High Court's orders continued to pull down illegal constructions, politicians cutting across party lines closed ranks to win a reprieve. But were they speaking for themselves or were they really appealing on behalf of hapless citizens tyrannised by a harsh court?

Leaders like Ram Babu Sharma of the ruling Congress said that 80 per cent of Delhi had illegal constructions of one kind or the other. He claimed to be speaking for the "toiling class" that would be affected if the court's instructions to demolish were implemented.

But Delhi's residents, represented by their residents' welfare associations, had a different story to tell. They were fed up, they said, of politicians who had connived with builders and brought several neighbourhoods to the brink of civic collapse.

There isn't a neighbourhood in Delhi that is free from zoning violations. Whole residential buildings have been transformed into offices and showrooms.

The problem, residents point out, is the absence of governance. Politicians have worked with builders and the engineers and officers of the municipal corporation have taken their cut. It is the middle class resident who has had to cope with the lack of clarity in a corrupt system that has more often than not become a part of it.

The Delhi Residents' Welfare Associations Joint Front has taken the plea that there should be an end to corruption in the municipal corporation and that big offenders should be punished.

People's Action, an NGO which works with RWAs under the banner of United Residents' Joint Action (URJA), has suggested that the Delhi Municipal Corporation be abolished and replaced with several bodies specifically responsible for different parts of the city.

The Joint Front wants demolitions to go on. "When nobody else listened to us the courts listened. Today at last the MCD, police and government are under pressure to implement their own law, which so far they have cynically disregarded and lined their own pockets."

Pankaj Agarwal, secretary of the Joint Front, told *Civil Society* that the problem lay in the absence of clarity in how the system works. Residents were often at the mercy of municipal officials who would use their discretion as they pleased to sanction properties and selectively demolish others.

People's Action's view is that the 18,000 illegal constructions listed before the high court cannot be demolished without voluntary compliance. "But people will only come forward when they know that the law is applicable to all," says Sanjay Kaul.

In Safdarjang Enclave, for instance, the local councillor himself had 25 properties and these had been put to commercial use, but no action was being taken. Safdarjang Enclave didn't even figure in the list of illegal constructions.

The way forward, according to the Joint Front is to categorise the offence and penalise accordingly. The first target should be encroachments on government land and outright commercial establishments set up in residential areas. After these could follow relatively minor offences done by residents for their own use.

The Joint Front also opposed a proposal to pass a Delhi Assembly resolution legalising violations. Similarly, the RWAs have objected to the proposed mixed plan use in the draft master plan 2021. Residents don't want offices in neighbourhoods where they live.

But how vocal can residents be? Kaul points out that RWAs initially called for accountability and then fell silent when they came under pressure. Fixing Delhi's illegal constructions therefore clearly needs more than court orders. It requires compliance at senior political levels. And that seems nowhere in sight.

# Jamshedpur says



Anuj Kumar Sinha  
Jamshedpur

IT is tough to find another Indian city that is as apparently perfect as Jamshedpur. Its roads are well maintained. The parks are splendid. Power rarely goes. And, lo and behold, you can drink water from the taps. In case you need medical care, the Tata Hospital provides it at a fraction of the cost at an equal facility in Delhi, whether you happen to be a Tata employee or not.

Why would anyone want to disturb this happy balance? But in recent weeks the industrial township, which has developed around Jamsetji Tata's dream of an Indian steel plant, has been the scene of seething protests. Housewives have been storming into the deputy commissioner's office. Signature campaigns have been on in full swing. A Citizens' Forum has been holding public protests. There have been processions taken out by residents not normally given to such angry displays.

At stake is the future status of Jamshedpur, which Jharkhand's urban development minister, Raghbar Das, wants to transform into a municipality administered by the state government. So far, civic services have been run by Tata Steel and subsidised by it. Recently, it transferred these services to a wholly owned subsidiary called JUSCO or the Jamshedpur Utilities and Services Company. JUSCO continues to get a Tata Steel subsidy.

Intimation of the minister's intentions to change Jamshedpur's status from an industrial township to a municipal corporation came towards the end of December with the low-key issuing of a notification. January 18 was set as the cut-off date for public objections and most people were caught unawares.

But as the deadline loomed up, some 600,000 of Jamshedpur's 1,000,000 residents lodged their protest, saying they did not want the city to go the way of other urban areas in the state of Jharkhand which are collapsing because of political corruption and the absence of any effective administration.

With the majority of the residents raising objections, it is unlikely that the change in status will go through. But the controversy has served to highlight the stark difference between the conditions in Jamshedpur and the adjoining areas of Mango and Jugsalai, which don't come under the Tatas. In addition, it has raised the expectations of the illegally developed pockets within Jamshedpur.

Supporters of the idea of a municipal corporation say it will give these areas an opportunity to develop as they would then be tagged onto Jamshedpur. The urban development minister's own political interests are also involved. He promised municipal status to the areas outside the industrial township during the last elections.

The movement against a municipal corporation has been spearheaded by the Citizens' Forum. AK Srivastava, former chair-

**CITIES IN TURMOIL**



# Loud no to municipal status



man of the Chamber of Commerce and one of the leaders of the Forum, says that the city would lose its present significance. "It will get littered with garbage, the condition of the roads will become pathetic and there will be no water in the taps. Jamshedpur is a planned city known for its cleanliness. All this will vanish," says Srivastava.

BD Bodhanwala, a renowned social worker and senior citizen of the city who has been in the forefront of the civil action against the government's

move, says: "The civic amenities presently available in the city are the best in the world. It is a blunder to tamper with them. The government should rather focus its attention on how to make similar amenities available in Mango and Jugsalai."

If the government cannot run these areas how will it run Jamshedpur, is the question that is being asked.

Says the much respected Harivansh, chief editor of Prabhat Khabar, Jharkhand's leading Hindi daily:

"The idea seems to be to pull Jamshedpur down to the level of other areas. If the government is really interested in taking over Jamshedpur from the Tatas, it should first prove that it can run other cities in Jharkhand. It should account for the huge sums of public money that are lost through corruption."

"What is the point in wanting to take over the administration of Jamshedpur if the government's own record in urban governance is so

dismal," says Harivansh.

Das' proposal is also being vehemently opposed by people in rural areas, which would be included in the municipal corporation. Tribals are particularly unhappy. Former MP Salkhan Murmu held a big public meeting of the tribals on the issue and asserted that panchayats would not allow themselves to be annexed.

The villages worry about losing the funds that panchayats now directly receive.

Jamshedpur is the first city of the country to have civic services with an ISO 14001 certificate. Over the years, like so many Indian cities, Jamshedpur has acquired unauthorised settlements. When Tata Steel's lease for Jamshedpur was renewed last year, these settlements were excluded. Now JUSCO is ready to meet their needs of water and electricity and has begun to provide such services to the great satisfaction of residents.

The only problem is that JUSCO wants people to pay for services as indeed they are willing to do. But Jharkhand's politicians like Das believe that there are votes to be had by providing electricity and water for free.

There is already a municipality in place in Jugsalai, but elections to the body have not been held for the past 20 years. Just a cursory look at the state of roads, water supply and electricity makes it evident that the government system in the area has been a complete failure. Mango also suffers the same plight.

There is a corporation in Ranchi, but elections have not been held, once again for the past 20 years. Other cities of the state with municipalities are in the same plight. It has now been five years after the formation of the state, but elections to local governments have not been held at any level.

In the areas under Tata Steel and serviced by JUSCO, people face no water and electricity problems.

JUSCO claims that during 2004-05, the availability of electricity was 99.42 percent. Jamshedpur (750 KW) has also been way ahead from the national average (450 KW) of per capita power consumption. It is often said that electricity is expensive in the city, but JUSCO claims that consumers have to pay only Rs 1290 for consuming 500 units, while in Delhi one has to pay Rs 1890, in Kolkata Rs 1548, in Chennai Rs 1520 and in Mumbai Rs 1305. In other words, electricity is much cheaper in Jamshedpur in comparison to other metros.



# 'Traditional medicine needs bridges'

Civil Society News  
New Delhi

**B**RINDA Karat of the CPI(M) recently accused Yoga icon Ramdev of putting crushed bones and animal parts into Ayurvedic medicines dispensed at his ashram. The medicines, she said, had been tested at an independent laboratory. As it turned out, Karat's concerns were more political than scientific. She wanted the ashram to reinstate some employees it had sacked.

The controversy petered out with Karat saying that she herself did yoga and held Ramdev in high regard. But larger questions remain. How should traditional systems of medicine be judged? Can they be adequately evaluated by modern science? Does blind faith in these systems allow their practitioners to drift from the rigour of good practices?

**Darshan Shankar** of the Foundation for the Revitalisation of Local Health Traditions (FRLHT) has been a keen observer of these issues. He has worked with community and traditional practitioners in India for more than two decades. He is currently setting up an Ayurveda hospital in Bangalore to create bridges between modern and traditional medicine. *Civil Society* spoke to him.

**What are the standards we have for Indian systems of medicine (ISM) and how are they applied?**

Globally, standards for any system of medicine pertain to three factors, namely quality, safety and efficacy. In the case of Indian systems of medicine, prior to 2000 there were no laws for ensuring standards in manufacturing as this was an age-old, small-scale and self-regulating industry. However, after taking note of the large number of production units that have been established, the Government of India has enacted a law on good manufacturing practices (GMP).

This law makes it obligatory for all manufacturing units to assure quality based on the official pharmacopoeia standards. These standards prescribe physical and chemical parameters for both raw material and finished products. The departments of ISM at the state level are responsible for ensuring the implementation of GMP.

**Is it possible to bridge the gap in standards between traditional systems of medicine and modern medicine?**

As a matter of fact the ISM do have very sophisticated internal standards for quality, safety and efficacy. These standards in certain respects are much higher than the modern standards and should be used to build bridges. For example: the standards for turmeric which carries the Sanskrit name Rajni and Nisha (which means night) are not merely based on the use of the correct botanical entity (*Curcuma longa*) which is what the modern standard is based on.

The traditional standards advise that turmeric should also be harvested in the night time (Rajni, Nisha) in order to realise a higher therapeutic potential. Chemical profiles of day and night collection do reveal significant differences that establish the relevance of the traditional standard. Night collection of turmeric as prescribed in Ayurveda is therefore a higher standard for its therapeutic use than a standard that is only based on the use of the correct botanical.

The problem with traditional standards is that one cannot independently verify if they have been implemented. One needs to rely on the integrity of the physician. In earlier times this was feasible as the physician lived in the same community as his patients. However in these days of mass production, with over 9,000 licensed manufacturing units, one needs to be able to independently verify quality via some objective tests. This is where modern tools of chemistry and biology can help, provided they are used to create standards that are built on a sensitive interpretation of the original, time-tested and clinically proven traditional standards.

If the traditional standards are not taken into account one will either have low standards at the very best or arbitrary standards at the worst. The standards may be based on scientific measures like: percentage of active ingredients present. The standards may, however, not have any therapeutic value, because no one has established the relative therapeutic value of high percent-

age presence of the so called active ingredients versus the therapeutic effect of dozens of other compounds that are invariably present in any natural substance, even if they be present in low percentages.

In the case of drinking water we have another very good example of the higher standards in traditional medicine. The modern standards for drinking water merely expect the water to be microbe free and also free of chemical and pesticide residues. The traditional standards for drinking water however go one step further and traditional water treatment methods include not only boiling and filtering of water but also adding certain herbs that enhance its physiological functions. Drinking water treated with traditionally prescribed herbs improves the effect of water on the metabolism, on the respiratory and excretory system and also on the health of the skin. The traditional standards for drinking water thus prescribe quality on physical, biological, chemical and physiological parameters.

**Scientific standards apart, what is the regulatory mechanism that could be put in place?**

Regulatory mechanisms are as good as the authority that implements them. In these days of widespread and rampant corruption the mechanism however well designed may not always deliver the best result on the ground.

**Have we anything to learn from other countries like China?**

The Chinese in the traditional medicinal sector as in several other areas have made a determined effort to enter into global markets, although currently their share in the global herbal market is only around 3 percent (10 times more than the 0.3 percent which is India's share). In this endeavour they have implemented GMP in a much more rigorous fashion than in India. They also implemented GMP several years ahead of India.

However Chinese pharmacopoeia standards like those in India are not based on sufficiently sensitive interpretation of the traditional quality standards. In this regard, both China and India as well as all other traditional knowledge rich countries need to recognise, respect and creatively apply the standards established by their own indigenous knowledge systems.

**Recently concerns have been expressed over the presence of heavy metals and animal parts in medicine.**

The most potent indigenous medicines are those made from processed metals and minerals. In fact plants and animals also process metals and minerals drawn from the soil and convert them into bio-available form. However when one directly uses processed metals and minerals one can get very powerful drugs.

This branch of pharmacy in Ayurveda is called *Ras-Shastra*. It is a very specialised subject and the traditional medical texts do not advise ordinary physicians to dabble in it. The texts themselves warn that these metals and minerals if not properly processed can cause toxic effects.

Traditional standards have therefore been prescribed for processing such metals. For example, in the case of preparation of *bhasmas*, it has been observed that when they are properly prepared the particle size of the *bhasma* will be smaller than the intra-cellular space, so that it can be filtered by the kidney. Independent verification of the particle size of the *bhasma* will however need the use of modern tools like electron microscopes.

This is an extremely important and challenging area for inter-cultural research and application. India can and should take the lead in this field as it will help the country to produce very potent and fast acting drugs. The use of metals and minerals in modern pharmaceuticals is as yet a nascent area but it is already showing dramatic and promising results.

The concern for quality standards in respect of drugs made from metals and minerals (*bhasmas*) is very relevant. It should not be brushed aside. The answer to this concern however is not to shy away from production but to establish and implement effective inter-cultural standards that will be based on traditional knowledge and the use of sophisticated modern tools.

Animal products have been traditionally used for centuries and their use should really be no cause for concern except in the context of the use of endangered species of animals.



Darshan Shankar





ABDUL QAYOUM

Dr Hameeda Jan and Dr Ghulam Nabi Wani

# Drugs are Kashmir's silent enemy within

Jehangir Rashid  
Srinagar

IN Kashmir drug addiction is a major worry. Everyone knows that, but no one wants to talk about it. The bigger the problem, the bigger the silence, particularly so if a loved one is in trouble.

Dr Ghulam Nabi Wani and Dr Hameeda Jan are trying to make people open up. They run the Hindustan National Social Society (HNSS) De-addiction Centre in Srinagar, the only one of its kind in the Kashmir valley. They got the idea when they were staying in Iran in the 1980s. At that time the Iran-Iraq war was going on. Bombs were raining down every other day. Buildings were collapsing. People began to suffer from mental depression and anxiety.

"Despite strict rules, people would come to us and demand sedatives. At times we refused, but at times we could not resist," both doctors told *Civil Society*.

When they returned to Srinagar, they confronted conflict too. As guns and grenades rattled the Kashmir valley the two doctors noted that many people were taking drugs and sedatives.

"We could not see the sufferings of the people and decided to do our bit," says Dr Wani.

"In 1998, we started this centre and since then we have rehabilitated more than 1,400 people. It is not an easy job, but we are glad that we have achieved a target."

According to the centre, many people become addicts because drugs are easily available in pharmacies. "It is quite unfortunate. Once a person

takes a diazepam tablet he increases his dosage at his own will and in no time he takes an advanced drug. All this happens under the nose of the law. There is no restriction whatsoever," said Dr Wani.

The HNSS centre carried out a rapid assessment survey of drug addiction in reputed colleges and educational institutions as well as certain Central Reserve Police Force (CRPF) battalions.

The results showed that many students were drug addicts. HNSS volunteers personally distribute pamphlets during their awareness campaigns, instead of pasting them on walls and electricity poles. They talk to people about de-addiction.

The centre has set up a database of all its patients. There are various graphs, pie charts and bar diagrams which tell the story of drug addiction in Kashmir.

For instance, the business community is the most affected. Nearly 40 percent of patients belonged to this category. Students comprise 19 percent of addicts. Sixty-five percent of drug addicts have income levels between Rs 1,000 and Rs 10,000. About 17 percent have practically no income.

Twenty-one percent of the addicts surveyed took cannabis, 16 percent brown sugar and 12 percent used injectibles. There addicts who took more than two drugs. But it was nicotine that had the highest number of addicts.

Dr Wani and Dr Jan believe that drug trafficking needs to be tackled at a global level. They say that governments should implement a complete ban on addictive drugs.

To reduce demand, children should be informed about the harmful effects of drugs and addiction. To reduce supply, a ban should be imposed on the cultivation of poppy and other addictive crops.

HNSS has also launched a programme on AIDS awareness. Their volunteers have started a 'harm minimisation programme.' They tell addicts about the danger of using syringes. But because these topics are taboo in Srinagar, volunteers sometimes find it hard to do their job.

Said one volunteer: "We have to be extra cautious in ensuring we do not hurt the feelings of people. Sometimes we make three or four rounds of a particular house and only then are we able to achieve something." HNSS has a rehabilitation programme. Dr Wani said the centre counsels addicts.

"As a result, we have students who have gone back to their studies and people who have resumed work."

The centre has a staff strength of 11. There is a ward for patients with all facilities. "After they have left drugs we ask them to stay with their families. Once society accepts them, we feel our job is done," says Shafat, project director at HNSS.

## Kitab festival will remind Delhi about books

Civil Society News  
New Delhi

**T**HE first-ever British-Indian Literary Festival called Kitab is being held in Delhi from April 7 to 9 to celebrate and scrutinise the impact of Indian writing in English on the contemporary literary world.

This extravaganza will explore how Indian and other South Asian writing in English is changing Britain, and how British writers who are influenced by India are, in turn, influencing Indian literature. Kitab also seeks to promote the best of modern British literature to Indian audiences and give them an opportunity to exchange their own views

with the most promising young British writers of this generation.

The extravaganza will bring together eminent authors, editors, publishers and journalists from India, Pakistan, Great Britain and the United States.

The media has already begun its poking and prodding. "Why Delhi?" the organisers have been asked. "Nobody reads here anyway."

Their response is that Kitab will remind the city's residents that there's more to reading than Page 3. That books are an invaluable way to spend time and money. Besides, Delhi is home to some of the world's most talented writers and minds alive today - Romila Thapar, Khushwant Singh and Arundhati Roy, to

name just three. It has no dearth of decent bookshops. In fact, city newspaper vendors here have as good a selection of books than suburban New England shops.

One of the festival's primary goals is to give younger, under-exposed writers a platform on which to network and draw attention to themselves on an international level.

To counter the criticism that authors who write in 'other' languages will be left out, Kitab will dedicate a panel to deconstructing the overshadowing of vernacular authors by their Anglo-centric contemporaries.

For more information contact: Hirsh Sawhney, Kitab Festival Coordinator, India. [www.kitabfest.org](http://www.kitabfest.org)



# Pay with plants at herbal hospital

**Biswajit Padhi**  
Bolangir

**Y**OU can get medical attention free of cost at the Sabuja Biplav Hospital in Jharbandhli, 40 km from Bolangir town, Orissa. Just pay by bringing along medicinal plants. Unlike other hospitals that put up big signboards with all kinds of messages, Sabuja Biplav's signboard gives the rates of various herbs.

Sabuja Biplav, a herbal hospital, has a barter system. "At least 70 percent of patients who come to the hospital for treatment, pay by selling us medicinal plants," says Dr Khamari, an Ayurvedic doctor who practices here. In Bolangir there are hardly any health workers, doctors or government hospitals so Sabuja Biplav is a natural choice. The hospital even organises camps to teach villagers to identify

medicinal plants in their villages and in the wild.

Founded just seven months ago by Santosh Kumar Das, who used to work for Orissa's forest department and his wife Lily, this hospital has been attracting 40 to 60 patients per day.

Santosh observed that poor people living in Bolangir were spending money beyond their means on allopathic medicines. If a person got a chronic illness, his or her family would invariably find themselves neck deep in debt. Yet there were plenty of medicinal plants growing all around. This was a resource not being tapped by poorer people.

They started Sabuja Biplav, which means green revolution, as an experiment from a one-room house in Bolangir town. "Being a forester I felt medicinal plants were just the right prescription. By using medicines made from plants people could

avoid falling into the debt trap. We at Sabuja Biplav focused our attention on it," says Santosh.

The hospital's home herbal garden project promotes 20 medicinal plants for common health problems like fever, diarrhoea, headache, cough and cold, menstrual problems, gastritis etc. People are encouraged to grow these plants in their backyards. In rural areas where there is a paucity of medical services and allopathic drugs are expensive, a herbal home garden offers the best and most natural solution. Plants like *brahmi* and *aloe vera* are easy to grow and also cattle-proof.

Lily is deeply involved in the project. After her morning cup of tea, she works with the gardener of the hospital's medicinal plant nursery tending to plants carefully. Due to her constant vigil, Sabuja Biplav produces at least 500,000 saplings of different medicinal plants from three nurseries in Bolangir district. They supply the plants to organisations and business establishments in India. People from the vicinity, who have understood the effectiveness of plants, buy too. The plants are priced reasonably, at Rs 5 each.

Western Orissa is a treasure trove of medicinal plants. Previously, even if people collected these plants, they did not get a fair price. There was no marketing support. Moreover, the herbal plant trade was controlled from Kolkata. "Now we provide them a platform to market the products, however small the quantity may be," says Santosh.

The Sabuja Biplav hospital today attracts patients, entrepreneurs and development planners. Santosh and Lily receive a constant stream of visitors every day. There are many poor people who travel here for treatment. Fakir, a local villager, brought along his three-year-old daughter Sinu. She was in pain. "The treatment is inexpensive and I have the option of bringing along herbal plants to buy medicines," he explained.

Ullasha, from a nearby village, had ventured into the hospital for the first time. He said he had consulted many doctors, without success, for his chronic gastric problem. Pratima, a woman in her mid forties, wanted advice for her gynaecological problem. "The treatment here is cheap and effective," she said.

The hospital has four Ayurvedic doctors. One is a woman. The doctors provide consultation and conduct two camps every week in remote villages.

The hospital also has a pharmacy that produces medicines. "Since most of these are for patients we face no marketing problem," says Dr Khamari.

Sabuja Biplav has started a similar clinic at Bhubaneswar on its nursery premises. They have recently begun a health insurance card for poor patients. For Rs 100 a family can get free consultation for a year. To buy medicines, the family has the option of paying in cash or opting for the barter system. "We have enrolled more than 200 members," says Lily. They feel they can register at least 600 members within a year. "We are hoping to rope in WORLP (Western Orissa Livelihood Project). With Rs 6 lakhs as membership fees we will be able to provide services to the people without any external aid," adds Lily.

This path-finding project has not only popularised medicinal plants in Bolangir, it has helped people earn an income by growing and collecting medicinal plants. People are all praise for Santosh and Lily's efforts. Santosh is now busy studying Ayurveda and the scriptures.



The Sabuja Biplav herbal hospital sells medicinal plants for Rs 5 each



A patient being examined by an Ayurvedic doctor



Santosh Kumar Das

**The hospital's home herbal garden project promotes 20 medicinal plants for common health problems like fever, diarrhoea, headache, cough and cold, menstrual problems, gastritis etc. People are encouraged to grow these plants in their backyard. In rural areas a herbal home garden offers the best and most natural solution.**





PHOTOGRAPHS BY LAKSHMAN ANAND

# HEALING TOUCH FOR CANCER

*At CanSupport, Harmala Gupta gets people to talk and use palliative care*

**Madhu Gurung**  
New Delhi

THE bitter Canadian winter left 32-year-old Harmala Gupta, who was finishing her PhD from McGill University, prey to a persistent cough and cold. She blamed the weather for her poor health, as did her husband, a professor at the same university. But getting her work done and keeping pace with her three-year-old son was becoming more and more difficult. She felt listless and had no appetite.

One day, when her trousers fell in a pool around her feet, she felt alarmed. Her husband persuaded her to see a specialist. The doctor discovered a patch in

her lungs. Her Indian roots made him suspect tuberculosis, but all tests proved inconclusive. Finally, an open biopsy revealed she had Hodgkin's lymphoma, a cancer of the lymph nodes.

That was in 1987. Almost 20 years later Harmala, fully cured and brimming with energy, is today a crusader for palliative care for cancer patients. Back in India she discovered she was just one among millions who needed help and understanding.

Palliative care was not merely a part of cancer treatment but also a necessity for helping people die with dignity. What doctors could not do, Harmala realised survivors like herself could provide, which is to improve the quality of life in ways that go far beyond medication.



## What is palliative care?

**P**ALLIATIVE care integrates all aspects of care - physical, social, psychological and spiritual - and offers a support system for patients and families during the course of a debilitating and life threatening illness. It extends to bereavement support.

In 1990, the World Health Organisation (WHO) defined palliative care as, "The active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social

and spiritual problems is paramount."

Palliative care therefore:

- affirms life and regards dying as a normal process
- neither hastens nor postpones death
- provides relief from pain and other distressing symptoms
- integrates the psychological and spiritual aspects of patient care
- offers a support system to help patients live as actively as possible until death
- offers a support system to help the

family cope during the patient's illness and in their own bereavement.

While radiotherapy, chemotherapy and surgery may have a place in palliative care if they relieve symptoms, there is an understanding that it is in the best interest of the patient to keep investigative procedures to a minimum.

WHO also came out with an analgesic ladder to control pain in which it is recommended that opioids such as oral morphine and codeine be combined with analgesics as one goes up the pain ladder. This has become a corner stone for the delivery of effective pain relief.

She launched CanSupport to reach out to patients and their families with a personalised approach which hospitals and specialists don't provide. CanSupport now has a growing network in and around Delhi.

But it was in 1987 in Canada as doctors examined her that the journey for Harmala began.

"All I did on hearing the prognosis was to sit in front of the doctor and say, 'How can it be me. I am sure my papers are mixed up. I don't smoke, I am so young and healthy, how can I have cancer?' I was filled with shock and bewilderment. I was also filled with guilt that perhaps God was punishing me. The most painful part was I had a three-year-old son and I would have to leave him behind," recalls Harmala.

The doctors told her a cure lay in aggressive chemotherapy, insisting that Hodgkin's cancer responded well to it. The treatment left her feeling more sick, listless, and with no appetite. She lost all her hair. And she had to struggle to keep her flagging spirits up. "The amazing part is," recalls Harmala, "as your body fades, it begins to lose its hold over you."

It was a turning point in her life "Throughout the treatment, I had this conviction that I was not going to die," recalls Harmala. "For me my road to recovery lay in my relationship with God. I felt the presence of the spirit all the time and I realised that the key to survival lies in your mind - what your mind suggests to you."

"When you are sick and fading, the mind can counter balance that decline and give you a reason to live," explains Harmala. "It changed the way I looked at cancer. I saw it as a friend, a teacher, who had come to teach me something. I embraced it. It was life, my life with all its good and bad, and after that it changed the way I viewed life completely."

Her treatment, which lasted for over eight months, included six cycles of chemotherapy. After that she returned to India. In Canada, Harmala had the opportunity of interacting with cancer support groups. She met people with a similar illness, as well as cancer survivors.

Returning home, she confronted a different reality. People did not know how to deal with those who had cancer. Says Harmala, "No one talked about cancer and when I did they did not know how to react. However, people would call me up directly and say, I have the same thing as you. They could not even call it cancer. I decided that once I was well I would start a group which would provide emotional support to people afflicted with cancer."

Two years after she had first been diagnosed with cancer, Harmala, with her friend Jitendra Tuli, was ready to work with people. "At the first oncology clinic in the hospital we went to, it was shocking to see people sitting dejected with their heads bowed. I went in and told them that I too had cancer and that I was now fine. I was cancer-free. The shocking part was that family members of the patients would tell them not to believe me," says Harmala.

There was opposition from doctors too. They were told that their endeavour to start support groups was a Western concept, and that it could not work in India. Here families would not want to tell patients that they had cancer as it could take away their hope of recovery.

However, Harmala was determined. At the All India Institute of Medical

Sciences (AIIMS), Harmala and Jitendra targeted the breast cancer clinic.

They found surgeons grappling with the problem of providing breast prosthesis. Women were using cotton wool to give a semblance of breasts after an operation. They complained of backache as cotton wool provided little support. It also made women more self-conscious and less confident.

Harmala scouted around for breast prosthesis made from silicon. A group called Reach to Recovery in Canada donated these. Harmala got Air-India to transport the material to Delhi. A heavy customs duty was levied and Harmala had to speak to the top boss of the Airports Authority of India for a concession, which was eventually given on humanitarian grounds. Ten years ago, the silicon breast prosthesis proved most helpful. Now these are made in India and readily available.

Harmala's involvement thereafter, was to change the course of her life. She observed that a majority of people came for treatment in the advanced stages of

cancer. The treatments suggested by doctors were toxic, expensive therapies that left the family struggling and ill-equipped to bear the financial burden.

She realised the importance of starting a palliative care group that would provide emotional support to the patient and the family, be cost effective, and resolve several issues like allowing patients to be at home, put papers and will in order and, if necessary, say goodbye at their own pace.

It is estimated that there are nearly 2.5 million cancer cases in India, and every year 700,000 to 900,000 new cancer cases occur. According to the National Cancer Registry Programme, tobacco

related cancers are most predominant

among men. The highest incidence of oral cancer is from Kerala and Andhra Pradesh. Breast cancer is on the rise with the highest incidence occurring in urban India.

It is estimated that by 2025, the cancer load will be three times more in developing countries. Seventy to 80 percent of this population will be in the late stages of this disease due to lack of awareness and inadequate medical facilities.

To combat the disease, the National Cancer Control Programme (NCCP) was launched in 1975-76, with the objective of primary prevention of cancers, early detection, prompt treatment, pain relief and palliation. Currently, there are 210 cancer treatment centres and 345 radiotherapy clinics. Most of the money has been spent in setting up treatment centres known as regional cancer centres. Only a minimal amount has been invested in palliative care, despite the fact that 80 percent of cancer patients need this.

It was this gap that Harmala stepped in to fill. CanSupport was registered as a non-profit society in 1996. Its vision was to start a caring and supportive society where people with cancer and their families could live with dignity, hope and comfort. Its mission was to enable people with advanced cancer, and their families to make informed choices and decisions to receive appropriate physical, emotional, social and spiritual support, free of cost.

Since 1997, CanSupport has provided free palliative care to more than 1,000 patients and their families. Every year, Harmala says, their records show that on an average, the CanSupport home team makes 5,000 home visits in Delhi and its neighbourhood. The patients they care for range from the age of five to 86 years.



A yoga class for cancer patients and caregivers at Can Support's centre



and presently they have 120-130 patients under their care. It costs CanSupport approximately Rs 4,000 per month to take care of each home care patient.

Currently, the only palliative care hospice in India is the Shanti Avedna Sadan, near Delhi's busy Safdarjung Hospital. Another hospital – based palliative care centre is at the Rotary Cancer Hospital at AIIMS. Besides these, the home care service provided by the Rajiv Gandhi Cancer Hospital is the only one of its kind in Delhi and North India.

CanSupport works through its team of trained professionals. Each group is made up of a doctor, a nurse and a counsellor, who visit cancer patients routinely, at least twice a week, between 10 am and 5 pm. The visits become more frequent when it is felt that the patient and family require additional care and reassurance. The teams usually visit in pairs, and patients and members of the family are given their mobile telephone numbers, allowing them to stay in constant touch. CanSupport has four such teams.

On an average, each team visits five to six patients a day. To reduce travel time, a team concentrates on a particular part of the city. The duration of each visit is flexible, ranging from 45 minutes to an hour. During the visit, the patient's general medical condition and medicines are reviewed, as well as his or her nursing and psychological needs.

The CanSupport team involves the care-givers in all decisions relating to management of the patient. The endeavour is to build an honest, sensitive and open interaction that includes the patient's and family's hopes and concerns. As a result, the family is able to comply better with instructions, and cope with what is to come. After a patient dies, the CanSupport home care team looking after the patient makes a visit, offering members of the grieving family bereavement counselling. The family is also invited to attend the CanSupport Annual Remembrance Day.

Presently, CanSupport covers Mayur Vihar, Noida and Shahdara in east Delhi and Karol Bagh and Rohini in west and north-west Delhi. They also go to Govindpuri, Okhla and Ghitorni in south Delhi and to the National Capital Region (NCR). To help teams operate efficiently, CanSupport works from three areas: RK Puram, Karkardooma and Mayapuri.

In Mayapuri, they have a room in New Era Public School, whose Principal, Vandana Chawla, is a cancer survivor. At 42, Vandana is a striking looking woman who leaned on CanSupport when she was undergoing treatment for cancer. A chance discovery of a lump made her undergo a mammogram. She discovered she had breast cancer. A fine needle biopsy showed she had three lumps in her breasts.

"Cancer evokes so much fear. I tried to bargain with the doctor to leave my breast after removing the lumps, but he told me the operation would leave it malformed. So I had radical mastectomy," says Vandana. "Before I went in for surgery, I met Harmala. All I did was just break down and cry. I knew of two other women who had a similar cancer and had died of complications. But Harmala was the first person I met who gave me hope. She told me, do as the doctor tells you to, there is life after cancer."

Three years later, 42-year-old Vandana admits that like most women, she had always equated her breasts with her femininity. "I wondered how my husband would react to see me without my breast, but he was wonderful. He said my breasts had outlived their utility. We had two children and weren't going to have any more. It was easier after that to go on."

She started her chemotherapy 13 days after her surgery. "Losing my breasts was not as bad as seeing my pillow full of my hair. Someone gave me the address of a wigmaker, so I got a wig made. Life teaches you to move on, I wear a breast prosthesis and I have wonderful hair now," she says with a smile.

"Looking back, I believe that if God ever said he could grant me the miracle of reversing my cancer, I would say no. I believe my cancer has been hugely empowering. I am a born again human being. I thank God for my second chance. I am much warmer, softer, and gentler. In my own small way, I try and make my environment more holistic, including not just my family but the people who work with me and anyone whom I meet. Now if I hear of someone with cancer, I speak to them and tell them there is life after cancer."

Sheena Varghese, counsellor of the home team with CanSupport, agrees that those who discover their cancer early may be luckier than those who find out at a later stage and have to depend on palliative care.

Says Sheena, "The biggest stumbling block we face on our home visits is that family members usually want to keep the disease a secret from the patient.



**Harmala has made CanSupport's RK Puram office into a hub of activity. They now have a day care centre. On Mondays, children undergoing treatment for cancer visit along with volunteers.**





Unwittingly this makes the patient feel no longer capable of taking any decisions, isolating him or her from family discussions like diet, medicines etc. Very often the patient plays along, but when they ask us if they have cancer, we tell them. We understand both sides of the coin. Most patients are not afraid of dying, but they ask us not to let them suffer. Fortunately that is now possible. CanSupport has the licence for administering oral morphine."

Sheena admits that for the CanSupport home team, "palliative care is to 'journey' the patient through the entire process of terminal treatment. Being touched with human loss, grief and death is difficult indeed." She agrees that each patient who dies leaves their personal imprint behind.

The death that touched her the most was of a 55-year-old woman who had mouth cancer at the base of her tongue. The small grain like cancer spread like an oozing wound right down to her neck. "The woman accepted her disease with great dignity. She used to say God gave me good times and I accept the bad."

As the disease progressed she was on morphine, but she never complained. Her dignity made her family rally around her. Her daughter-in-law was most supportive. She would dress the wound in the last stages. The woman went peacefully.

"Her death touched me the most because of its immense grace and dignity," says Sheena.

Sheena admits that the entire team has devised ways of dealing with human suffering, death and grief day in and day out, as the job demands. "My church keeps me grounded and every day when I come back home, I play with my son. His laughter and prattle keep me going. I am also a casual news reader with All India Radio. It's completely different work to what I do every day."

Harmala has made CanSupport's RK Puram office into a hub of activity. They now have a day care centre. On Mondays, children undergoing treatment for cancer visit along with volunteers. It gives their parents an opportunity to interact, ventilate their feelings and seek advice. The young children also get some semblance of normalcy and fun. They have activities like drawing, origami, singing and playing and they leave after having a snack.

Every Friday, home care patients who are able to travel, come to the day care centre accompanied by their caregivers. Cancer patients and their attendants attached to hospitals and living in *dharmshalas*, are also brought in. Here, in a relaxed atmosphere, alternative healing therapies like yoga, foot massage and reiki, provide caregivers with a well deserved rest from the stress of constantly having to care for a sick person.

On Wednesdays, people with different stages of cancer have an interactive session, sharing their feelings and experiences. They get sustenance and courage from others who are undergoing similar experiences.

CanSupport also has a telephone helpline (011- 26711212) that provides information and emotional support to cancer patients and their families before and after diagnosis. It is a confidential service manned by trained volunteers. "The calls range from pleas for emotional support to urgent requests for factual information on blood banks, hospitals, doctors, financial assistance, travel concessions, prosthesis and other related services," says Harmala.



Harmala Gupta with her team at the CanSupport centre

**Most of the money has been spent in setting up treatment centres known as regional cancer centres. Only a minimal amount has been invested in palliative care, despite the fact that 80 percent of cancer patients need this.**

"We hope that we can expand to become a national helpline. We have enough data and documentation to validate what we are doing with research. We intend to have a directory of information so that we can reach out to as many people as possible. We need to have more CanSupport satellite centres beyond the National Capital Region. We hope that we can reach out to the community and involve them," she says.

"I think one of the most important things is to train our doctors to break bad news. Truthfulness does not mean being cruel. I think doctors need to take a

lead. They need to use the word cancer and offer the cures available. We have a huge aging population. We need to mobilise the community. Illness is not a stigma and should not have any repercussions in marriage or in isolating people who need human warmth and understanding," explains Harmala.

At 52, Harmala says she was fated to working with cancer patients. She admits that she has found raising funds for CanSupport, difficult. "We have had no luck with companies. Perhaps we have not courted them assiduously. HIV/ AIDS is the new kid on the block that gets a lot of funds. When we ask the media to attend and write about our fundraiser they ask whether a celebrity would be present or not."

After the initial money CanSupport got as start-up funds from the Tudor Trust in the UK, it now gets some money from the Sir Dorabji Tata Trust. Those who donate are mostly people whose lives or those of their families have been touched by cancer.

"It would be a dream come true if we could mobilise medical students and the community to identify patients who need care, so that we can be the support at a time when they are grappling with their mortality," says Harmala.





# Indian Oil



# EU, US sail on the same boat

**A**s a writer based in Europe and supposed to be writing about European affairs it seems increasingly difficult to keep strictly within those parameters without the constant intrusion of the world's 'only super power' – a hackneyed cliché I use with much distaste – the USA. Will divided Europe ever surface from the umbrage it has been under since World War II? Will world affairs ever be conducted without America being one of the key players? (Did you know that the USA has a military presence in one form or the other in over 100 countries?)

Well, the short answer is, no.

Even while challenging the USA, as France habitually does, it gives recognition and importance to the very world view it seems to oppose. Chirac periodically unveils grand projects such as *Chaine Francaise d'Information Internationale* (CFII), an international television channel designed to challenge the global clout of CNN and BBC, in the making since 2002 and supposed to go on air this year; and now (along with Germany), *QUAERO*, which epitomises European ambitions of creating alternatives to US technological prowess. "We must meet the global challenge of the American giants, Google and Yahoo," Chirac said in an address last week laying out his policy priorities for 2006.

When we observe more closely, such squabbling seems more like sibling rivalry, because in matters of policy importance there are little differences. A fine example is the Syrian crisis, brewing since the assassination of the Lebanese PM, Rafik Hariri, where France and the USA couldn't have been more unanimous, as they were during the Algerian 'crisis' in 1994. This is back scratching at its best.

The most current instance is, of course, the so-called 'nuclear crisis' concerning Iran. Having had their good cop, bad cop, bluff (USA acting the bullying bad cop while the EU big three: Germany, France and UK played the avuncular diplomats) called off by Ahmednejad, the Iranian President, all four are now trying to pressure Iran into a corner.

That 75 percent of Bush's "Axis of Evil" (i.e. Iraq, Iran and Syria) is being jointly taken care of by the USA-EU alliance is proof enough of their complicity when facing non-Eurocentric opposition.

There can be little doubt that, with all the genius for post-facto analysis available to both the American and the Europeans, the fact that military aggression can (and has) led to nothing but chaos, destabilisation and regression of political institutions could have possibly escaped the powers that be, is naïve in the extreme. The inescapable conclusion is rather dark and ominous: that chaos, destabilisation and regression of political institutions is precisely the goal. Should one be able to cross that threshold of incredulity, the reasoning that follows is fairly simple.

The European colonial experience lends them the belief that it is easier to rule and control when there is chaos, destabilisation and regression of political institutions. The continent of Africa is a perfect example and continues to be so to this day. The contrary, peace, order and the evolution of democratic political institutions would wean away the control that has been (and is still

being) exercised over vast swathes of non-Eurocentric regions of the world.

Why then, one is tempted to ask, the sham of a political process? It is largely for domestic consumption. The mindset of the long suffering European population of the post World War II period was fashioned as a direct reaction to the War and there was a deluge of liberal, humanist and universal principles that flooded Europe and shaped its politics. For a while, the great spurt of economic development and material well-being blurred the contradictions between the political liberalism of Western democracies and their corporate economies. With gradual market saturation the hens have been finally coming home to roost and the domestic populations now need to be convinced that foreign adventures are all for a noble cause. 'White man's burden' has been replaced by 'exporting democracy' and other such euphemisms. Few question the blatant illogic of waging a devastating war on the very people they profess to bring freedom to and showing total con-

tempt and indifference by not doing "body counts" of the 'other'.

Such contradictions when carried to the international arena can become quite unwieldy and results in the kind of black and white polarisation, the kind George W. Bush unleashed upon the world with his earth-shaking "you are either with us or you are against us" declaration following the September 11, 2001 attacks. Spain, after its right wing government was replaced by Zapatero's left wing socialist one, has tried hard to stand up against the USA and is currently defying an American attempt to block a \$2 billion sale

of ships and aircraft to Venezuela, whose President, Hugo Chavez, has raised the hackles of the current American cabinet. Such arm-twisting of both friends and foes alike can only push nations further and further apart into the with-us or against-us camps.

Again, it is the weakness of modern elected democracies who, like the corporate world, are accountable to the shareholder/voters. While the bottom line for the corporate world remains profit, for the political one it is the well-being of the entire national economy. With this in mind Angela Merkel dare not repeat the mistake Shroeder made in his stand against the USA. After her official meeting with Bush last week, Merkel said regarding the Iranian nuclear 'crisis': "It's essential, we feel, that the EU-3, together with the United States, take a common position here, become active."

Don't be surprised if after all the horse-trading has been done we end up with UN endorsed sanctions against Iran like the one we saw against Iraq 15 years ago. That Iran hasn't broken any international law is of course totally irrelevant to the argument. Such display of moral weakness on Europe's part results from its divisiveness and lack of unity. The irony is that its own colonial legacy of 'divide and rule' is now being applied to it by the USA. Perhaps, universal justice does exist after all. While seeking to balance the scale between outright servility to America and appeasing its own populace, Saudi Arabia became the mouse that roared by saying that the crisis was the fault of the West due to its promotion and protection of the Israeli nuclear programme for decades.

## LETTER FROM EUROPE



Riaz Quadir in Versailles

# Saving the giant panda in China

**O**N December 23, 1980, WWF and Chinese researchers headed into the cold mountains of south-western China to conduct the first-ever intensive research programme on wild pandas, their habitat and their behaviour. A quarter century of work moved giant pandas from the brink of extinction to a solid foundation for survival if conservation efforts continue.

According to the results of a survey conducted by WWF and China's State Forestry Administration, there are nearly 1,600 pandas in the wild, over 40 per cent more animals than previously thought to exist. The last panda survey in the 1980s found around 1,100 giant pandas in the wild.

"Contrary to popular myth, wild panda conservation is really about saving their forest homes, not improving their breeding," said Karen Baragona,

head of the Species Conservation Programme at WWF-US. "We are making sure that pandas have a safe and healthy place to live."

"The most pressing threat to wild pandas is habitat fragmentation from economic development activities like road construction and timber extraction," said Baragona.

Across the panda's range, habitat is fragmented into many isolated patches - some just narrow belts of bamboo 1,000-1,200m in width. Within these patches, a network of some 60 nature reserves protects nearly half of the panda's habitat. Small, isolated populations have less flexibility to find new feeding areas during periodic bamboo die-offs. WWF works with the Chinese government to reduce threats to panda habitat, restore forests and reconnect isolated patches by establishing new

panda reserves in critical corridor areas.

Protecting panda habitat sometimes requires unusual efforts. Communities living on the outskirts of panda reserves often extract fuelwood - illegally but of necessity - from inside the reserves, amounting to about three tons a year per household. In several pilot sites, WWF has offered farmers energy efficient stoves fuelled by manure. Reconfigured pig sties and restrooms capture waste in a reactor tank and the gas produced in the tank is fed to stoves for cooking.

With waste from just two pigs, a family can cook three times a day for at least ten months of the year without taking fuelwood from surrounding forests. Now the provincial government is considering subsidising widespread conversion to biogas stoves. [wwfusa.org](http://wwfusa.org)



# Business

## BEYOND PROFIT

**Rethink money with us. What should the entrepreneur of the future be like? How can you get rich and still serve society? Do causes need bottom lines?**

## Yes Bank looks different

*But can Rana Kapoor walk the Rabo talk in India?*



**Vidya Viswanathan**  
New Delhi

If you've passed those bright blue signboards with their outsized tick marks and wondered what Yes Bank is all about, well you should be asking Rana Kapoor. As managing director and CEO, Kapoor is trying to create a bank with new and sensitive antennae that will nurture knowledge-led and socially responsible businesses.

A traditional banker till recent times, Kapoor did a long stint with Bank of America and ANZ Grindlays. He then set up Rabobank Finance in India. Now 20 per cent of Yes Bank's equity is held by Rabobank, which is based in the Netherlands and underlines high standards of social and ethical relevance for its investments.

Yes Bank is little over a year old, but has big plans for creating an identity for itself. Will it make a real difference in the minefield of Indian business realities? Will it walk the talk? **Rana Kapoor** spoke to *Civil Society*.

**You have been saying that Yes Bank will be a new age bank...**

Yes. It will be a bank for emerging India, for the future industries in India. We are fully committed to structuring bankable products and delivering innovative financial products to SMEs, micro-enterprises and also large corporates. We are creating knowledge teams with specialists in industries like food and agriculture, social infrastructure, telecommunication, IT, engineering and construction, pharmaceutical. We are creating a knowledge banking ethos. We will know all the nuances of that industry. We will be participants in the growth plans of the client.

**If you take the IT industry as an example, what does that mean?**

We will know the growth drivers. For example, we will know what products in the finance and banking domain the company has to acquire and we will look for acquisition targets or alliance partners. Some investment bankers and consultants do this as a fee-based business, but we will not be charging them for this. We will provide our customers with lending services, trade finance, forex hedging, structured finance, merchant banking and structure finances for acquisitions. If we do not provide all services, we will be vulnerable to competitors. We are targeting companies in the range of Rs 50 crore to Rs 500 crore. They will not have the expertise to do a lot of things themselves.

**Have you had any successes?**

We have 70 to 80 clients. We have had tremendous success in the pharma and textiles sectors.

**You have been talking about socially responsible investing (SRI). Pharma is one of the most polluting industries in this country. In Andhra Pradesh water bodies have been destroyed....**

We say that we are into responsible banking. We highlight the advantages of using superior environmental technology. We tell them to look not only at shareholder value but the entire stakeholder value. We highlight the risk issues. There could be heavy penalties.

**But if there is a company that is letting out effluents will you work with them?**

The case for banking becomes difficult. We do our own due diligence. Our social and environmental reporting needs are high. These have been reviewed by the Asian Development Bank (ADB).

But when we talk about socially responsible investing we are talking about creating funds that will invest in sustainable projects like renewable energy projects.

**The bank always talks about its Corporate Social Responsibility (CSR) model...**

CSR has two aspects – internal and external. We have built a model for which we have got funding from a multilateral agency. Internally, we are trying to build CSR into all our processes and banking products. We, at the bank, don't believe in minimum compliance. We are building models for full compliance.

For example, in private banking, where we deal with personal portfolios of wealthy clients, we will also help them give money to organisations. We will do so with due diligence. It is a merger between private banking and strategic philanthropy. We are in the process of rolling out our branches, so we cannot talk about what is built in there. We believe that is our competitive edge.

We also believe that financial institutions like ours are dealing with money from the public and hence we are public trust institutions that are in a position to influence our clients. We heighten awareness of this issue. We tell them to operate in a sustainable zone – somewhere between pure philanthropy and pure profits. We tell them to look at a combination of economics, social responsibility and environment management and find a balance.

**But if the stakeholder is a disenfranchised community living around a plant and none of its people are employed there, how does it translate into immediate financial risk? Why would a company compromise on the bottom line?**

We are not telling them to compromise on the bottom line. We are telling them to look at both shareholder value and stakeholder value. Today, information

*Continued on page 16*



**Continued on page 15**

does not take long to reach public groups. NGO activity in India is very high and it is going to increase. This impacts shareholder value.

We are not into giving lectures on the subject. We are getting into deeper engagements with our clients. They like the subject but it is a little early. We are building research to show that you can build a sustainable but profitable business. We will come up with case studies in different sectors. The first is due to be out in two months and we have taken the entire financial community into the fold to talk about it. This need not be our banking client. This is thought leadership.

**In a speech you made at the Triple Bottom Line Initiative (TBLI) conference in Frankfurt you mentioned that social projects could be profitable too...**

Yes. We are interested in areas like wind energy, bio-diesel and waste management. We are looking at power co-generation using waste and micro-energy projects from urban waste. There are carbon credits for these projects and we can get low-cost capital. There are groups with philanthropic interests willing to fund these projects for 10 to 12 per cent returns. Private equity looks for 30 to 40 per cent returns. We get advisory fees and we will lend to these projects.

Clean energy or energy efficiency gives back very high returns. Century Rayon has installed a water refreshing plant where the water is re-used for industrial purposes. The returns are very high.

**You had made a commitment that 30 per cent of your business would come from agriculture and the rural sector. You had also mentioned in your speech that micro-finance interest rates at over 20 per cent are very high and could come down.**

In the rural sector we are going to work with alliance partners like NGOs. We will get involved with micro-enterprises that are commercially viable. Ian McMillan, a Wharton professor, was here telling us about social entrepreneurship and examples from across the world. You should also read Michael Porter and Mark Kramer's paper on the competitive advantage of philanthropy.

We can create small bankable projects for a consortium of people in the unorganised sector that now borrows at 36 to 60 per cent. It could be handicrafts, for example.

**It will be a bank for emerging India, for the future industries in India. We are fully committed to structuring bankable products and delivering innovative financial products to SMEs, micro-enterprises and also large corporates.**

Eventually, we will have 30 per cent of our turnover coming from the agricultural sector.

It is 22 per cent of our GDP and employs 54 per cent of the population. We have four initiative divisions in the bank under development and knowledge banking: Food Agriculture Advisory Research, Public Private Partnerships, Micro and Rural Banking, CSR and Responsible Banking. All are headed by competent people.

**Are you working on some projects already?**

We have got a \$ 20 million fund from USAID for clean energy projects. We are working on some irrigation and small wind energy projects in Maharashtra. These are 1.5 to 2 megawatt wind energy projects. The power from these could be fed into the grid of a local transmission company or wheeled to a factory. The returns are 16 to 18 per cent returns on equity.

Under rural and micro-banking we have a joint programme with SIDBI where they provide long-term finance and we provide working capital support to small enterprises.

We are managing a fund for a group of NRIs called GEMS (Global Education Management System). They want to fund one private school in each of the 600 districts in India. We are managing the corpus and advising them. We will invest in the equity of these projects and they are willing to take a 10 to 12 per cent return.

# Rooting for road safety

**Shailey Hingorani**  
New Delhi

INDIA has one of the highest rates of road accidents in the world. To promote safe driving and create awareness on road safety, Shell India organised an event called 'Ek Asha Road Suraksha' in New Delhi on January 13.

"Road safety is a high priority for Shell," said Dr Shailaja Sharma, manager, Corporate Social Responsibility, Shell India. "We want to make it a high priority for all. Young people are most at risk. Many accidents can be averted by adequate safety awareness. Our initiative will rely on the leadership skills and creativity of participants to spread the message of road safety."

Shell India's Leadership Circle for Road Safety seeks to encourage 'leaders' and 'role models' spread safe road behaviour. While road safety does involve many stakeholders like law enforcers, engineers, the PWD and others, the focus of Shell India's efforts is on individual behaviour.

*Ek Asha Road Suraksha* promotes defensive driving and safety awareness.

"In India, thousands of people are killed in road crashes every year. In most cases, accidents occur due to carelessness or lack of road safety awareness of the road user. Hence, road safety education is as essential as any other basic skills of survival," said Maxwell Pereira, IPS (retd).

School principals, senior teachers, PTA representatives and students from Air Force Bal Bharti, Delhi Public School, Mathura Road, Delhi Public School RK Puram, Don Bosco School, Blue Bells School took part in the three-hour interactive workshop.

Dr Subroto Das of Lifeline Foundation was also present. His NGO is training school children living in villages along highways in primary first aid and transportation, so that they can help accident victims.

The workshop covered the safety concerns of pedestrians, cyclists, motorcyclists and car users. Emphasis was laid on helmets, seatbelts, drunk driving, mobile phone use and caring for vulnerable road users like pedestrians, two-wheelers and elderly drivers. There was a mobile van to demonstrate traffic rules and educate students about road safety.

Participating schools were given a 'Ten Commitments' scroll to help them along the path of road safety. Judging by the overwhelming response, the workshop was a great success.

*Ek Asha Road Suraksha* was launched in 2004. It includes seminars, training programmes, quizzes and media partnerships. About 1000 people have participated, so far. These include women scooterists and police drivers in Ahmedabad and two-wheeler users and driving school instructors in Bangalore. Shell also organised the first public road safety quiz in Ahmedabad in which 100 people of different age groups took part.

## Road safety tips

### For cyclists

- Wear bright or fluorescent coloured clothes at night.
- Wear a reflective band.
- Paint your cycle in bright colours.
- Attach a reflective strip on your bicycle.
- Never try to dash across the road at high speed.
- Let others see you and predict your movement.

### For two-wheelers

- Always wear a helmet.
- While filling petrol, get off the vehicle.
- Switch off your mobile while riding.
- Check your tyre pressure and treading regularly.

### For car drivers

- Always wear a seat belt.
- Make children sit in the rear seat.
- Make them wear seat belts.
- Use your rear view and side view mirrors.
- Don't overtake other vehicles at an intersection.
- If a cyclist or motorcyclist is on your left, let them pass before you turn left.
- Don't slam your accelerator or brake.

For all

- Be courteous on the road. Share the road.
- Do not slip in from the left.
- Always give right of way to the vehicle on your right.
- Lower your lights when you drive at night.
- Slow down at intersections or bends.
- Never drive immediately after having alcohol.
- Decide early which lane you are going to use.
- Avoid sharp switching of lanes
- If the driver of the vehicle you are following is an elderly person, give him or her time to react.
- Keep the sound of your horn low. Use a short beep to draw the attention of fellow road users.
- Plan your journey and route when you sit in the driver's seat.
- Don't try to make up for a late start by speeding.
- About one lakh Indian lives are lost in road accidents every year. Take precautions, not chances.



# Getting water to a tribal hill

**Civil Society News**  
Kadambara

A rustic band belted out a clatter of tunes as villagers, clad in their Sunday best, waited patiently in the blazing sun. Kadambara village in Jharkhand's Seraikela and Kharsawan district wore a festive look. The District Commissioner (DC), NP Singh, arrived in this remote hamlet to inaugurate water-harvesting systems.

The DC finally arrived in a cavalcade kicking up a cloud of dust. The ragtag band worked up to a final crescendo. Women stepped forward to garland their guests. Coconuts were broken as the first well gushed water. NP Singh and other guests made their mandatory speeches, gifting bags of high yielding paddy seeds to farmers.

This entire village of 73 Bhumej Sardars households lives below the poverty line, according to government records. Farmers abandoned their fields to work in brick kilns since there was no irrigation. Nearly half the land lay fallow. Yet natural water sources exist and are being tapped under the SRTT-Central India Initiative with help from the Sir Ratan Tata Trust

"Tribal farmers have been growing just one crop of paddy which lasts them for six months," explains Manoj Kumar, project manager with the Tata Steel Rural Development Society (TSRDS). "We hope to increase their yield within one year to two crops. In four to five years, our objective is to help them grow fruits and vegetables and have a surplus to sell in the market." Many farmers are women.

Dhan Singh Sardar on whose field the well has been constructed says he is happy to share his water. He has agreed to all terms and conditions. "There is no conflict really," explains Manoj. "While he can claim ownership rights over the well, the water in it belongs to the village." Sometimes a legal document is signed but most often a tribal sticks honourably to his word. That is their tradition.

Kadambara is located on a hill slope. Dhan Singh's intake well has been constructed at a higher level and another down below. "This is to prevent water logging at the bottom of the slope caused by runoff," explains Manoj. A 2.5 km stream emerges from the region's low hills. Three Gabian structures, similar to check dams, are being constructed across the stream to harvest rainwater. The stream will replenish the well constructed below and raise the level of groundwater through seepage.

Each structure will be managed by a group of villagers. Fields will also be terraced. Tribals broadcast their seeds, an old *jhum* tradition. "Transplanting increases yield by nearly three times as compared to broadcasting. So we are teaching the women how to transplant," says Manoj. Farmers are being taken on an exposure visit to a model plot in east Singhbhum district to see the benefits of scientific water management and cultivation.



Dhan Singh Sardar climbing out of his well.

Dhan Singh Sardar owns five *bighas* of land. He intends growing brinjals and tomatoes near his homestead. "I have six members in my family," he says. "Previously we depended only on a lift irrigation scheme. We formed a Pani Panchayat. Though that did help us it was insufficient. Some fields in the middle of this slope were left out."

The lift irrigation scheme drew water from the Sanjay and Sona rivers flowing nearby. It was installed under TSRDS's Mission Hariyali project in 2002. A combination of all these water-harvesting structures will now irrigate 10 acres in three hamlets at a cost of Rs 2 lakh only. Forests nearby will also be

replanted. This water model will be replicated in 1500 acres in four contiguous areas in Kuchai and Rajnagar watersheds.

In Jharkhand out of 26 percent of total agricultural land only 9 percent is under irrigation and cultivated more than once a year. "The poorest areas have the lowest irrigation coverage," says Shakti Sharma, Head, Social Services and Family Initiatives, Tata Steel.

TSRDS combines water exploitation with conservation based on the Dahod model developed by the NM Sadguru Foundation and ideal for the tribal belt stretching across India's heartland. Minor irrigation schemes work best because the terrain is hilly.

A cluster approach is used. A group of villages sharing the same watershed is identified and a sustainable water management system put in place. "We find a minimum critical mass of people. We train and motivate them and saturate the area with assured irrigation potential," says Shakti. Land in UP is very different from land in Jharkhand, Chattisgarh or even Orissa. Central government schemes don't reflect this reality, says Shakti.

"A Rs 4 lakh investment in irrigation will take a tribal farmer much longer to recoup by switching to multi-cropping than a farmer in UP," she explains.

PHOTOGRAPHS BY LAKSHMAN ANAND



NP Singh inaugurated the water structures



The rustic band played a tune



**ONGC AD**



# Perspectives

## CATCHING TRENDS

**Have an idea? Perhaps a lost cause? Tell your story or just express an honest opinion in these pages.**

# Cooperation across a 3-legged stool

ARUN MAIRA



## Let's Talk

**R**ABINDRANATH Tagore prayed that India would awake in a 'heaven of freedom' in which 'the clear stream of reason' would not lose its way 'in the dreary desert sand of dead habit'. I am often reminded of Tagore's words when I listen to discussions amongst NGOs, business people, and government officials. We all develop habits of thought and stereotypes of others in our minds. These become blinkers that blind us to insights that could change our minds. And thus our reason loses its way in dreary habits of thought.

Consider this recent discussion about garbage collection and sanitation in a poor urban community. All the participants were concerned about the

sorry state of affairs. All wanted to do something to improve the situation. Each had tried to do something alone and had realised the need for others. Hence they were meeting. The purpose of the meeting was to find a way to introduce a commercial angle into the process so that resources would be forthcoming for the equipment required.

The meeting began well and all participants appeared personally committed to finding an effective solution. However it was not easy to reconcile their different interests. The meeting ended with some backhanded compliments. The lady from an NGO said that she had been pleasantly surprised by the attitude of the business executive because in her experience business people wanted only the easy work with the profits and liked to leave the difficult work of obtaining the community's cooperation to government and NGOs. She thanked the government official for his presence but reminded him of the government's past high-handedness while addressing the community's concerns and said she hoped the new spirit at the meeting would continue into the future.

Thus, in the midst of her thanks, she could not help recalling the stereotypes of the others. The business and government executives could not let this pass entirely. They expressed their relief and surprise that the lady sounded different to typical NGOs who, while not being accountable for their own actions, did not understand the legitimate institutional responsibilities of business and government executives. It was evident that while the meeting had produced some agreement on paper, the ghosts of stereotypes continued to float around and would haunt the relationships between them.

Stereotyping others is a universal habit that makes it easier for our minds to function efficiently because we do not have to apply our minds again and again to consider each and every person on merit. However, what we gain in efficien-

cy, we lose in ineffectiveness in cooperation with others. To build better relationships, we must look for the real person behind the stereotype.

We must also respect the institutional roles each of us has to play. Governments, businesses and NGOs, all have necessary roles to play in the affairs of a community. They are like three legs of a stool. Only one or two will not do. All three legs are required to enable the stool to stand and support any weight on it. Therefore, 'public-private-people partnerships' is not merely a slogan: it is an imperative for sustainable development.

Of the three actors, the one most criticized in India and elsewhere, is government. There seems to be an international tide flowing to downsize governments and restrict their roles in the affairs of communities. The private business sector is often considered a better alternative. Driven by the profit-motive rather than the power-and-control motive, it is generally more efficient and less corrupt than government.

However the private sector has problems in managing community resources-

the 'commons' that belong to everyone. It does not have the legitimate authority to discipline anyone who misuses the commons. That authority can vest only with a government that is elected by all. Consider the case of sanitation and garbage disposal. Clean surroundings are public property, the benefit of which is enjoyed by all. However, anyone can destroy these 'commons' by not following the rules for garbage disposal. Who will discipline the people who repeatedly throw paper on the streets even when bins have been provided? Sometimes peer pressure works but often it does not. A private person attempting to discipline another could legitimately be told to mind his own business. Is this your father's property?" I have



Chief Minister Sheila Dikshit and power company officials hear residents in Delhi

LAKSHMAN ANAND

been asked.

Since poorer people live in more crowded conditions with poorer infrastructure, they need more help with garbage and sanitation than the rich. But they cannot afford to pay the same amounts. If the poor do not keep their areas clean, the neighborhood of the rich is spoilt. So who will pay for services for the poor? The private business sector operates on the principle of 'pay only for what you get' and thus satisfies its commercial customers. The rich can be 'taxed' to pay for a common good but only government has the right to do this. Therefore the private sector needs the cooperation of government, both to impose discipline, and to implement an effective financial scheme.

Government is required to play a very important role that the private sector cannot legitimately perform in a democracy. However, when government extends its role to also manage the resources and the service delivery, it often does not fulfill the communities' expectations. Government officers are trained

(Continued on page 20)



# Bamboo cottages for foreigners

MILINDO CHAKRABARTI



## Reforms Report

**A**ROUND 1910 a group of people from Mounгри Mounгlam in Thailand crossed the Patkai hills and settled down in a place called Phanneng, in the Tinsukia district of Assam. The community calls itself the Tai Phake. They used to speak a dialect called Tai.

Today, they are more at ease communicating in Assamese even among themselves. Interestingly, they still use the Thai script to write.

Nobody knows how many individuals settled here in 1910. The community now consists of 25 households comprising around 150 persons. On an average, each family owns about 12 bighas of agricultural land. They grow paddy, mustard and vegetables, mostly for their own consumption. Betel nuts are also grown and sold in the market.

In addition, poultry birds and goats reared by them fetch an income that pays for clothes, medicines and other necessities.

Almown Chaschak, 51, is the head of one such household. His wife, 43, is illiterate. The eldest son, aged around 22, could not pass his secondary examination. The second son, in his early twenties, gave up studies after Class IV. The youngest son is studying in Class IX. He is about 18 years old. Almown's only daughter, who is 17, is appearing for her secondary examination this year.

The village has a primary school and a health centre. However, the road leading to the village is yet to be metalled. The villagers have to cross a river to reach the nearest market at Lekhapani. The river does not have a bridge. The community has made a bamboo bridge on their own, to facilitate crossing the river during the monsoon. They have no option but to walk to and from the local market.

The system of agricultural practices followed by people in this village does not exactly match those followed by others. The Dibru Saikhowa National Park is not very far off. The park is a rich hotspot of biodiversity. It is a unique habitat for globally endangered rare animal species like the Hollock gibbon, river dolphin, feral horse and a variety of birds.

The Namdhapa Tiger Reserve in Miao, Arunachal Pradesh, is just a few hours away by road. Asia's first and the world's second oilfield in Digboi is located nearby. This region witnessed a lot of activity during the Second World War. There are old war cemeteries and airstrips, silent reminders of history. The famous and ambitious Stilwell Road which aimed at linking Assam with Kunming, the capital of China's southwestern Yunnan province begins here and passes through the breathtakingly beautiful Pangsau Pass. Talks are on to rebuild this historic road. Parts of it are missing due to years of disuse.

Considering all these features Phanneng emerged as an ideal destination for eco-cultural tourism in Assam. The fact that it is located within the con-

stituency of Pradyot Bardoloi, the present environment and forest minister of Assam, added the necessary fillip.

Premier Oil, a British company engaged in drilling oil wells in the Digboi region, chipped in with Rs 3 lakhs for the project, as part of its strategy of fulfilling its corporate social responsibility. The money was used to construct six cottages made from bamboo and palm leaves and buy furniture worth Rs 20,000.

The resort was built on one *bigha* of land that was contributed by villagers from their community landholdings. The resort offers food prepared mostly from local produce that may safely be marked as 'organic'. Solar panels have been erected to light up the resort complex at night. Fuelwood for cooking is procured locally.

The resort is now open to tourists. The first batch of tourists stayed here during the Dehing Patkai Festival that was organised at Lekhapani between the 7-9 of January. A resort like this one at Phanneng requires the active participation of the local community in running day-to-day chores and serving the tourists. Carren Schiffer, a consultant with the Ministry of Forests, Government of Assam, took the initiative of organising local villagers into five groups. They take care of five different activities – cooking, providing hot water, cleaning utensils, procuring fuelwood and washing clothes. In addition, the villagers are responsible for providing security to the resort.

According to the arrangement worked out, 40 percent of the surplus money generated will be used to maintain the assets of the resort. About 10 percent will be invested in a community development fund. Another 10 percent of the surplus will be distributed among the five group members.

Called the Phanneng Eco-Cultural Village Resort, it is now ready to offer its services to the rest of the world. The community too will get a sustainable livelihood. Almown is part of the 'cooking group'. They will offer tourists traditional dishes made from organically grown produce.

However, a million dollar question remains. Who will visit the resort? Carren wants it to attract only foreign tourists. This is evident from the high tariff that has been fixed – Rs 7000 per couple per day inclusive of food. Some members of the community want a lower rate to attract domestic tourists. The debate is still on.

Raj Basu, a long time crusader for eco-tourism in the north-eastern states apprehends that booking agencies located abroad are charging a much higher premium on the rack rate of Rs 7000 being offered by the resort. Should eco-tourism destinations in India, ostensibly conceptualised to protect the livelihood of disadvantaged communities and the natural environment they live in, be closed to the domestic tourist? Should business organisations located abroad be helped to laugh all the way to the bank with a large share of the surplus generated by community members working hard round the clock to provide a homely and natural ambience to visitors?

The experiences of Phanneng in the coming years will probably find suitable answers to these questions.

(Continued from page 19)

to implement law and order, and to impose rules. The 'values' they are expected to live by are values of social justice and legitimate rights. On the other hand, the 'value' that business executives pursue is the economic value of the enterprise and the 'rights' they respect are the rights of consumers to get what they pay for. Since people have needs as both citizens and as consumers, communities need the complementary capabilities of government and the private sector to obtain full and fair satisfaction of their needs.

What government and business executives often lack, from a local community's perspective, is an empathetic appreciation of the community's unique history and requirements. The government officer is seen to be 'bureaucratic' and to be concerned with the rules (which he should be to fulfill the community's requirement of order). And the business executive is seen to be concerned with the profit that can be derived from the activity (which he should be to ensure that resources are being effectively used). Community activists and NGOs are generally better equipped to represent and protect the community's interests, and to establish links for government and business with leadership from within the community. In fact, corporations have realised that the success of their business, and even their philanthropic activities in the arena of public services, such as water, power, sanitation, and healthcare, are best founded on strong and active links with the community's leadership. Therefore

all three legs – government, business, and the people – are necessary for the stool to support any worthwhile change.

The ability to create effective partnerships will determine the quality and sustainability of the solutions developed for improving public services. Effective partnerships require an understanding by all the partners of the essential roles each plays in the partnership and an ability to leverage each other's roles for the mutual benefit for all. Ultimately effective partnerships are built on personal trust between people.

Therefore, the partners who represent the three legs of the stool must rise above the stereotypes-rise above the space of the legs-and come together on the common platform of the stool. They must listen to each other's aspirations, and create a shared aspiration for what they will achieve together. They must also allow for their doubts of each other. When things go wrong, as they will, they must not be quick to blame. They should open their minds to learn what went wrong, not who was wrong. When more and more such partnerships succeed, we may also change our stereotypes of government, business, and civil society leaders. We need many hundreds of new role models of leaders in government, business, and civil society. And we need millions more successful partnerships with successful outcomes for improving the lives of India's billion people. These millions of leaders and partnerships are the "Fireflies Arising" that will brighten India's future.



# It takes a heart to spread joy

Dr DEVI SHETTY



*A letter to children by Dr Devi Shetty, India's leading cardiac surgeon.*

**My dear children,**

I have been planning to write this letter for quite sometime. Maybe, I just waited for all of you to grow up and understand what I am trying to convey. The story goes back many years. When God sent you to this world, it was perhaps the best thing that could have happened to your parents. Every little nudge and kick in your mother's womb opened up a new world of happiness and expectations.

Then, one day, a miracle happened. You were to begin a new journey from the warm, happy, secure world of your mother's womb to a world that is cold and full of insecurities. Nevertheless, the joy

that your parents felt after this journey knew no bounds. But unfortunately this happiness was short lived.

That very day you started turning blue in colour. The doctors found a hole in your heart. Your parents were devastated and could not understand why they were being punished in this way. They had no choice but to accept the inevitable and they decided to give you the best possible medical treatment.

Before that they had to overcome two major hurdles. They could not afford the cost of your heart operation and they could not wait since you were turning blue every time you cried. I guess this is a penalty you have to pay for being born in a third world country. Yes, when you were 10 days old you had a price tag on your life. If your parents paid the price, they could have you, if not, you would have to go back to where you came from.

Your mummy and daddy went through phases of self-pity, denial, mutual accusations and anger towards the society which was indifferent to their problems. Your daddy was upset since he knew that the price tag on your life was less than what his boss would spend on a Saturday evening party. But that is life and one has to accept it.

Time was running out and your daddy was getting desperate until he came to know about me. The first thing he told me when we met was, "I heard you love children." Yes, I love children and I have four of my own. My profession is giving hope to those suffering from heart diseases and giving them a chance to start life afresh. I am essentially a technician who can cut and stitch people's hearts: they call me a heart surgeon.

When I met you first, you were barely 10 days old, cuddled in a warm blanket, close to your mother's heart. Except for a bit of rapid breathing and bluish nails on your fingers, you looked like an angel. I am sure you can't remember but I asked you a question: "Do you want to be my friend?"

This is the question I ask all the children I see. I did want to be your friend and I worked so hard to gain your friendship. I clearly remember your mother's face when she was handing you over to the operation theatre nurse. She kissed you and looked at my face with an expression that she is handing over her most precious possession to me, also with the total confidence that I will take care of you.

It was a different sort of love triangle between your father, mother and myself with you at the centre. We would have done anything in this world to get you back. It took me six hours of intense concentration to operate upon your heart and so many sleepless nights before you started smiling again. God was kind to you and you made a marvellous recovery.

It was a big day for your family when you were being discharged from the hospital. Both your mummy and daddy would have thanked me a million times before they left the hospital. But you were blissfully unaware of what was going on and you were happily clinging to your mother's chest. My eyes began to swell

with tears and I turned my face the other way, since a cardiac surgeon is not supposed to cry. Through the corner of my wet eyes, I saw your face one more time and I knew I had found one more friend. Your friendship and love is the only fee I expect for treating you.

As a heart surgeon I have performed more than 4000 operations on children like you. Most of them came from poor families. Despite their backgrounds I treat all for free. I think this is the best way I can repay God who has given me everything I wanted, a good family, a wonderful wife and loving children. For me this world is such a happy place to live in and in my own small way, I strive to make it happy for others around me who are not so fortunate.

You must be wondering what inspired me to take this path. I guess I became a doctor because of the recurrent illnesses of my parents. My childhood was spent with the fear of losing my mother. My father, who was a diabetic, had multiple episodes of diabetic coma. In the lives of the nine of us, God was a distant image and His clear image was that of a doctor who could save the lives of our parents.

Another childhood incident left a lasting impression on my young mind. I remember it was a Saturday afternoon. I was trying to build a car I think out of matchboxes and sticks like all the other children in my village while my mother was speaking to a distant relative of ours in Mumbai. This lady was telling my mother about a particular surgeon who, apart from saving her child's life, also offered his services completely free of cost. I could hear my mother blessing the mother of that surgeon for giving birth to such a wonderful person and ended up saying that this world is still a wonderful world because of people like him.

That was the time I found the purpose for my life-to bring happiness to all the children of this world. I was lucky to be in the right place at the right time. I was trained to be a heart surgeon at Guy's Hospital, London. My colleagues there called me an 'operating machine' since I loved heart surgery.

I left England in 1989 to start a state-of-the-art hospital called the BM Birla Heart Research Centre at Kolkata. It was a great experience to set up a heart hospital, which soon became one of the best heart hospitals in India. And almost immediately we started the paediatric cardiac surgical facilities to take care of children suffering from heart diseases. Little did I know this centre was to rewrite medical history.

My mother at that time was living in a small town near Mangalore. It was my father's death anniversary and she spent almost the entire day in the prayer room. In the evening my sister, who was

watching the news on the national network, suddenly screamed for my mother. My mother hurried to the living room to see her son on TV with a nine-day-old baby who underwent a successful open-heart surgery. He was the youngest baby at that time in India to undergo this procedure. It was the beginning of heart surgery on newborn babies in India. I guess, at that time, many mothers would have prayed for my mother's well being too.

Let me tell you about another incident. Years ago when Mother Theresa suffered a heart attack, I was put in charge of her heart care. One day, Mother, who at that time was convalescing in the intensive care unit of the hospital, saw me examining a blue baby. After a few minutes of thought she turned towards me and said: "Now I know why you are here. To relieve the agony of children with heart disease. God sent you to this world to fix it." To my mind this is the best definition ever given of a paediatric cardiac surgeon and perhaps the best compliment I have ever received.

One day you will become an adult and probably a very important member of our society. All I ask for is, can you spare a few moments of your precious time every day for someone who needs it and that too without expecting anything in return? Did you know that to save your life a few hundred people worked sincerely without expecting any remuneration other than the joy of making your family, friends and relatives happy?





# Ethical India, Shining India

RAM GIDOOMAL



## Through NR Eyes

It is always interesting to hear politicians advocating the supremacy of politics, while economists and businessmen advocate the supremacy of economics. But as I write at the beginning of a new year, I am struck by how both politicians and economists seem to agree on the increasingly important political and economic role of India in the global context.

'China and India leaving G7 nations in the slow lane' was a major theme in the business sections of the media in the UK. Both China and India delivered growth rates over 1 per cent higher than expected. About 15 years ago, the G7 nations accounted for 70 per cent of global GDP; today they account for only 62 per cent and declining faster than anticipated.

Foreign Institutional Investors (FIIs) made investments of over \$10 billion in the equity markets in India in 2005, the highest in a single calendar year since 1990, when the FIIs were first allowed to invest there. Other reports suggest that India, keen on getting more foreign direct investment (FDI), is contemplating how to liberalise procedures. The plan, according to some observers, is to put FDI on automatic mode and allow investment flows without any restriction. A green channel is proposed to be activated and likely to include almost all sectors except a few marked strategic areas.

Another New Year story highlighted 'the rise of the Asian Superpower – India – as a counter balance to China and Russia... the year 2006 is likely to be a watershed in India's foreign policy and international status. India will in all probability be recognised as one of the six balancers of power in the international system along with the US, European Union, China, Russia and Japan.'

The shifting status of India as a counter-balance to other regional powers was hinted in an article by the US Secretary of State, Dr Condoleezza Rice, in the *Washington Post* on December 11, 2005 where she wrote that, "For the first time since the peace of Westphalia in 1648, the prospect of violent conflict between great powers is becoming ever more unthinkable. Major states are increasingly competing in peace, not preparing for war. To advance this remarkable trend the United States is transforming our partnerships with nations such as Japan and Russia, with the European Union and especially with China and India. Together we are building a more lasting and durable forum of global stability, a balance of power that favours freedom."

But if India is to exercise the role of an influential global power and achieve sustainable economic development it will need to ensure the right balance of democratic political vibrancy, economic freedom and non-denominational ethical practices.

As a senior banker in the UK has commented: "India's potential will be converted into an actual and sustainable role of global power, only if ethics in government will become an entrenched foundation. The Soviet Union had immense potential. It was not brought to its knees by external pressure (as some would have us believe), but it imploded under the pressure of the corruption of its administrators and of its system of government."

The lack of ethics in some parts of government was highlighted yet again by TV news channel *Aaj Tak* and *www.cobra.com* whose reporters filmed 11 lawmakers, including six from the BJP and one from the ruling Congress party in a sting operation. 'MPs on sale for just Rs 10,000' a headline in the *Times of India* said. 'Men who sold our house' said the *Hindustan Times*. Political analyst N Bhaskar Rao said, 'It is the tip of the iceberg... such corruption was there earlier, but it is far more blatant now and lawmakers do not think they have to fear any consequences. This is worrying.'

Very worrying indeed when you consider a survey published by another Indian newspaper which showed that over 98 per cent of people think that their politicians are corrupt.

But Sam Pitroda, chairman of India's Knowledge Commission, writing in *'Overseas Indian'*, the inaugural publication of the Ministry of Overseas Indian Affairs, exhorts NRIs with these wise words:

"Very often overseas Indians tend to criticise the role of the government, bureaucracy and administration in India because they believe they have earned that right, having succeeded in some endeavour abroad. I think it is important to recognise that there is a great deal of talent in India in the government, industry, NGOs, academia, etc. that is trying very hard to expedite the process of modernisation in spite of an age-old feudal and hierarchical mindset. It is advisable to work with these people and strengthen their hands by supporting good work at all levels to meet basic human needs related to water, sanitation, literacy, education, healthcare, etc. ... Working in India requires a sense of sacrifice and selflessness... we are not doing the country a favour but answering our own moral calling. To that extent, what was expected of Mahatma Gandhi then and what is expected of us now has not changed."

But while during the time of Mahatma Gandhi, the focus of NRIs was from overseas to India, I was intrigued to see that the battle over secular texts on Indian history for schools and a rational view of the past is not confined to NCERT textbooks in India. More recently the Hindutva lobbyists in the US have

been over-active in attempting to change school textbooks in California. That they have not had a walk-over is thanks to the vigilance and commitment of the many academics involved in Indian studies all over the world, who have solidly opposed these moves.

Commenting on this, Raju Rajagopal writes from the USA (*The Promise and The Promise of India – My Two Cents from the Diaspora*): "It was hardly a surprise to see some American Hindutva organisations, purporting to represent the Hindu mainstream, try to 'sugar-coat' references to the status of Hindu women and the caste system as taught in California's public schools. Examples of their perspective: women of yore had 'different rights' than men, not lesser ones; Sudras did 'more labour-intensive' work, not 'ungrudgingly serve the upper

castes,' as Manu commands; implying that the caste system was a thing of the past and suggesting dropping any mention of Dalits, as the "Indian Constitution guarantees Right to Equality!"

"I can't imagine that anyone would be against the idea of wiping stereotypes off our children's text books. Early immigrants remember only too well how hard it was to fight our way through the thicket of American ignorance of India, fed by images of snake-charmers, children with distended bellies, and stray cows. But an attempt to turn 160 million Indian citizens who choose to call themselves Dalits (the 'broken people') into a faceless community, so we may protect 'Hindu pride' in the American classroom is preposterous. This is akin to trying to protect white children from the ugly legacy of slavery by editing out 'African-American' from our school books, on the grounds that the Civil Rights Act of 1964 prohibits any discrimination based on race!"

While the outcome of these petitions is awaited, it was heartening to read that Sikhs living in France can wear their turbans in driver's licence photos. The verdict by the highest administrative body in France overturned on December 5 an order not to deliver a licence to Shingara Mann Singh, a Sikh who refused to take off his turban for the photo. The ruling does not apply to identity or residence cards. But it could open the way for others, including Muslims wearing headscarves, to get drivers licence photos that show them with their heads covered. Last year, conspicuous religious apparel, such as Muslim headscarves or Sikh turbans, was banned in France.

As they say in France: 'Vive la difference' and 'Liberte, Egalite at Fraternite' A good New Year's resolution to go forward into this New Year with!

Ram Gidoomal CBE, Chairman, South Asian Development Partnership





# Talk more for a modern police

DR DOEL MUKERJEE

THERE is finally some flutter around the topic of bringing change in the police forces. The Home Minister announced the setting up of a committee to prepare draft legislation to replace the Police Act of 1861. This was also echoed by our Prime Minister when, in the Chief Minister's Conference, he emphasised the need for humane policing. Similar thoughts were expressed last September at the superintendent of police conference where it was stated that good policing is a precursor for a modern economy.

Not surprisingly, therefore, the formation of a committee to review the police act comes as a major boost for civil society and citizens who have, for long, faced the brunt of police excesses without any impunity. So, when a historic opportunity like drafting a new police act is being provided to us, it is pertinent that the committee to review the draft law is open to the public domain for wider civil society participation and consultation. In the past committees were never open to public consultation and hardly achieved anything, except to submit draft reports and recommendations which gathered dust.

The Police Act Committee has a daunting task ahead. Looking closely at the composition and terms of reference of the committee, it makes one wonder how serious the government is in heralding reforms. This is because there are several limitations within the committee itself. For example the committee is required to prepare legislation in as short a period as six months. The committee therefore has to be systematic. It has to prepare a draft and get inputs from civil society. Going by the track record of previous committees, that never consulted civil society, it remains to be seen how this will be done.

Secondly, the panel is composed of more retired government people than ever before. On closer examination, it will be observed that the committee is just a high level advisory group, which will put forward its proposals. Then, possibly, it will depend entirely on government *babus* to forward these suggestions to places where decisions can be taken. Thirdly, if the committee has no statutory powers, then it will depend on the whims of the government and higher officials to accept or reject the draft or its provisions.

Fourthly, the composition of this committee does not reflect the race, caste and religious compositions of varied segments of our democracy. There are no women members. There are no SC/ST members. No member from a major religious group has been represented. So, who will express adequately the views and solutions of the voiceless and those who have limited access to justice especially since one of the important considerations of this committee is to look into the concerns of human rights, weaker sections, women and SC/ST?

Despite obvious limitations, the committee nevertheless will have to take into consideration the dozen obscure draft legislations floating around in the country which have never seen the light of day due to lack of political will or inter-service rivalry or resistance from within. Of consideration will be the Model Act which is included in the eighth report of the National Police Commission Recommendations prepared almost 25 years ago. Certain modifications may be suggested for the new legislation. Given the fact that some profound changes have taken place in the complexity and magnitude of policing in the past two decades, this would certainly limit the scope of the committee and dilute the vision of the Prime Minister.

While it's true that policing faces formidable challenges especially because the country is facing growing incidents of insurgency, militancy and Naxalism since decades, no one will dispute that violence of any form needs to be condemned and contained. But the broad philosophy of a democratic and modern police which attracts people's cooperation and trust may get side tracked for wide ranging powers given to the police without adequate checks in terms of more intense scrutiny mechanisms within and outside the police.

Police reform is not about strengthening a police that is unaccountable. It is a fact that although the police are strong today, they still perform badly. They don't satisfy the citizens need for safety. They don't enjoy the trust of the people, the executive or the judiciary. They have, at best, the trust of

those that can manipulate them like the politicians and the mafia.

It is true that the world has become more complex, but more powers without a modicum of accountability will exacerbate the situation further.

The National Police Commission before beginning its eight reports had taken wide-ranging terms of reference covering practically the entire gamut of the police system. For example for detailed study in the first report, only two important criteria were taken – to look into the modalities for credible inquiry into complaints of police conduct so that it could provide public satisfaction and the second criteria was to look into the working standards and welfare of the constabulary. The present committee has a limited set of criteria that may prove difficult for the committee to elaborate on.

The committee needs to draft a new and very modern piece of legislation which would replace the 150-year-old Act and also reflect the expectations of the people in a democratic set-up. The common citizen needs to participate in policing and also take decisions. Besides, for the police to function in a professional manner there is need for complete functional autonomy including removing extraneous control over the police. The best scientific equipment should be provided through well-planned budgets. Security of tenure to all personnel is an absolute must. The finest candidate should be nominated to the post of police chief.

Along with this provide accountability of police actions by setting up stringent internal and external accountability mechanisms in the form of performance evaluation boards, complaints authorities and independent oversight mechanisms.

These terms are not new to India. Nor are they novel to democracies. The National Police Commission, the Ribeiro Committee and the Padmanabhaiah Committee have emphasised the need for these concepts to be brought to reality in the shape of State Security Commission, Police Establishment Boards, Police Performance and Accountability Commissions, District Inquiry Authority/ district Police Complaints Authority etc. A few months ago Kamal Kumar and his colleagues had collated 49 recommendations from previous commissions/committees that require urgent implementation. Most of the accountability mechanisms have found space in his advice to the government. The present committee has a simpler task, to follow the recommendations of its predecessors.

The committee can also look at new reform processes that have been undertaken in many jurisdictions. For example, in Pakistan a Public Safety Commission and Police Complaints Commission at the provincial, federal and district levels have been proposed in the Pakistan Police Order 2002. These commissions can take steps to prevent the police from engaging in any unlawful activity arising out of compliance of malafide orders.

In Sri Lanka, the National Police Commission has wide ranging powers for appointment, promotion, transfer and disciplinary control. Path breaking initiatives have been undertaken in Ireland that has gone through internal conflict. Wide powers have been provided to the police, yet several internal and external checks and balances have been put in place. The UK Police Reforms agenda has brought together schemes to protect public safety and have instituted bodies such as the Independent Police Complaints Commission. If other countries can take such steps, one wonders why India cannot.

The illustrious newly appointed committee, though narrow in its scope, has a galaxy of best practices and initiatives from the democratic world to learn from. Some of the efforts taken elsewhere will definitely add value and scope while preparing draft legislation for good policing. Unlike the previous committees this committee needs to bring the debate of preparing legislation into public domain so that it truly displays the values of a democracy.

A wide consultation process will broaden and enrich the committee's work so that it helps the people get satisfaction and the honest ordinary citizen is able to lodge a complaint without fear or favour. It is not enough to use the Model Act as a template because we need to do more. We need a vision of policing. That is no where in the terms of reference.

**The composition of this committee does not reflect the race, caste and religious compositions of varied segments of our democracy. There are no women members. There are no SC/ST members. No member from a major religious group has been represented.**



# Power Finance



# Insight

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## EXPOSE HYPE

**How deep do you go in search of facts? What new news do you bring back from the field? Are government programmes and projects really what they are cracked up to be?**

# Feed babies when they are born

*As Indian policy makers fumble, Bangladesh and Sri Lanka zoom ahead*

Dr ARUN GUPTA

**T**HE attention of the world is on India. The global community is trying to motivate our country into achieving the UN's Millennium Development Goals (MDGs). Recently, Bill Gates met Anbumani Ramadoss, Union minister for health, and donated \$24.3 million, not for a new IT Park, but to prevent infant mortality.

Among the MDG's eight goals, the fourth one is to reduce child mortality by two-thirds by 2015. India contributes to nearly 25 percent of global child deaths. If we miss this target, the world will miss it too.

According to the Government of India's (GoI) current estimates, the Infant Mortality Rate (IMR) is about 63 per thousand live births. India aims to reduce this figure to 30 per thousand live births by 2010.

A second important objective of the United Nation's MDGs is to reduce by half the number of underweight children below the age of five. According to a Planning Commission official, who was speaking at a UN meeting on MDGs about a year ago, India is doing well in six out of eight MDGs. But we are struggling to meet the two MDGs of child mortality and under-nutrition. Something must be seriously wrong. India is trying hard to find solutions through its health and nutrition sectors.

In this article we examine India's report card on survival and development, and analyse the current programme with a critique of the forward-looking mid-term appraisal of the 10th Five Year Plan. Finally, we suggest key recommendations to achieve a better deal for India's little children.

**Preventing children's deaths: the evidence:** In 2003, *The Lancet* published a child survival series, which showed that at least one proven and practical intervention is available for preventing or treating each main cause of death among children younger than five. If all these interventions were universally available, something like 63 per cent of child deaths would be prevented.

In other words, the interventions needed to reduce child mortality by two-thirds by 2015 are available. But these are not being delivered to the mothers and children who need them. *The Lancet* group did an exercise to determine how many children could be saved from death if the current coverage level of interventions were increased to universal coverage. According to this analysis, breastfeeding was identified as the single most effective preventive intervention, which could prevent 13 per cent to 16 per cent of all childhood deaths. Adequate complementary feeding between six months to 24 months could prevent an additional six per cent of deaths.

Other interventions, if scaled up, can also reduce child deaths. For example, measles vaccine, one percent newborn temperature management, two percent Vitamin A, one percent clean delivery, safe water and sanitation and 15 percent oral rehydration therapy.

**India's abysmal report card:** With a population of over 1 billion people, India has the highest number of under-five deaths in the world. Globally, a whopping 10.9

million children under the age of five die annually. Four million die in their first month. About 2.42 million (roughly one quarter) of these deaths are in India alone. And two thirds of these deaths occur in the first year and are related to inappropriate feeding practices.

PHOTOGRAPHS BY LAKSHMAN ANAND







The IMR indicates the quality of health care we provide to our babies. It is the most important indicator of a country's social and economic progress. According to the UNICEF's Progress for Children- September 2004, a report card on child survival, India is lagging behind and must accelerate its annual rate of reduction of child deaths from two percent to over six percent to meet the fourth MDG.

Worse, the children who survive do not develop their full potential. According to the NFHS-2 (National Family Health Survey) of India, undernutrition among children is at its highest. Forty seven percent of children under the age of three are underweight. Of the estimated 75 million survivors below the age of three, about 36 million are underweight. This has profound negative consequences on the physical and mental health of children and hence of Indian society.

The National Guidelines on Infant and Young Child Feeding clearly point out that malnutrition among children occurs almost entirely during the first two years of life and is virtually irreversible after that. According to the NFHS-2, malnutrition in children sets in below six months and peaks around 18 months, after which it plateaus.

Nutrition during the first years of life is critical for early child development because almost all brain growth takes place during this period. In the long run, healthier adults contribute to greater economic productivity. Child malnutrition impairs the cognitive development, intelligence, strength, energy and productivity of a nation. When malnutrition strikes during the first two years, it disturbs the foundation of life and development.

"Malnutrition has been responsible, directly or indirectly, for 60 percent of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life," according to the WHO/UNICEF's Global Strategy for Infant and Young Child Feeding.

But in India only 20 percent of infants, six months old, are exclusively breastfed. Just 33 percent get adequate complementary feeding at 6-9 months.

**Our obligations to children:** The Convention on the Rights of the Child and other human rights instruments place an obligation on all parties to enable mothers, families and other caregivers make informed decisions about optimal infant and young child feeding – exclusive breastfeeding for six months, and introduction of appropriate complementary feeding while continuing breastfeeding for two years or longer.

Skilled, practical and emotional support should be provided to mothers so that they can achieve the highest attainable standard of health and development for their infants and young children. The National Plan of Action on Nutrition 1995

clearly includes this activity. Its stated objective is to ensure that 'healthcare providers receive high quality training in breastfeeding and appropriate complementary feeding practices, lactation management etc. using updated training material and right techniques...'

The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) was enacted with the same objectives-- to save infants from malnutrition and death. The Act considers artificial feeding to have dangerous consequences.

**India is not prepared:** Are we worried enough? The Prime Minister in his list of 46 thrust areas included formulating a Children's Charter, and a National Plan of Action for Children.

The National Rural Health Mission (NRHM) was also started. The health minister stated that the nation would see the result of these efforts in three years time. We may get better centres and more health workers. But the point is: how many infant deaths will get reduced? Who will be accountable for these deaths since more than half are preventable, according to current evidence?

**Boosting ASHA at the MCH:** The Tenth Plan Mid Term Appraisal (MTA) says: "... if we cannot meet the social and health targets that include infant mortality and under-nutrition among children, MDGs are not likely to be achieved. With the current pace of progress, it appears unlikely that many of the targets will be met. The solution to these issues lies in institutional structures through which public intervention in these areas operates...."

The 10th Plan has state specific goals for exclusive breastfeeding and complementary feeding. But these are yet to be realised. So hopes are being placed on the 11th Plan. If we cannot tackle the problem of infant nutrition on a war footing, it will be very difficult to reduce child mortality.

The NRHM and RCH II have just taken off. The proposal to restructure the health delivery system and involve Panchayati Raj Institutions (PRIs) is a good one. The 30 percent increase in finance each year is also welcome. Strengthening institutions as well as maternity and child health (MCH) clinics and having a new health worker, ASHA, who will be responsible for home visits is also good strategy.

A functioning MCH clinic at block level is definitely critical. Apart from dealing with risks related to labour, the clinic should examine risks associated with artificial feeding of infants.

The MCH clinics can serve as referral breastfeeding support centres manned by a trained woman worker. Training inputs are important to enhance the skills of all health workers so that they can provide breastfeeding counselling and lactation management. An additional benefit is that a trained health worker will be able to counsel and handle prevention of transmission of HIV from the mother via breastfeeding.

When a mother tells a health worker, "I don't have enough milk," she needs confidence building steps to boost her supply of milk and not advice to opt for artificial milk. According to our experience at BPNI (Breastfeeding Promotion Network of India) such a mother needs a week's training.

These efforts should be complemented by ASHA, a female worker who will be expected to lead community action. ASHA needs skill training too as her duties include breastfeeding counselling. She will also visit households where babies are born during the first few days. NACO has included about 17 hours of breastfeeding education in its new training course for counsellors. The course material was developed in partnership with BPNI and UNICEF. Perhaps the ministry of health can also provide similar training material for health workers.

In fact the RCH II or NRHM should offer a universal "neonatal integrated package" as has been recommended by the Millennium Task Force. The course should include clean delivery, neonatal resuscitation, prevention of hypothermia, and breastfeeding education.

But health workers and people engaged in making policy must understand what breastfeeding education is. It is different from 'providing information'. For example, currently the NRHM is promoting exclusive breastfeeding through the electronic media. But this is only 'imparting information'. 'Breastfeeding education' should be imparted by a trained worker to a lactating mother in her home. It requires one to one interaction.

In the 1980s, Brazil launched a media campaign, which led to a large number of women getting interested in breastfeeding. When these women faced problems in breastfeeding they approached health workers. But the health workers could not help them to solve these problems. Cynthia Green, a researcher who analysed 10 years of Latin America's campaign on breastfeeding, concluded that an information campaign should not be launched before health workers are trained.

The NRHM must immediately ensure that skilled help is available to breastfeeding mothers. The WHO, UNICEF and BPNI in India have done enough work on breastfeeding management. NRHM should ensure universal training of its health workers in breastfeeding and lactation management.

The NRHM should also find out the impact of this recently launched media campaign.



The benefits of enhancing exclusive breastfeeding are many. There is sufficient evidence to show that it reduces diarrhoea, pneumonia and newborn infections—three major killers of babies. If we can wipe out the deficits of exclusive breastfeeding in India, infant deaths can be cut by 19-20 percent.

Additionally, better child health will reduce the need for health interventions that come later, like IMNCI (Integrated Management of Neonatal and Childhood Illnesses) which the Government of India plans to launch in one fourth of districts. Universal preventive interventions will provide a perfect continuum of care from the maternal to the infancy period with a focus on the newborn. ANMs (auxiliary nurse midwife) nurses, doctors should be trained on infant and young child feeding practices before they begin active service. This is fundamental to the health outcome of infants.

**Smart kids from the ICDS:** A restructuring of the ICDS (Integrated Child Development Scheme) is on the cards. The intention is to universalise the ICDS and have more *anganwadi* centres along with day care facilities. More money will be given for food. Supplementary food distribution remains a focus area for the ICDS.

Why have we forgotten why the ICDS was started? Its aim was holistic: the development of women and children with a special focus on children up to two years old. Having more *anganwadi* centres may not ensure this aim. The ICDS must reposition itself to provide nourished and healthy children.

Child malnutrition should be prevented. According to Shanti Ghosh, "The ICDS programme was expected to prevent the incidence of severe malnutrition of the kind that has been reported in some parts of the country. However, after 30 years of operation, the ICDS is yet to have an impact on the poor nutritional status of children. The ICDS has to be converted into a true health, nutrition and development programme, and not limited to a food dole programme."

We need to drastically change our mindset about the outcome of the ICDS. Is it 'food' that is required or 'feeding'? Can we think of a paradigm shift in thinking? Can the objective of the ICDS be "smart kids"?

This can only be ensured through optimal infant nutrition provided by optimal infant feeding practices particularly exclusive breastfeeding for the first six months. Only about 20 percent of India's infants are exclusively breastfed till they reach six months. While we talk of universalising the ICDS, can we link another sentence with it? Universalise exclusive breastfeeding for the first six months. In addition to a better deal for children, this step can motivate women to use services better as it builds trust.

The ICDS should launch an Infant and Young Child Feeding Counselling service to educate mothers on health and nutrition. This area has been found to be the most neglected in several studies and evaluations. So, having breastfeeding support centres in the ICDS centres run by properly trained and skilled women can achieve the objective of reducing child deaths.

Such a service will support women who are facing problems while breastfeeding, like not having enough milk, and build their confidence. The service will position breastfeeding as a visible strategy and complement what NRHM is trying to do through the electronic media.

Trained health workers can also mobilise community opinion towards exclusive breastfeeding. They can refer more serious problems to MCH clinics proposed in the RCH. Currently training of workers is inadequate to make them skilled counsellors. Unfortunately this does not figure in the 26 days of training given to AWWs (*anganwadi* workers). Why can't we look at the curriculum and put in what is required for infant health and development?

Unfortunately the children who get supplementary nutrition are already suffering from irreversible damage as malnutrition sets in between three and 18 months. Studies have shown that it is not lack of food but lack of proper feeding which is the main culprit. Reaching 1.4 million habitations is important. Ensuring universal optimal infant and young child feeding helps even when you can't reach people with 'food'.

Having day care centres is a good idea. But the proposal completely misses 0-6 month babies, as if they do not exist in India. Or it assumes that they are all just

fine. It may be a better idea to convert day care centres into breastfeeding support centres. These can provide the support envisaged in day care centres.

#### A ROAD MAP FOR THE FUTURE

**Ensure food security for the tiny infant:** There is a misconception among policy makers that breastfeeding is not a problem in India. We are a breastfeeding nation, it is believed. There are other bigger barriers we need to cross. In the last budget, the finance minister, P Chidambaram's speech focused on supplementary nutrition. If the finance minister and the Prime Minister understood where the solutions lie, outlays will be provided for 'smart kids'.

The emphasis on food security by economists, political leaders, advisors, consultants, judges, civil servants, health and development managers, UN agencies,



**The ICDS should launch an Infant and Young Child Feeding Counselling service to educate mothers on health and nutrition. This area has been found to be the most neglected in several studies and evaluations.**

reproductive health and nutrition departments, is alright.

But it misses the tiny infants right to food. This right is ensured if mothers are helped to succeed in exclusive breastfeeding for the first six months and they continue breastfeeding for two years or beyond along with adequate complementary feeding.

Breastfeeding should be recognised as an 'input' in discussions on food security. It requires many steps to ensure optimal practice. Another mission for women and children is being proposed, but why is the Prime Minister, Manmohan Singh, silent on the National Nutrition Mission? Its objective was to review our nutrition strategies and it was launched through a gazette notification on 31 July 2003. Could it be that he does not know about it?

**Route money for breastfeeding:** In order to increase exclusive breastfeeding and complementary feeding rates, it is important to identify and budget sufficient resources so that activities listed in the National Guidelines on Infant and Young Child Feeding are fully implemented.

Also the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) should be enforced. Unfortunately the Tenth Plan notes that this intervention does not require additional resources. One can agree it is a cost-effective intervention, but it surely requires some money.

Certainly women need help and support. Accurate information about infant feeding, counselling during pregnancy, assistance at birth, support immediately after birth for six months to breastfeed exclusively, skilled help to solve problems if they do arise are some of the measures needed. Studies have revealed that 13 percent of women face problems during breastfeeding. These are preventable. If unresolved these problems encourage women to opt for artificial feeding.

**Monitor child health at village level:** To be effective at village and district level,

# For healthy infants spread awareness

DEEKSHA SHARMA

**T**HE Global Strategy for Infant and Young Child Feeding (GSIYCF) recognises that poor feeding practices lead to malnutrition among infants. How mothers feed their babies depends on the interplay of social, cultural, economic, biological and political factors.

Twelve villages from one of seven *tehsils* in Tonk district, Rajasthan were studied to find out how social and economic factors influence infant feeding practices. A total of 699 samples of 0-3 year-old children and their mothers were covered. Questions were asked about the occupation of the mother, place of delivery, education, socio-economic status, and when and why breastfeeding and semisolids were started.

A majority of families interviewed lived in large joint families in *kuccha* houses. They belonged to lower or middle socio-economic groups. Most mothers were either illiterate or could just write their names. They worked as agricultural labour and had three to five children. Most had home deliveries, assisted by traditional birth attendants (TBAs). A small proportion of women interviewed were educated and well off.

It was found that errant feeding practices had made deep inroads into the psyche of women. The present generation followed whatever their predecessors had practiced without scientifically knowing why they should breastfeed exclusively for the first six months till two years with appropriate complementary feeding after six months of age.

Breastfeeding should start within one hour after childbirth so that the benefits of colostrum are not missed. But two thirds of infants were breastfed only after one day. About 42 percent of infants received semisolids as late as 10 months or even after that period. Mothers were not aware about the importance of infant feeding practices.

Interestingly, 76 percent of women said breastfeeding was nutritious and that their experience of breastfeeding was good. But knowledge, awareness and understanding of breastfeeding was low. Rural women of Rajasthan nurture old deep-seated beliefs and customs.

Ideally an infant should get breastfeeding as his or her first feed. The percentage of mothers who breastfed their infants within one day of birth was greater among educated mothers with a higher socio-economic status. Similarly women who delivered in hospitals were more likely to start breastfeeding their babies within one day. Women who used the services of traditional birth attendants (TBAs) were less likely to initiate early breastfeeding.

Educated and better off mothers were more aware of the nutritious nature of breast milk. But poorer women who were forced to work on their own fields or as agricultural labour were keen, even eager, to give up breastfeeding as soon as the baby could manage without it.

Semisolids should be initiated at six to nine months. Early or delayed initiation can harm the health of an infant. Here too educated and better off women gave semi solids to their infants at the right time. Women who were poorer and illiterate tended to start semi-solids late.

A higher percentage of mothers who delivered at the hospital practiced initiation of semisolids at the right time, whereas TBA assisted mothers delayed the initiation of semisolids the most.

Initiation of semisolids at six months is recommended since the child's dietary requirements increase at this age. The child's body also becomes ready to take supplementary foods along with breast milk. It was found that better educated mothers and those who opted for hospital deliveries were more aware of the child's nutrition requirement. There was direct correlation between awareness and education.

Poorer and illiterate women, it was found, have a long way to go to ensure their infants get proper nutrition. Breastfeeding education, as an area of life skills, should be learned by all. Community awareness and support through breastfeeding education can promote the life saving practice of breastfeeding in a community.

*Dr Deeksha Sharma, is Project Officer (Research) BPNI, New Delhi*

monitoring of a baby's health should include indicators such as the health of the baby when he/she is born and for the next six months.

Exclusive breastfeeding for the first six months should serve as a key proxy indicator. The government can introduce colour-coded village child health and development cards. Green could signify good progress, yellow, mediocre progress and red, poor progress. These could even spark a community movement.

Every village can prominently display these cards. It would depict what progress the village has made. Block and district magistrate can review the progress made and hold health workers accountable. Political parties should include this performance in their area representative reports. The government should judge the health of states on what percentage of villages get green, yellow or red cards. Villagers could be proud of green cards. There could be competition among villagers.

**Demand clear outputs on child health:** The health system should deliver more infants surviving and the department of Women and Child Development (WCD) should allow them to develop to their fullest potential. Can we also think of one leadership for child health and development?

This step will solve the ongoing demand year after year for better coordination both at policy and the grassroots between these two departments.

**Meet national and international goals:** For achieving the MDGs on 'poverty and hunger' and 'child mortality', we must meet our national goals on optimal infant and young child feeding. This is important not only because we are committed to the MDGs or the goals set by the 10th Plan, but because it is the way forward to optimal human development of our society.

We are in 2006. There is severe danger that these goals will not be met as we have made little progress. It is important that we take this more seriously and remain focused. We need to try and do things differently and get away from the current mindset of 'treating child undernutrition' by doling out

'food' to older children.

Instead we should try to prevent child under nutrition by ensuring optimal infant feeding.

Not only will this strategy contribute to both the MDGs, it will also help fulfil children's rights to health, survival, development, protection and participation.

What will it take to reduce child malnutrition by half and child mortality by two-thirds by 2015? We must carry out the existing nutrition and health package for infants to ensure their survival and for those who do survive, their optimal development. Even if we are not able to significantly reduce the proportion of underweight babies as stipulated, there is a possibility that we can enhance their development.

This national target is achievable even in a short time span of three to five years. But it requires political will, money and an efficient health care service. Since improving infant feeding provides an opportunity to provide a continuum of care from pregnancy to birth and beyond, it can help build trust with families and provide a head start to improving health care systems. Repositioning of the ICDS can result in behaviour change at household level. Health systems must mainstream breastfeeding, similar to immunisation, so that services become baby friendly and guarantee

infant survival.

**India should compete:** A study in Bangladesh demonstrated that by increasing exclusive breastfeeding from 39 to 70 percent, infant mortality dropped by 32 percent. Can we think of such steps? Bangladesh and Sri Lanka are moving ahead on MDG-4. Would India like to compete or lag behind? India is touching new economic heights and it would be a shame if we did not forge ahead in reducing infant mortality. If we don't then the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (IMS Act) as amended in 2003, and the National Guidelines on Infant and Young Child Feeding will lose their intent.

*Dr Arun Gupta is National Coordinator BPNI and Regional Coordinator IBFAN Asia Pacific*

**The government can introduce colour-coded village child health and development cards. Green could signify good progress, yellow, mediocre progress and red, poor progress.**



# Theatre with the mass message

**Shuktara Lal**  
Kolkata

In May 2000, a group of young professionals wanted to explore how theatre could be used to improve society. So they got together with Amitava Bhattacharya, an IIT Kharagpur graduate, and started *banglanatak.com*.

The group uses theatre to educate. They train bigger organisations on how to spread awareness through theatre. They also use theatre to uncover societal concerns. Issues like trafficking, AIDS, health, sanitation, environmental and energy conservation and rural livelihoods have been tackled by them.

"We ask local theatre groups to perform short dramatic pieces to convey the desired message. Because



**Amitava Bhattacharya**

the performers belong to the area where we are addressing problems, the issues we highlight become more accessible to the audience," says Bhattacharya.

By bringing in local theatre groups, *banglanatak.com* does away with language barriers.

Since people know local actors, they relate more easily to what they see. *Banglanatak.com* employs diverse theatrical traditions such as street performances, puppetry, story telling, role-playing, workshops and local folk forms to get their message across. They practice, what they call, "edu-tainment".

The group has staged interactive performances in Darjeeling and Sikkim to find out the reasons for trafficking of women and children.

"Theatre can be a tremendous secondary support for primary academic research," explains Bhattacharya. "When we put up a dramatic presen-

tation, members in the audience would often relate instances of trafficking in the form of a story. We understood that what they were describing was probably not fictional but real. The narrator may have been too embarrassed to admit that his story was true."

To spread awareness on AIDS, the group has worked in port areas of Goa and Vishakhapatnam. They have also sensitised people in West Bengal on



**A local theatre group performing for the people**

the importance of caring for AIDS patients. In Bihar, they advised groups on how to communicate AIDS messages. In Hyderabad, they tried to educate people on Sexually Transmitted Infections (STI) and they are training local performers in Andhra Pradesh on how to use street theatre to communicate information on STI and AIDS.

They have also worked with the Kolkata police to inform citizens about the dangers of drug abuse. They helped the polio campaign too, in partnership with the West Bengal government, the Kolkata Municipal Corporation and UNICEF. In Jharkhand, the group imparted awareness on reproductive health and post-natal childcare. They have trained *anganwadi* workers on how to be better communicators. Workshops have been conducted for NGOs and health and literacy workers in slums in and around Kolkata.

Ecological concerns have not been overlooked either. Local NGOs and the eco-development committee in the Sundarbans were trained on how to raise awareness on biosphere conservation and wildlife protection. Community-based disaster management groups in West Bengal were instructed on how to alleviate the impact of calamities. Villages in

Greater Noida were made conscious of the advantages of a 24-hour supply of electricity and energy conservation.

When the Ministry of Petroleum and Natural Gas, launched the Jan Kerosene Pariyojana, more than 55 theatre groups were roped in to educate poorer consumers on their right to kerosene. Vigilance committees were established to cut down adulteration and misuse of kerosene. This project covered the states of Assam, Sikkim, West Bengal, Orissa, Bihar and Jharkhand.

*Banglanatak.com* strives to make rural artisans more efficient in business. They have organised workshops for jute service centres in Agra, Kanpur and Bhopal. They taught artisans how to increase demand for jute products.

Similar workshops have been conducted for workers engaged in tailoring, embroidery, pottery and handicrafts in West Bengal. In order to

empower women in these sectors, *banglanatak.com* helps them overcome their inhibitions and market their products more aggressively. Says Bhattacharya: "Some of these women are selling their products under the brand name *Angana*. We assisted in the creation of this brand."

Currently, *banglanatak.com* is absorbed in important research in West Bengal, supported by the Eastern Zonal Cultural Centre. They are finding out whether folk-based performing artistes can earn a viable income from their performances. If *banglanatak.com* is successful, traditional performers across India could draw inspiration.

Bhattacharya believes theatre is more effective in promoting social development than written leaflets or lectures.

"Theatre is all about role-playing. When the spectator sees a character he can identify with, his thought process is influenced. So if the character has committed an act that is morally questionable the viewer can relate to him because he did something similar in his life. Guilt and a feeling of repentance will spread all over him."

(For more information log into [www.banglanatak.com](http://www.banglanatak.com).)

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# Tone up your sluggish liver



Dr GG Gangadharan

**T**HE liver is the largest organ of the body. Ayurveda considers the liver to be the main organ for 'Pitha' activities. Pitha, in Ayurvedic parlance, is one of three functional units and is responsible for all kinds of digestive activities in the body including the action of enzymes and metabolism at tissue levels.

Liver is the factory of the elements responsible for body building. Hence importance is given to its maintenance. Infection and degeneration of cells are the two main diseases of the liver. In both these areas, Ayurveda has an exclusive approach.

The causes of liver disorders are mainly dietary. Some of these are: eating allergic foods that are not suitable to one's constitution, (*asatmya*) and eating heavy, cold and dry items regularly. Alcohol consumption is a major cause for liver damage. Viral infections such as hepatitis A to E and G are other reasons. Most chemical drugs get de-toxicated in the liver and may cause liver damage in the long run.

## Leafy and steamed

- All leafy steamed vegetables are good for the liver especially ash gourd (green pumpkin) cooked as a soup with pepper powder and rock salt.
- Diluted butter milk cooked with a few pieces of dried and crushed pomegranate fruit cover (hard) along with a pinch of turmeric, a few leaves of curry leaves, pepper and a pinch of rock salt is an excellent drink for the liver. It is tasty too!
- Grapes, both dry and fresh, as juice or eaten whole are good for the liver
- Leafy vegetable curry made from *Kakamachi* (*solanum nigrum*) is very useful for the liver. In southern states, this is a routine addition to the diet.



Solanum Nigrum



Tinospora Cordifolia

## Common herbs

There are some herbs, commonly found everywhere, that protect the liver. Daily intake of these herbs for a period of 41 days will help tone-up the liver.

- *Tinospora cordifolia* (TC) (*gudoochi - amrithaballi*): Take one handful of about 60 gms of matured green stem of *Tinospora cordifolia*. Remove the thin outer skin. Cut into small pieces of two or three inches. Crush the stems slightly. Add 120 ml of boiled hot water, cover and let it soak overnight. Next morning squeeze the TC. Remove it from the water and filter it. Add one tablespoon of honey and drink on an empty stomach. This can help to rejuvenate the liver. It can also help the liver to function optimally.
- *Aegle marmelose* (*bhel, bilwam*) and *eclipta alba*, (*bhringaraja, karishilam kanni*),  
Take 5 gms of fresh leaves of *Aegle marmelose* (*bhel, bilwam*) and *Eclipta alba*,

(*bhringaraja, karishilam kanni*). Make a paste with all these leaves. Add a pinch of turmeric. Drink in the morning on an empty stomach. After that drink a cup of diluted butter milk.

- *Phyllanthus amarus* (*bhoomyamalaki - kizharnelli*),

For viral infections of the liver like Hepatitis A, etc. take the following for 14 days.

Take 5 gms of *Phyllanthus amarus* (*bhoomyamalaki - kizharnelli*), preferably the plant with reddish shaded colour. Make a paste and mix it with one glass of fresh unboiled cow's milk or diluted cream free buttermilk. Drink this in the morning on an empty stomach. Have the same quantity of this drink in the evening at around 6 pm.

During this period avoid any oily substances, sour items and salt. This drink enhances the retro-viral activities in the liver and the patient gets relief from all symptoms of jaundice in two weeks time.

vaidya.ganga@frlht.org.in



Eclipta Alba



Phyllanthus Urinaria

## Drinks for diabetics

### Sweet lassi

- Ingredients:** ● Yoghurt (curd) ½ cup ● Water 1 ½ cup  
● Honey 2 tsp ● Cinnamon 1/8 tsp ● Dry ginger powder 1/8 tsp ● Black pepper 1/8 tsp ● Ground cumin 1/8 tsp  
● Cardamom seeds 1 pod

Blend all ingredients in a blender. Drink at room temperature.

### Special tea

- Ingredients:** ● Water 2 cups ● Coriander seeds 1 tsp  
● Fennel seeds 1 tsp ● Cumin seeds 1 tsp

Place all seeds in a blender. Bring water to a boil and then pour in the boiling water (make sure the glass or metal equipment is able to withstand hot water). Grind the seeds with the water. Strain and drink.

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# It is easy to give veggies exotic flavours of Assam

Purba Kalita  
Jodhpur

TRADITIONAL Assam cuisine is as exotic as the region's natural environment. Bamboo shoots, leafy greens, pounded rice and fish emerge from the cooking pot with an aroma unique to Assam. Mashed potato turns exquisite with a dash of dry plum powder!

The staple food is rice. You could breakfast on a bowlful of special rice called *bora chawal*. This rice is sticky and cooked with little or no oil, flavoured with bay leaves and enjoyed with milk and jaggery.

**Bamboo shoots, greens, pounded rice emerge from the cooking pot with a unique aroma.**

Assamese food uses a small amount of oil and spices. But the array of ingredients is uncommon to more popular cuisines of India. Mustard oil, mustard seeds and panch phoran – a mixture of fenugreek, aniseed (*saunf*), cumin, coriander and nigella (*kaal jeera*) seeds – are a must in every household. Whole chillies are preferred to red chilli powder.

In vegetarian food, *khar* is unique to Assam. Generally made with raw papaya, it uses a special form of soda derived from the ashes of

burnt banana trunk. Bamboo shoot is another delicacy. It is used liberally to flavour chutneys and pickles. The Assamese people love green leafy vegetables. They are found here in an amazing variety.

Uncooked food is very popular in Assam. People prefer flattened rice, washed and soaked, puffed rice and *komal chawal* – a rice variety that does not need cooking but an hour's soaking. Milk, cream, curd and jaggery go very well with these, though some people prefer salt.

*Pitha* is the name for a variety of snacks made from *bora chawal*. The rice is washed and spread out to dry. It is ground while there is still some moisture left. Little quantities of this flour are used to make *pitha* with coconut and sesame fillings. The binding property of this rice makes the *pitha* take the form of a roll. No oil is used. Then there is *ghila pitha* or dumpling made by using the same flour mixed with jaggery and fried in oil.

## WHITEGOURD KHAR

**Ingredients :** • 1 kg whitegourd, grated • 2 tsp baking soda • 2 bay leaves • 1 tbsp grated ginger • 2 tbsp mustard oil • 1 tsp mustard seeds • Salt

**Steam grated gourd with salt and soda. Let it cool. Heat oil and splutter mustard and fenugreek seeds. Add ginger and bay leaves. Stir for a minute. Add gourd and fry. Serve with hot rice.**

## PUMPKIN OMBAL

**Ingredients :** • 500 gm pumpkin, boiled and mashed • ½ cup tamarind water • 1 cup grated jaggery, dissolved • 1 bay leaf • ½ tsp mustard seeds • ½ tsp fenugreek seeds • ¼ tsp nigella seeds (kaala jeera) • 1 tsp lime-juice • Raisins as required • 1 cup water • 2 dry red chillies, slit • 1 tsp mustard oil • Salt to taste

**Add tamarind water to pumpkin and mix well. Heat oil and splutter mustard, nigella, fenugreek seeds, chillies and bay leaf. Stir for a minutes. Add a few raisins and stir for another minute. Add pumpkin-tamarind mixture and salt. Fry for few minutes. Mix in jaggery water and bring to boil. Simmer for a few minutes. Remove from heat and add limejuice. Stir well.**

## BOROR TENGA

**Ingredients :** • Masoor dal 300g, soaked for 3-4 hrs • Bottle gourd 500g, finely chopped or grated • Coriander leaves handful, chopped • Green chillies 2, slit • Turmeric ¼ tsp • Fenugreek seeds ½ tsp • Mustard ½ tsp • Salt as per taste • Sugar ½ tsp • Mustard oil 1 cup • Lime juice ¼ cup • Water 4 cups

**Make a paste of the masoor dal and add salt to it. Heat oil to smoking point. Add small quantities of the paste to oil to make vadas. Keep aside. Splutter fenugreek and mustard seeds. Add gourd, salt, turmeric and fry till done. Add water and bring to boil. Add vadas and simmer for 20 minutes. Remove from fire. Add sugar, limejuice, chillies and coriander. Stir well and serve hot with rice.**

## BENGANA PITIKA

**Ingredients :** • Brinjal, 2 large round ones, oiled and pricked with fork • Onion, 2 sliced • Mustard oil, 2 tbsp • Green chillies, 2 chopped • Tomato, 1 chopped into small pieces • Coriander leaves, handful, finely chopped • Salt to taste

**Roast brinjal on burnt charcoal. Cool and peel. Mash brinjal. Add onions, chillies, salt, raw mustard oil, tomatoes and coriander. Mix well. Enjoyed as a side dish.**

## Kuttu ka halwa



### Ingredients:

- Kuttu flour (buckwheat) - 250gm
- Gur - 450gm
- Ghee - 200gm
- Almonds - 1tsp.chopped
- Cashew nuts - 1 tsp chopped
- Raisins - 5-6
- Water - as required

### Method:

Take a thick bottom vessel. Roast kuttu flour with little ghee for 7-8 min. keep it aside. Grate the gur

finely. In a thick bottom vessel roast the kuttu flour again in the rest of the remaining ghee. Add grated gur and keep stirring till it get dissolved. Add water. Keep stirring continuously to avoid lumps. Stir till the halwa gets separated from the sides of the karahi. Add almonds, cashew nuts, raisins and finally mix it properly. Serve hot.

This recipe is rich in iron, calcium, vitamin B and vitamin E. It also provides potassium and phosphorus.

## Carrot, apple and ginger juice

### Ingredients:

- Carrot - 200gm peeled
- Apple - 2 medium deseeded
- Ginger - 1"pieces chopped
- Salt - ½ tsp
- Lemon - ¼ tsp
- Boora - 1tsp
- Water - 100ml

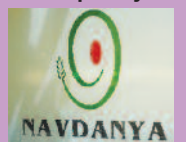
### Method:

Blend all the ingredients together and blend.

Serve this highly nutritious juice immediately. Can be sprinkled with little chat masala if desired. This recipe is rich in vitamin A which is very good for eye sight. It contains vitamin C and phosphorous.



Recipes by:



## RUN WITH ME

# Start now, burn that fat

Deepak Malik  
New Delhi

*"Every morning in Africa, a gazelle wakes up. It knows it must outrun the fastest lion or it will be killed. Every morning in Africa, a lion wakes up. It knows it must run faster than the slowest gazelle, or it will starve. It doesn't matter whether you're a lion or gazelle - when the sun comes up, you'd better be running."*

It is almost seven years since I first started running. At that time it was more out of compulsion. My father was an avid runner and he wanted me to get up early morning and go for a jog. At that time I used to hate it and I was very irregular.

When you envision running, you probably fall into two categories: either you love it or you hate it. Sometimes it is even a love-hate relationship. But what makes people love to run? And what makes people who hate it keep doing it? It is likely that the benefits of running outweigh the hatred. Over the years I found out why my father was gung ho about my running early morning. I will share some of the benefits with you so that together we can bring the running revolution to India.

There are as many benefits of running as there are reasons why runners run. It may be to lose weight or feel fit. Perhaps they run to stay healthy and happy. It could even be a way of meeting people. Maybe runners like to compete in a race. But I just run because I love running.

Running is one of the best activities most people can do to improve their health. Running regularly can help with weight loss and fight aging and disease. Many people start running to win the battle of the bulge. About 60 percent of runners run to manage their weight. Running is one of the best activities for burning fat. In fact, with the exception of cross-country skiing, running burns more calories per minute than any other form of cardiovascular exercise.

Running regularly also helps to fight the aging process. It prevents muscle and bone loss that often occur with age. Our bones are made to accommodate the demands placed on them. By sitting in front of a computer all day many of us allow our bones to grow weak. By running regularly our skeleton gets the exercise it needs to stay healthy.

Amazingly running helps to fight disease. Running reduces the risk of stroke and breast cancer. Regular running has become a treatment option for doctors who can prescribe it to patients at a high risk or in the early stages of osteoporosis, diabetes, and hypertension. It reduces the risk of heart attacks by strengthening the heart and lowering blood pressure. It maintains the elasticity of arteries incredibly well because as you run your arteries expand and contract nearly three times as much.

Running also helps to improve general health. It raises HDL (or 'good') cholesterol, reduces the risk of blood clots, and encourages use of 50 percent of your lungs that are usually unused. Running boosts the immune system by creating a higher concentration of lymphocytes (white blood cells that attack disease). A regular, high-intensity exercise like running, promotes the human growth hormone, which keeps you looking young.

So the benefits are many and the activity is very simple. There is no constraint of place or time because you can run anywhere and at whatever time you like. So run for fitness, run for happiness and above all run for the spirit of life.

## Friendship at Wagah

Usha Kala  
New Delhi

RELATIONS between India and Pakistan have remained strained for as long as I can remember. But what never ceases to amaze me is how both countries continuously strive to arrive at some kind of understanding.

Recently my husband received an email from Col. Virendra Verma. The mail dated November 5, stated that a group – India Pakistan Soldiers Initiative for Peace (IPSI) – was going to hand over relief material to the quake-affected people of Pakistan-occupied Kashmir through one of the gateways opened by both governments. The message also said that IPSI's members, headed by its president in Pakistan Lt Gen Nasir Akhtar, would receive three trucks carrying tents, blankets, woollens and food items at the Wagah/Attari border. The Army would distribute the relief material, and those interested in helping could email.

The brain behind this venture was Dr Nirmala Deshpande, a Rajya Sabha MP and an eminent Gandhian. She has been able to bring both armies together. As a result, Admiral L Ram Das, former Chief of Naval Staff, and chief patron of the Indian Chapter, and Dr IA Rehman, chairman, Human Rights Commission, Pakistan, were conferred the Magsaysay award for their sustained efforts towards peace.

I decided to help. I had been working for an awareness campaign for Goonj, a non-profit. The project called 'Rahat – Kashmir Quake,' involved collecting relief material and cash for the survivors of the Kashmir earthquake. I sent emails to corporate houses and individuals asking for assistance. As I anticipated, the response was overwhelming. Working with 'Beyond Business', an initiative of the National HRD Network, Delhi Chapter also helped and Anchor Clothing Company sent some material to the IPSI.

I went as a member of the IPSI delegation to Wagah, a place I was visiting for the first time. On November 30, we started our journey. It was an extremely cold night but we arrived in Amritsar to a bright and sunny day. We were two hours late.

Lt Gen K S Bajwa, who had reached Amritsar earlier, met us at the station. We were informed that the relief material would be handed over on December 2.

We proceeded to Wagah, where we had to go through customs clearance. While the four officers - Brig. BC Khanduri, Col. Harbhajan Singh, Col. A.R. Khan and Col. Virendra Verma were busy with the customs officials I walked alongside the trucks laden with relief material, which Indian porters were passing to their Pakistani counterparts.

I clicked some great photographs at Wagah. The looming gates, the fluttering flags, the warmth on the faces at the border helped me let go of the notion that Pakistan is a foe. I was offered a hot cup of tea. It seemed as if I could see the acceptance of the people across the border reflected in it.



## WEBWATCH

**www.bnhs.org** Did you know you can adopt an endangered bird and help its conservation? Log onto [www.bnhs.org](http://www.bnhs.org) and discover how. The Bombay Natural History Society (BNHS) started in 1883, has been working hard to protect India's flora and fauna. The site is a treasure trove of research and conservation work. Scan book reviews, browse through the BNHS store, chat with members and in a nutshell learn more about India's natural wealth.

**www.cyberschoolbus.un.org** Every year students help to make Delhi safer and less polluted. Their teachers inspire them and an international community of teachers and students of UN member states also helps them. Hit [www.cyberschoolbus.un.org](http://www.cyberschoolbus.un.org) and bingo! You find yourself in an interactive classroom dealing with eradicating poverty, fighting terrorism, spreading education, providing healthcare and so on. At the end of it, you would have lived the phrase, 'Let's make the world a better place to live in.'

**www.BookCrossing.com** This website encourages people to read, register, and then release their books "into the wild". They can then track the book and the lives they touch. Share your books and follow their progress forever. Best of all, it's free. The website's objective is to 'turn the world into a library'. Bookcrossing, in their jargon, means 'the practice of leaving a book in a public place to be picked up and read by others, who then do likewise'.



## INDIA HABITAT CENTRE

## 2 Feb.

**6:30 pm:** Illustrated talk: Visual Arts Gallery & Delhi Blue Pottery Trust presents a talk on Contemporary Ceramics by Ray Meeker.

## 3 Feb

**6:30 pm:** Illustrated talk: Visual Arts Gallery & Delhi Blue Pottery Trust present a talk on 'Form, Texture and Influences - the Music In Clay' by Marcio Mattos from UK

**6:30 pm:** Talk: Youth Parliament in collaboration with RAHI present a discussion on 'Silent Spaces: Understanding Child Sexual Abuse in India'. A space for young people to break their barriers and ask questions.

## 4 Feb

**11:am - 6:00 pm:** Shahar.com - A two-day cultural festival by the Hazards Center that brings forth juxtaposed expressions on the city as it exists, as it is envisioned and is likely to become, as articulated creatively by those seldom counted as its citizens.

**6:30 pm:** Illustrated talk: Visual Arts Gallery & Delhi Blue Pottery Trust present a talk on 'Contemporary Ceramics in Pakistan' by Kaif Ghaznavi

**7:30 pm :** Talk on 'Wood Fired Pottery' by Tim Hurn of U.K.

**6:30 pm:** Documentary films: Screening of three award winning films by filmmakers, Meenakshi Vinay Rai - 'Children of Nomads' (9 mins), 'Spandan -The Resonance', (10 mins) and 'Dekho Bharat Lorry Se' (40 mins). The filmmaker will be present at the screening.

## 5 Feb

**11 am - 6:00 pm:** Shahar.com - the second day of the cultural

festival by the Hazards Center.

**7:30 pm:** Illustrated talk: 'Ceramics in Switzerland' by Adrian Knuessel of Switzerland.

## 6 Feb

**7:00pm:** Talk: Book Club reads from Khaled Hossini's acclaimed novel 'The Kite Runner'

## 7 Feb.

**6:30pm:** Illustrated talk: Ceramics in the Environment' by Janet Mansfield of Australia.

**6:30pm:** Panel Discussion: 'India's Nuclear Dilemmas' Panelists: Dr PK Iyengar, former Chairman, Atomic Energy Commission, Dr A Gopalakrishnan - former Chairman, Atomic Regulatory Board and Professor Bharat Karnad, Centre For Policy Research.

## 10 Feb.

**6:30pm:** Talk: Youth Parliament focuses on the political and cultural context of Kashmir to counter misconceptions and misinformation that exists amongst young people today.

## 11 Feb.

**7:00 pm:** Film: DANZLENZ - a three - day festival of dance for the camera. Screening of films on dance from various parts of the world. Some of the filmmakers will be present for discussion. Creative Collaboration: Art Vision, founded by Odissi dancer Ileana Citaristi and KRI Foundation.

## 12 Feb.

**Walk:** Historical Swapna Liddle leads us on a walk through Qudisia Bagh, Nicholson Cemetery and other late

Mughal and British areas around Kashmiri gate. We meet at Qudisia Bagh, at the entry on Jamuna Road.

**7:00 pm:** Film: DANZLENZ festival continues

**7:00 pm:** Documentary film: 'The Whistle Blower' a film by Umesh Aggarwal. An investigation into the issue of pesticides in bottled water and soft drinks manufactured by reputed MNC's which was recently revealed in a report by the Centre for Science and Environment. The screening will be followed by a discussion with the director.

## 13 Feb.

**7:00pm:** Theatre: Impresario Asia presents Ghalib Institute's 'Aitrafe-e-Ghalib' (Confessions of Ghalib), a play compiled from the letters of Mirza Ghalib. The play focuses on the dialogue between Ghalib the poet and Ghalib the rich young man. Dir. Veteran theatre and TV personality Aziz Quraishi. Cast includes Mohd. Ayub, SM Zaheer, Mala Kumar, Suchitra Gupta, Salima Raza and others. Entry by invitation.

**7:00:** Music: Uma Garg, disciple of Pt. Bhimsen Joshi presents a Hindustani Classical Vocal recital in the HCL Concert Series.

**7:00pm:** Film: DANZLENZ festival concludes.

## 14 Feb.

**6:30pm:** Talk: Ambassador (Retd.) K.Gajendra Singh speaks on 'The Strategic Moves In Central Asia And Their Impact On India'

**7:00 pm:** Theatre: Impresario Asia repeat the performance of 'Aitrafe-e- Ghalib'. Entry by invitation.

## 15 Feb.

**7:00 pm:** Dance: Noted Kathak dancer and choreographer Prerna Shrivastava of the Jaipur Gharana, presents traditional repertoire and premieres compositions based on Kabir's poetry. HCL Concert Series

## 16 Feb.

**7:00 pm:** Music: 'Gulshan Fikra', a music and poetry presentation highlighting the magic of the poetry of BR Nagar through readings and music by Salma Raza, Kuckoo Mathur, Urmila Nagar and Santosh Kumar.

**7:00 pm:** Film Club screening.

## 17 Feb.

**6:30 pm:** Documentary Film: PSBT and British Council present a series of monthly screenings of PSBT and Grierson Award winning documentaries. 'Hawa Mahal' by Vipin Vijay and 'Seven Wonders of the Industrial World :The Great Ship' Dir/Prod Christopher Spencer. The screening will be followed by a discussion.

## 18 Feb.

**5:00 pm:** IHC Member's Tea.

**7:00pm:** Talk: Tobjern Hobbel, Perceptor, ACEM International speaks on ' Psychology Of Science In Meditation'

## 20 Feb.

**7:30 pm:** Documentary film: 'Continuous Journey' ( 87 mins, 2004) a film by Ali Kazimi. The film documents the story of Komagata Maru, a ship carrying immigrants from British India that was turned away by Canada. Winner of many honours and awards, the film is a complex

and moving tale of hope, despair, treachery and tragedy. The film- maker will be present.

## 22 Feb.

**6:30pm:** Talk: Nashisht (Bairhak): In our series of literary evenings, we present an evening of poetry by eminent Hindi poet Dr Kailash Vajpeyi followed by an interactive session with the poet. Collab : Impresario Asia.

**7:00pm:** Dance: Bharatanatyam danseuse Rasika Khanna presents a traditional repertoire in the HCL Concert Series.

## 23 Feb.

**6:30pm:** Health talk: Dr JC Suri, Head Dept. of Chest & Pulmonary Diseases, Safdarjung Hospital, speaks on 'Dealing and coping with asthma'

**7:00pm:** Music: Artistes Forum presents an evening of bhajans and ghazals by RK Saxena, Vibha Sinha, Kala Verma and Vidisha Saxena.

## 26 Feb.

**7:00pm:** Documentary film: 'Ek Tha Lal Pari' (46 min) a film by Rajdeep Randhawa, produced by KS Media. The film revolves around the life of a eunuch - Lalpari. The film has been selected for screening in the 9th Mumbai International Documentary Film Festival 2006.

**7:00pm:** Music: At The Basement Series - celebrates Mahashivaratri with verse and rhythm. A Class Apart Production and Old World Culture presentation.

## 28 Feb.

**6:30pm:** Talk: Novelist Namita Gokhale talks on religion and folklore of the Kumaon Hills

**7:00pm:** Music: Priyadarshini Kulkarni, disciple of Pt. Rajshekar Mansur of the Jaipur-Atrauli Gharana, presents a Hindustani classical vocal recital in the HCL Concert Series.

## Visual Arts Gallery

## 1 - 8 Feb.

Delhi Blue Pottery presents an exhibition of ceramics.

## 9 - 14 Feb.

Viart, an exhibition by young curator Ashna Singh Jaipuria.

## 15 - 20 Feb.

An exhibition of works by two Bangalore based women artists, Sultana Hasan and Mridul Chandra, curated by Sharan Apparao.

## 21 - 28 Feb.

Gallerie Ganesha presents a group show. Palm Court Gallery

## 1-8 Feb.

Collective Spaces 06: MEC Art Gallery presents its second annual group show.

## 10-12 Feb.

Exhibition of Tanjore paintings, Ravi Varma's old prints and oil productions by Charumathi Ramchandran.

## 13-17 Feb.

An exhibiting on the tribal truck art by Anjum Rana, of Pakistan.

## 18 - 24 Feb.

An exhibition of works of art by Timothy Caloniun.

## 25 - 28 Feb.

An exhibition of handcrafted home accessories by E'thaan - The Craft Shop.

## INDIA INTERNATIONAL CENTRE

## 1 Feb.

**Auditorium at 6:30 pm:** DM Singhvi Memorial Lecture Exploring India's Identity. Speaker: Lord Bhiku Parikh. (Collaboration: DM Singhvi Memorial Society)

## 4 Feb.

**Auditorium at 6:30 pm:** Keepers of the Flame (dvd: 60 mins). A film by Zafar Hai on the life and times of three great Tata stalwarts- Jamsetji Tata, JRD Tata and Naval Tata. The film will be introduced by Zafar Hai

## 5 Feb.

**Auditorium at 09.45 am:** Inauguration of a seminar Science and Spirituality in Modern India. By HH the Dalai Lama who will speak on : The Interface between Science and Spirituality. Chair: Dr Karan Singh, MP. (Collaboration: Jawaharlal Nehru University)

## 6 Feb.

**Auditorium at 6:30 pm:** Carnatic Vocal Recital. By Kiranavali Vidyashankar, disciple of T Brinda. Accompanists: VSK Chakrapani (violin) and Jaya Bhaskar (mridangam)

**Conference Room I at 6:30 pm:** Can Nuclear Proliferation be stopped? The Case of North Korea and Iran. Speaker: Dr Gary Samore, Vice-President for Global Security and Sustainability, MacArthur Foundation. Chair: Lt. Gen. VR Raghavan. (Collaboration: Delhi Policy Group)

**Conference Room II at**

**6:30 pm:** The Last Poems of Dom Moraes and Arun Kolatkar. Speaker: Mr. Bruce King, well known literary critic. Followed by a reading of selected poems and a conversation with Jeet Thayil. (Collaboration: The Poetry Society (India)

## 7 Feb.

**Auditorium at 6:30 pm:** Conserving Mughal Garden Waterworks. Speaker: Professor James L Westcoat, Professor and Head, Department of Landscape Architecture, University of Illinois at Urbana-Champaign. Chair: Matand Singh, Chairman, INTACH UK Trust. (Collaboration: INTACH)

**Fountain Lawns at 18:00:** Sacred Music and Chanting. (Collaboration: National Mission for Manuscripts)

## 8 Feb.

**THEATRE FESTIVAL Fountain Lawns at 4 pm:** Translations (English). Directed by Mallika Prasad

## 9 Feb.

**Fountain Lawns at 4 pm:** Peele Scooterwaala Aadmi (Hindi). Directed by Manav Kaul. This is part of the Mahindra Excellence in Theatre Awards which is being held from 6 - 9th February. Plays will be staged at other venues: Sri Ram Centre (by tickets) and FICCI (by passes). (Collaboration: Teamwork Films)

## 9 Feb.

**Conference Room at 18:30:**

Independent India. Mapping an Elusive Terrain: Literature in a Fluid Society. Speaker : Professor Meenakshi Mukherjee. (Collaboration: New India Foundation)

## 10 Feb.

**Auditorium at 18:30:** Shruti's Mantra. A meditative musical journey with Shruti through Vedic Chanting and Sanskrit Stotrams interspersed with mystical poetry. The Mantra is an "intended" ordering of vibrations, which creates quietude in the being of the hearer or the receiver. It is a Word of Power born out of the depths of being, meditated upon and then permeated into atmosphere and space with the action of Pranik energy. Its intent, intonation, rhythm and meter all act from the unfathomable, intangible layers of our being down to every microscopic physical cell and transforms it.

## 11 Feb.

**Auditorium at 6:30 pm:** Noor: The Divine Light. Readings of poems by Majaz, Kaifi Azmi, Jigar Moradabadi and Idrak Bhatti by Murad Ali. Ghazals by Pooja Goswami

## 13 Feb.

**Conference Room at 6:30 pm:** Internet Governance: Are we ready for it? Speaker: Subimal Bhattacharya, Vice-President, Argus Integrated Solutions. Chair: Nitin Desai, Special Adviser to the UN Secretary General

## 14 Feb.

**Auditorium at 6:30 pm:** Bharatanatyam. By Aishwarya, disciple of Malavika Sarukkai

**Conference Room I at 6:30 pm:** Unraveling the Mind of China. Speaker: Ravi Bhootalingam, Founder and Chairman, Manas.Advisory, former President, the Oberoi Group of Hotels and is Convenor of the Tourism Task Force for the Bangladesh-China-India-Myanmar Forum (Kunming Initiative).

## 15 Feb.

**Auditorium at 6:30 pm:** Piano Recital. By Karoly Mocsari. Programme includes works by Rachmaninov, Tchaikovsky, Bartok and Liszt. (Collaboration: Hungarian Cultural and Information Centre)

## 16 Feb.

**Auditorium at 6:30 pm:** Carnatic Vocal Recital. By Jayanthi Rangarajan from Bangalore

**Conference Room I at 6:30 pm:** Modern Advances in care of the Aging Eye. Speaker: Dr Rishi Mohan, Consultant, Lasertech Eye Centre, Pushpawati Singhania Hospital, Malhotra Heart Institute and IP Apollo Hospital

**Lecture Room (Annexe) at 6:30 pm:** East Asia and Asia Pacific: Competing or Complementary Regionalisms. Speaker: Dr Paul Evans, Vice-Chair of the Board of Directors and Co-CEO, Asia-Pacific Foundation of Canada

## 17 Feb.

**Conference Room I at 6:30 pm:** Speaker: Dr. Samuel Berthet. (Collaboration: Centre de Sciences Humaines)

**18 -20 Feb:** A Paradise on Earth. An exhibition of photographs on Kashmir. Opening 17 Feb.

## 18 Feb.

**Fountain Lawns at 5 pm:** The Culture of Breath. Breath: The Bridge between Soul and God, the Sufi Way. By Wali van Lohuizen of the Dargah Hazrat Inayat Khan. (Collaboration: Foundation for Universal Responsibility of HH The Dalai Lama).

**Auditorium at 7 pm:** Film: Cherub in the Mist (53 mins). A film on the Red Pandas directed by the Bedi Brothers. (Collaboration: Worldwide Fund for Nature- India)

## 20 Feb.

**Conference Room I at 6:30 pm:** Dimensions of Science

## 21 Feb.

**Auditorium at 18:30:** Hindustani Classical Music: Vocal Recital. By Pt. Baldev Raj Verma, senior artist and disciple of late Pt. Amarnath (Indore Gharana). Accompanist: Mubarak Hussain (tabla) and Vinay Mishra (harmonium)

## 22 Feb.

**Auditorium at 6:30 pm:** Odissi. By Deepti Routray from Cuttack

**Conference Room I at 6:30 pm:** The Rationale for a Universal Declaration of Human Rights. Speaker: Professor Arvind Sharma, Birks Professor of

Comparative Religion, McGill University, Canada

## 23 Feb.

**Conference Room II at 6 pm:** IIC Quarterly release

## 24 Feb.

**Fountain Lawns at 5 pm:** The Culture of Breath : Dhruvad. By Wasifuddin Dagar

## 25 Feb.

The Banks of the Brahmaputra: A Festival of the Arts 25-26 February

**Fountain Lawns at 6:30 pm:** Traditional Folk and Tribal Dances

## 26 Feb.

**Fountain Lawns at 6:30 pm:** Dance Drama. Choreography by Jatin Goswami, Sangeet Natak Akademi awardee. (Collaboration: Impresario India)

## 27 Feb.

**Auditorium at 6:30 pm:** In memory of Ustad N. Faiyazuddin Dagar. (Collaboration: Dagar Brothers Memorial Trust)

## 28 Feb.

**Conference Room I at 6:30 pm:** Independent India. The Northeast since Independence. Speaker: Udayon Misra.

All events are subject to change. Ph: India International Centre: 24619431

Letters and listings can be sent to: shailey@civilsocietyonline.com



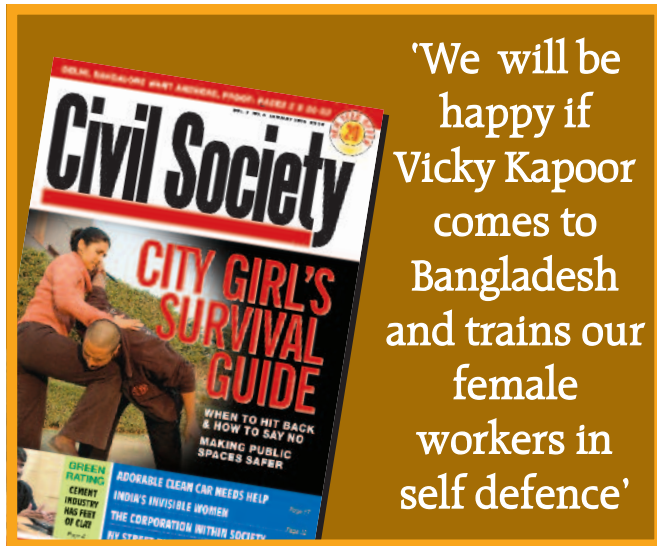
## Empower women

Gonoshasthaya Kendra (GK) is a well-known national public charitable trust which provides full primary health care to over one million rural poor through locally trained village women who are very successful in reducing infant and maternal mortality, that is, to almost half the national average. GK is also known for its contribution in formulating Bangladesh National Drug Policy in 1982, which was acclaimed all over the world. We will be happy if Vicky Kapoor kindly accepts our invitation to come to Bangladesh and train our female workers in self-defence. We will bear all his travelling expenses and provide him local hospitality. Looking forward to hearing from him.

**Dr Zafrullah Chowdhury**

## Recipes are good

I am a regular reader of your magazine. I find the recipe column most interesting and I make it a point to prepare those dishes on weekends. In the January issue you have



**'We will be happy if Vicky Kapoor comes to Bangladesh and trains our female workers in self defence'**

published recipes for diabetic patients. My grandfather is diabetic and I would like to try some of these recipes. But while going through the recipes I found some confusion.

● In the drumstick roti recipe, you have mentioned barley water, four cups, as an ingredient. But in the method of preparation we are told to add warm water to the dry mixture. Nothing is mentioned about the barley water. Please confirm whether we have to add warm water or barley water to

the mixture.

● In the recipe for khichdi you have mentioned several ingredients. But in the method of preparation, after draining the water from the rice and green gram and finely chopping the green beans it is mentioned to 'mix the ingredients'. I would like to know which ingredients should be mixed?

**Ashvita Uchit**

**FRLHT replies:** In the recipe for drumstick roti you have to add warm barley water. This is prepared by boiling eight cups of water with 20 gms of

barley till it cooks well and the water is reduced to four cups. For the khichdi recipe what we meant is, before cooking the rice, green gram and chopped beans are to be mixed then boiled.

## WTO is a very big farce

This is with reference to the article, 'A Farical Battle at WTO,' published in the January issue of your magazine. I entirely agree with the writer's views that rich nations would never allow the WTO to function in a manner even remotely detrimental to their own interests. The Kamal Nath's of India and other developing countries may blow the trumpet of victory before their poor, ill-informed people but the fact remains that they, in reality, fail to extract any meaningful concession from the world's modern, rich zamindars-the US, EU and others.

**S Raghunath**

## Change the male mindset

With crime against women

steadily rising in the national capital, the article, 'Learn to Protect Yourself,' was very timely. You could have included the names and addresses of the agencies and organisations that impart training to women in self-defence. Plus I feel there is a need to launch a sustained campaign to change the male mind. They need to be sensitised so that they can rein in the beast in them.

**Bela Goel**

## Tackle female foeticide

'Tracking Down India's Missing Women,' conveyed its message beautifully albeit with lots of sorrow. What I fail to understand is why the authorities are not able to do anything to stop female foeticide. How many girl children will be sacrificed before our obsession with the male child ends? My own view is that it will never come to an end, because this obsession is ingrained in us by our religious scriptures, directly or indirectly

**Aneeka Bhandari**

## WHERE TO VOLUNTEER

### CanSupport India

Kanak Durga Basti Vikas Kendra, Sector 12 R.K. Puram Near DPS School  
New Delhi-110022  
Tel: 26102851, 26102859, 26102869  
E-mail: cansup\_india@hotmail.com

### Rahi

Rahi is a support centre for urban middle class women suffering from the trauma of incest. It provides information, individual support, group support and referrals. Through workshops and peer educators they help survivors and spread awareness.  
Contact: H-49 A, Second floor, Kalkaji, New Delhi-3  
Phone: 26227647

### Association for India's Development(AID) - Delhi Chapter

AID works for the environment, children, women's issues, education, and health. They also undertake fund raising.  
Contact: Anuj Grover  
B-121, MIG Flats, Phase-IV, Ashok Vihar  
Delhi- 110052  
Phone: 9818248459  
E-mail: anuj.grover@gmail.com

### Youthreach

A volunteer team at Youthreach helps to match your skills and interests with the needs of their partner organisations. This exchange is monitored and facilitated from beginning to end by the volunteer team. The team also partners other non-profit organisations that are working with children, women and the environment.  
Contact: Anubha or Ria  
11 Community Centre, Saket, New Delhi - 110 017  
Phone/Fax: (011) 2653 3520/25/30  
Email: yrd@youthreachindia.org

### Deepalaya

They work with economically, socially deprived, physically and mentally challenged children. They believe in helping children become self reliant and lead a healthy life. Deepalaya works on education, health, skill training and income enhancement.  
Contact: Deepalaya  
46, Institutional Area, D Block Janakpuri  
New Delhi - 110 058  
Phone: 25548263, 25590347  
Website: www.deepalaya.org

### Mobile Crèches

Mobile Crèches pioneered intervention into the lives of migrant construction

workers by introducing the mobile crèche where working parents can leave their children. They work in the following areas: health, education, community outreach, networking and advocacy, resource mobilisation and communication. You can volunteer by filling out a simple form online.  
Contact: DIZ Area, Raja Bazaar, Sector IV New Delhi -110 001  
Phone: 91-11-23347635 / 23363271  
Website: www.mobilecreches.org

### The Arpana Trust

Arpana is a charitable, religious and spiritual organisation headquartered in Karnal, Haryana. They work with rural communities in Himachal Pradesh and with slum dwellers in Delhi. Arpana is well known for its work on health. They have helped organise women into self-help groups. These SHGs make beautiful and intricate items which are marketed by Arpana.  
For more details:  
Arpana Community Centre, NS-5, Munirka Marg Street F/9, Next to MTNL, Vasant Vihar, New Delhi-110057.  
Phone: (Office) 26151136 and (Resi) 26154964

## WHERE TO DONATE

### Indian Red Cross Society

The society provides relief, hospital services, maternity and child welfare, family welfare, nursing and community services.

Contact: Red Cross Bhavan  
Golf Links  
New Delhi-110003  
Phone: 24618915, 24617531

### Child Relief and You (CRY)

CRY, a premier child rights organisation, believes that every child is entitled to survival, protection, development and participation. You can sponsor a child's education, healthcare, or a health worker and a teacher.  
Website: www.cry.org

### Community Aid and Sponsorship Program (CASP)

CASP enhances the capacities of children, families and communities through participation and advocacy leading to sustainable development and empowerment. You can help by sponsoring underprivileged child/children from any work area where CASP implements its programmes. These include building old-age

homes, projects relating to AIDS etc.  
Website: www.caspindia.org

### ActionAid

ActionAid is an international development organisation which works with poor and marginalised women, men, girls and boys to eradicate poverty, injustice and inequity. You can become a part of their Karma Mitra loyalty program, which is based on the concept 'When you do good things you should get good things in return.' As a member of this program you can avail various tangible benefits.  
Contact: ActionAid India  
C-88, South Extension - II  
New Delhi-110 049  
Website: www.actionaidindia.org

### CanSupport India

Kanak Durga Basti Vikas Kendra, Sector 12 R.K. Puram Near DPS School  
New Delhi-110022  
Tel: 26102851, 26102859, 26102869  
E-mail: cansup\_india@hotmail.com



**THE MAGAZINE EVERYBODY LIKES TO READ**





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