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Civil Society

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Civil Society
READ US. WE READ YOU.

Figure it out

THE flood in Chamoli and the controversy that has followed are reminders that we are running late in figuring out some of the most critical issues pertaining to the environment. As a country we shouldn't delay any longer. Governments would do well to take a good hard look at themselves and acknowledge that they lack the expertise to take evolved decisions. Regulation is shoddy and often weakened through compromise. Pollution control boards and environment departments are out-of-date and short of talented people. Governments would be better off taking advice from outside officialdom. The development vs. environment debate has gone on for too long. In fact, it is currently quite meaningless because environmentalists are no longer mindless in their opposition to projects. Nor are they ignorant of the need for economic growth. If anything, they are well-informed, scientific and sensitive to the concerns of communities.

This issue has interviews with Ravi Chopra in Uttarakhand and Abhijit Prabhudessai in Goa. These are voices that should be heard and the concerns raised taken on board. With regard to the environment, science, jurisprudence and community rights have come a long way. Governments that don't wake up do themselves and the people who brought them to power a disservice. The current trend where experts and activists are included in committees and then ignored isn't a healthy one.

This year's Civil Society Hall of Fame is devoted to doctors because healthcare is top of the mind for everyone. We need a better public healthcare system. Doctors with motivation and a sense of purpose are key to it. The six doctors who are entrants to the Civil Society Hall of Fame are outstanding in their individual ways. Taken together they represent the values, commitment and skills needed across the healthcare system. They should serve as role models. At the same time, from our coverage of healthcare, we also know that there are others like them who exist but are ignored. What is missing is a vision for the system so that the talent that exists is better utilized and ordinary Indians get better care.

We have all our regular columnists and features. Ganesh Babu presents more medicinal plants. Murad Ali Baig goes on another road trip, this time looking at temples. You could follow him and take a long drive or two to cope with your COVID fatigue. The books section offers a selection of titles you might not find elsewhere. For those tired of what is generally available on Netflix, we have a listing of six films you may find interesting to watch.

Even as life seems to come back to near normal, COVID's reverberations continue. Magazines like ours feel the impact whether it is in bringing in advertising or getting to the press in time. But to be still standing is a reward in itself.

Contact Civil Society at:
response@civilsocietyonline.com

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Publisher
Umesh Anand

Editor
Rita Anand

News Network
Shree Padre, Saibal Chatterjee, Raj Machhan, Jehangir Rashid, Susheela Nair, Kavita Charanji

Photography
Shrey Gupta

Layout & Design
Virender Chauhan

Cartoonist
Samita Rathor

Write to Civil Society at:
A-16 (West Side), 1st Floor, South Extension Part 2, New Delhi -110049.
Phone: 011-46033825, 9811787772

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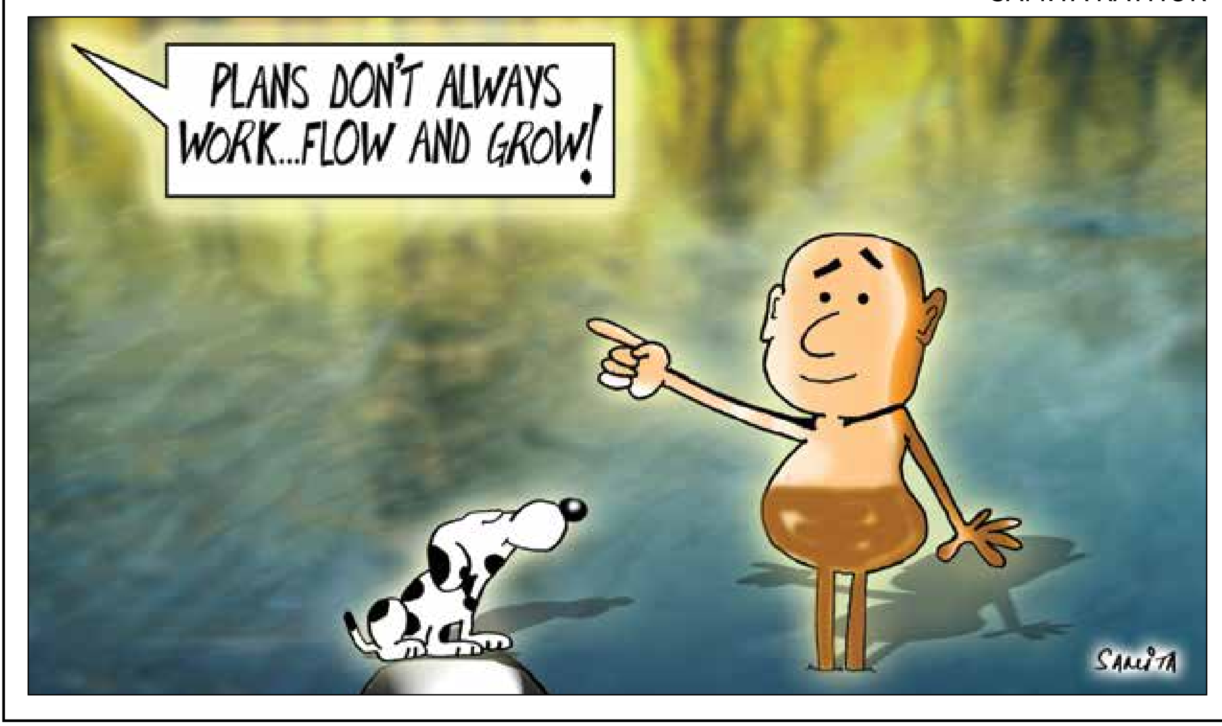
IN THE LIGHT

SAMITA RATHOR



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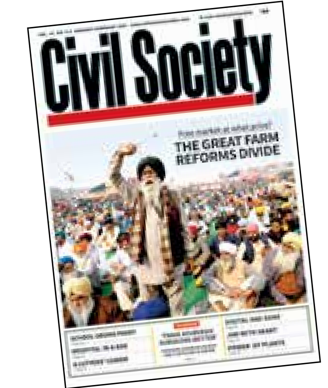

Farm protests

Thanks for the story, 'The great farm reforms divide'. It was difficult for me to understand why farmers would oppose reforms which our prime minister said was for their benefit. Your article was very simply and interestingly written. I now realize attempts at reforming agricultural markets require the consent and cooperation of farmers when drafting laws.

Snehlata Krishnan

Agriculture is so diverse in India, farm reforms are best left to the states. It would have been better if the government had drawn up a model law and got the states on board with financial incentives.

Arti Kelkar

Very comprehensive article. I now understand the reason for the mistrust amongst farmers regarding the government's farm laws.

Shruti

Great article. Well done.

Anita Anand

I found the farmers' agitation article comprehensive. Picked up a thing or two.

The article, 'Innocent jam with heart', should be circulated as it has considerable employment potential. *Civil Society* then will be responsible for promoting employment. That way you would have met a national need!

Gautam Vohra

DDC elections

I read Jehangir Rashid's story, 'Local issues on the table after poll in Kashmir' with interest.

It is good that the process of democratization has begun at the grassroots to resolve the many development problems people face at village level. However, projects must be implemented in a time-bound manner and elected members must be made accountable so that work is done as the people want it.

Wali Mohammed Sheikh

The basic needs of the people living in remote areas of Kashmir have been ignored for too long. Better roads, assured electricity, piped drinking water and mobile connectivity will improve the quality of life and bring people closer to the Indian state. We also need jobs.

Mala Kaul

Baza buzz

After reading your article, 'It's a tree, it's a bird, it's Black Baza', I immediately looked for Black Baza's Ficus coffee on Amazon and I was delighted to find it there. I ordered it at once. I wish you would provide addresses or email addresses or phone numbers for readers to contact the people behind these marvellous products.

Stanley Pinto

The Baza coffee I ordered was the best coffee I drank. It was intensely aromatic and deeply satisfying. Please do keep writing about such good products and telling us their stories.

In this way, social enterprises will find more buyers and well-wishers.

Sheila Ghosh

Bamboo business

We are bamboo growers in Nagpur. We came across your article, 'Bamboo has got a big agarbatti connection'. We are willing to start a bamboo finishing processing unit and need financial assistance for our start-up. If back-up is provided, we can go ahead.

Nitesh Chaudhary

Foldable hospital

Your story on the prefabricated hospital being set up in Muzaffarpur by Doctors For You (DFY) is a brilliant idea. Imagine the many uses such structures could be put to – during a disaster to house people, to set up a primary health centre in a remote area, as a community centre and more.

Snigda Sharma

Brilliant idea! So glad to read about DFY earlier and now. We need such scoops to help us look at our future more positively.

Abeer Chakravarti

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ABHIJIT PRABHUDESSAI ON THE RAINBOW WARRIORS

‘It is the Goan system of community ownership we are building on’

Derek Almeida
Panaji

GOA is famous all over the world for its resplendent beaches and dense forests. Yet, for decades, the state has been driven by a desire to build large infrastructure projects that destroy natural habitats. The people of Goa have resisted, going to court and organizing protests. Often, they have won.

The credit goes to organizations like the Federation of Rainbow Warriors, a group of public-spirited citizens in Goa. Since 2014, the year it was founded, the group has been fighting against projects which uproot local communities and destroy the state's natural richness.

Small, people-driven projects, which would enhance Goa's ecology and economy, are what the state needs. Rainbow Warriors has been consistently proposing these and is also working with the government's water resources department on one such project.

In this interview, Abhijit Prabhudessai, general secretary of Rainbow Warriors, traces the ups and downs of their campaigns, and their genesis from Goa's community land rights movement to current times, when they are locked in battle with the government over three projects — doubling of the railway track from Vasco to Hospet, the Tamnar power line project, and expansion of the national highway through the Mollem Wildlife Sanctuary.

How was Rainbow Warriors formed and what goals has it set for itself?
Rainbow Warriors had its genesis in Goencho Xhetkaranche Ekvott (association of Goan farmers), a body formed to protect community land interests. The name, Rainbow Warriors, comes from the vision of American Indians who believed that the world is a circle of life which has been broken by the advent of the industrial economy.

This vision says that it will keep getting worse till a time comes when people of different colours, creeds and nationalities will rise in opposition and they will be called the Rainbow Warriors. We believe in building land communities which are self-reliant and self-sufficient so that social power is equally distributed among all, especially the oppressed.

When you talk about community and people rising to oppose the industrial and technological economy, aren't you leaning on the side of Marxism?
We are actually building upon the Gaunkari system which is prevalent in Goa. There used to be an ancient system in the state which was based on community ownership of land called Communidade. If our work is Marxist, then all Goan ancestors were also Marxists. We are evolving and maybe similar revolutions have taken place all over the world of which Marxism is the most well-known. If you see the dynamics of social power it is the individual and the State that take power from the community and that is where everything goes wrong.

Abhijit Prabhudessai: 'We believe in building communities that are self-reliant'

What are the issues that Rainbow Warriors has taken up since its inception and where has the fight reached?
The first issue we took up was Goa's regional plan because it is with landuse that the rot really begins. We have been fighting to prevent changes in land use that are detrimental to the public. And to accomplish this we have been fighting in courts and working with people at village level.

The Regional Plan 2021 was the first exercise in bottom-up planning and it was supervised by the late Charles Correa. So what is your stand on the plan itself. Do you see it as something good or bad?
We are of the view that whatever was done during this process was undone by the chief town planner. The final Regional Plan 2021 has huge stretches of forest and other eco-sensitive land shown as settlement zones. This was at variance with what the people had prepared at their village level meetings. Now, because we are continuing the fight against the plan in court and at the village level, big developments have virtually stopped. This has happened because the government said in court that it would clear only smaller projects which are not in eco-sensitive areas.

So, would it be right to say that your fight against big projects in eco-sensitive zones has proved to be a success?
Yes. You could say that. Although the regional plan is central to our struggle, we are also doing important work on the Coastal Regulation Zone (CRZ) notification and the Goa Coastal Zone Management Plan (CZMP).

Why are you opposed to the Coastal Zone Management Plan?
Initially the CZMP showed all khazan lands (low-lying fertile land along river banks) in the river and the high tide line extending deep into villages which did not reflect the situation on the ground. For instance, fishing communities were not shown, fish breeding sites were not demarcated … and we see this as part of a larger plan with the National Waterways Act. We believe the centre wants to take charge of our rivers for shipping. The Sagarmala project is nothing but a takeover of Goa's rivers by the centre for transportation of coal. The CZMP also reflected the same intent.

So we took this fight to the villages with the help of students and locals. About 100 panchayats prepared plans showing rivers, khazan land and fish, oyster, shellfish breeding sites in detail. Ever since these plans were submitted, the government has been dilly-dallying, for two years. It was only recently that the government revealed new plans which incorporated some contents of the panchayat plans. For instance, the bunds and sluice gates are now shown and, as a result, the high tide line has moved back to the river, but areas where fishing takes place are not yet shown.

How far has this struggle progressed?
The government notified new plans, not all of them, on January 28 and the public hearings are to be held in March. We are opposed to having one public hearing for north Goa and another for the south (two districts). We want public hearings to be held at the village level.

Rainbow Warriors had also opposed the new airport which is coming up at Mopa. How did that struggle pan out?
Our decision to oppose the Mopa airport came only after we realized that the reports produced by the government were at variance with what was present on the ground. We first filed a petition in the High Court challenging land acquisition. We won the case, but unfortunately, land acquisition was quashed for only the 250-odd families who had approached the bench and not for the 500 remaining families who did not join us in the petition. The government used this to go ahead with land acquisition. Land owners were given between ₹40 to ₹80 per sq m, but the struggle is still on because people want their land back. Some have not yet accepted the compensation.

About 7,000 families are dependent on the land. When the environmental clearance was granted in 2014-15, we challenged it before the National Green Tribunal (NGT). When the NGT order did not go in our favour we challenged the environmental clearance before the Supreme Court which stopped work for a year. In January 2020, this stay was vacated, which is unfortunate because the Mopa airport is anti-development. The airport is now being handed over to the Adani Group, which has been given 381 acres for commercial development with an FAR (Floor Area Ratio) of 4.

After Mopa what?
We are also working with the water resources department to reduce the use of concrete in the land-water interface. We have done a study on what's happening elsewhere and you will be surprised to learn that in Europe, the US and the Far East they are taking out concrete along the land-water interface and restoring with natural material. This will be labour intensive which means you will be creating jobs for many. Use of local material also reduces costs by over half.

Where does Rainbow Warriors stand on the three projects that have rocked Goa in recent times — the Tamnar power line, doubling of the railway track from Vasco to Hospet and four-laning of the national highway?
We have been fighting against these projects since 2016 when Goa's Wildlife Board gave preliminary clearance and we are happy that in the last one year the entire state has become aware how these coal infrastructure projects will destroy Goa.

What is your main objection to the doubling of the railway track?
The present track can carry 15 rakes per day because it is the steepest track in India. Out of these 15 rakes about 10 to 12 carry coal. Two or three are passenger trains. If you see the Sagarmala master plan you will note that to increase coal transportation, the first step is doubling of the track. If you bring 15 million tonnes of coal into Mormugao port you have to be able to transport the same amount out of Goa. At present, the port handles around 12 to 15 million tonnes of coal and the plan is to increase it to 51 million tonnes.

This coal is not meant for power projects. Almost all of it is headed for steel plants owned by Jindal and Adani with Vedanta also likely to join in. Mormugao Port Trust (MPT) is being privatized and all berths are being handed to private players who want to handle coal. MPT will handle 51 million tonnes but the total amount of coal haulage from other ports is in the region of 120 million tonnes. India has made an international commitment to reduce its dependence on coal and here you are increasing imports. If this plan goes through, global warming targets will go haywire.

Are you against import of coal for use in the steel industry alone or for use in any sort of industry?
We are against import of coal for any kind of use. You do not need to import coal for power generation or steel because India is over-producing coal at the moment. Now, if you look at port policies, the 12th Five Year Plan says that MPT should stop handling coal. In December 2018 the parliamentary standing committee on transport, tourism and culture ports, in its 269th report, clearly told MPT that it has to give up coal and realign itself with cruise tourism. This is because everyone knows that coal is a killer and you cannot have it in a port city like Vasco.

What about the Tamnar power line project?
Our objection to the power line that runs from Karnataka to Goa is based on scientific evidence. The existing power line capacity of Goa can draw power to support a load of 990 MW. Till today the highest peak demand of 625 MW occurred last year.

This new transmission line was planned in 2014 when a study was done and a 24/7 power document was prepared by the central government. At that time the peak demand was 500 MW and the projection was that by 2021 it would cross 1000 MW which today has been proved to be completely wrong. The growth rate has been slow. The power projection is that it will reach 990 MW only in

A candlelight protest

> ‘The first issue we took up was Goa's regional plan because it is with landuse that the rot really begins. We have been in court.’

2037. This is the projection made by the Central Electricity Authority. Then why are we spending ₹2,500 crore to build a transmission line that will destroy the Western Ghats?

The final nail in the coffin is that the Goa government has been given a mandatory target of achieving 358 MW of solar power by 2022. This is based on a promise made by our prime minister to the world. The Ministry of Renewable Energy says Goa's solar capacities are 900 MW. We are saying that with ₹2,500 crore we could instal 500 MW of power and every person can be given a solar roof for free.

What are your objections to the four-laning of the national highway?
In 2015-16, when we were looking at highway expansion taking place in Goa, we were told by engineers in the Public Works Department (PWD) that the highways were being designed for coal transportation. As far as the highway passing through the Mollem Wildlife Sanctuary is concerned, we told villagers to monitor flow of traffic. There is literally no traffic. Serpentine queues and bumper-to-bumper traffic does not exist. There are multiple routes to Goa (Mollem, Chorla Ghat, Ambolim Ghat, Gaganbawda) and none of these has excess traffic. So this is being built only for coal transportation because the government does not have a single traffic study to justify expansion of the highway. ■

Gurugram's forest has grown up, but will it survive?

After eight years of hard work I Am Gurgaon gets ready to hand over

Kavita Charanji
Gurugram

OFF a busy road with speeding traffic and skyscrapers, malls and tech hubs looming nearby, Gurugram has a forest, a real one with native trees, grasses, birds, jackals, the hare and a nilgai. It's called the Aravali Biodiversity Park and it recreates the original rugged Aravali landscape which the city had virtually stamped out.

The park used to be a degraded mining site riddled with encroachments, cattle and garbage. Then a citizens' group, I Am Gurgaon (IAG), determined to give the city a forest, a green breathing space, worked for eight years to restore and rewild this 380-acre despoiled stretch in a corner of Gurugram.

The transformation of this land has been so spectacular that three active members of IAG, Latika Thukral, former banker, Swanzal Kak Kapoor, an architect, and Vijay Dhasmana, curator of the park, recently won the Sanctuary Wildlife Service Award.

"Any award or recognition we get is not just recognition for us but also for the government officials and companies whose support we have got. At 54, I can only say that I am doing all this to inspire the younger generation to believe that they can do it too," says Thukral.

IAG worked with the Municipal Corporation of Gurugram (MCG), citizens, volunteers and companies to reforest the former mining site into a thriving native city forest. The 380-acre park with its teeming flora and fauna recreates the environment of the ancient Aravali mountain range.

As we walk around the park, thickly populated with trees, grasslands, herbs, shrubs and climbers, Thukral says IAG's eight-year tie-up with the MCG comes to a close in March. It is a wrench to give up the management of the park they have so lovingly nurtured, she admits. The buzz is that the park will be handed over to a company for maintenance. Thukral says they are willing to work with whichever company the MCG chooses to give it to. Environment groups will keep tabs. After all, so much effort and commitment went into bringing this land back to life.

Originally the park was a barren part of the Aravali range in Nathupur village. The only sign of vegetation was the invasive, water-guzzling, vilayati kikar (*Prosopis juliflora*) that drove other plants away. The offensive trees have since been removed.

The plan for a park had its genesis in 2009. IAG, a voluntary group, co-founded by Thukral, Kapoor and Ambika Agarwal, who has since gone her own way, decided to take on projects that would make a difference to the city. They approached the then MCG commissioner, Rajesh Khullar, with their idea of a park. He was receptive and asked them to take their idea forward.

> **The park now has over 300 species of plants and around 200 bird species. The signature bird of the park is the elusive Indian eagle owl. There are jackals, jungle cats, civets.**

The restoration of this biodiverse forest is a learning experience for children

Latika Thukral

Atal Kapoor, a well-known architect and Swanzal's husband, was roped in. Kapoor and his team designed the layout, incorporating the boundary wall, parking lot, pathways and amphitheatres. Under his watchful eye, MCG began the civil works.

At that time IAG was fixated on Million Trees Gurgaon, a project supported by the government to regreen the city by planting indigenous species. The Haryana Forest Development Corporation had done the initial spadework. It had planted some local species and lined walking trails in the park with jacaranda, *gulmohar* and bottle brush trees. The park was then inaugurated in June 2010.

The excitement over Million Trees Gurgaon died down soon enough. Dhasmana, a birder, photographer and rewilder who also helped restore Sundar Nursery in Delhi, was sceptical about the idea from the start. "It is not very easy to plant a million trees, plus what is the vision and purpose of planting a million trees?" he recalls.

The team undertook many visits to Manger Bani, Sariska and other forests of the Aravalis and realized they needed to change their planting strategy. What they needed to do was create a native rocky Aravali forestscape. That meant they should be planting native trees like *dhau*, *kumath*, *salai*, *doodhi* and *dhak* along with diverse shrubs and grasses.

Luckily, Sudhir Rajpal, the MCG commissioner at the time, was enthusiastic about their idea of creating a city forest. He agreed to see Manger Bani for himself. IAG was formally assigned a time-frame of 2012-20 to undertake conservation, set up a nursery of native plants, and encourage research and survey in the park.

IAG team members drew up a list of around 200 forest species native to the Aravalis. Some of them were nowhere to be found. The team learnt that long ago such species grew in the precincts of this region. Government and private nurseries did not keep such plants. They had to find them on their own. The team then plunged into a seeds and cuttings collection drive. They dived into wild and semi-wild areas like Manger Bani, the Delhi Ridge and Ranthambore. They set up their own nursery at the park and began planting appropriate trees, shrubs and grasses in the park.

Schoolchildren plant a sapling

Dhasmana recalls the wonders of watching nature work its magic. He rattles off the names of trees, shrubs, climbers, herbs and grasses that have sprung to life in the city forest. He points to trees like *salai* (*Boswellia serrata*) that grow easily in rocky areas, and *dhak*, that grows in the valleys spread over five hills in the park. The forest also hosts *kaim*, *ber*, *babool*, *neem* and *jamun* trees, to name just a few.

"The trees are very hardy. We were surprised how fast they grew on rocky terrain without irrigation. In fact, Latika and other IAG members used to ask me whether the jungle would be created in their lifetime," he smiles.The chamrod shrub delights Dhasmana. It flowers in the rain. "See, we had a slight shower and already the buds have emerged," he says.

This land used to be a degraded mining site

Now it's a native forest with natural water bodies

A nilgai spotted in the grasslands

The Indian eagle owl is the park's signature bird

As we walk along we come across a leafless "ghost tree" that turns paler with the seasons. Wild yellow flowers peep out of cracks in the pathway. Medicinal herbs like *chitrak* and *peela vajradanti* are in full bloom. The *pula* tree hums happily with bees when it is in flower, says Dhasmana.

What about irrigation? Gurugram is a semi-arid region. The plants haven't been irrigated for a long time now. In the first three years a drip irrigation system was set up but since then the forest has pretty much grown on its own. The Aravalis have many fissures that trap moisture and that is sufficient for plants to grow, explains Dhasmana.

He stops to point to the leaf litter that creates an organic compost for the plants. The soil has become richer and young plants have emerged from the soil effortlessly.

The park now has over 300 plant species and around 200 bird species. The signature bird of the park is the elusive Indian eagle owl. Bird lovers report sighting spotted francolins, button quails, savannah nightjars, babblers, shrikes, sunbirds.

Animals prowl the forest. According to Dhasmana, the park has jackals, jungle cats, civets and Indian hares. Reptiles common to the area are monitor lizards, and snakes like cobras, sawscale vipers and rat snakes. Amphibians and invertebrates too find a home here.

Dhasmana has made it his mission to scour the forests of the Aravalis for rare native plants that could be planted back in the park. "For me this is a nursery of ideas. It attracts young researchers and academics from Delhi University and Jawaharlal Nehru University, the Forest Department of Andhra Pradesh and agricultural universities in Haryana," he points out.

For funding, IAG approached companies. But there were some rough years when they reached out to friends and family for money, says Thukral. She used her network to encourage more companies to support the restoration of the park and they finally took to the idea.

Volunteers from companies came to clear garbage, compost leaves or plant saplings in the nursery. Schoolchildren loved the park as they wandered around, getting acquainted with the wonders of nature.

Speculation is rife that Hero Motors is likely to be the new sponsor of the park. There is also talk that the Gurugram Metropolitan Development Authority (GMDA) and the National Highways Authority of India (NHAI) may revive their plan to construct an expressway through the Aravali Biodiversity Park, a move that was stalled by environmentalists and citizens in 2018.

The fate of this wonderful park is uncertain. Over the years, IAG has had to wage many battles to save it from government officials who have floated various ideas like transforming it into a snake or crocodile park, starting a night safari and a spa!

The park's nursery has now been shifted to nearby Sikanderpur where IAG has a watershed and forest restoration project on hand. IAG is preparing to move on but it continues with other projects to save the environment in Gurugram.

If the park is endangered, IAG and concerned citizens are willing to battle it out. "I don't think any of us want to get into a confrontation. We have worked closely with government authorities and we had a good relationship with them. But we will definitely fight it out if we need to," says Thukral.

The park is a story of hope. When voluntary groups, citizens, companies and government agencies join forces, the impossible becomes possible. ■

What happened in Chamoli

Civil Society News
New Delhi

ON February 7, the Rishiganga in Uttarakhand suddenly turned virulent. Laden with boulders, water and ice, it crashed through its banks in Chamoli district, causing an unexpected flash flood which reverberated all the way downstream.

Bridges and dams were destroyed and lives lost. The scene of death and destruction that unfolded evoked memories of the terrible Kedarnath flood of 2013. Clearly, no lessons had been learnt from that tragedy. Dams, tunnels and road construction in this ecologically sensitive region had continued, leaving no scope to absorb a natural occurrence.

After the Kedarnath flood, Ravi Chopra, director of People's Science Institute (PSI) in Dehradun, was appointed to an expert committee tasked with assessing the environmental damage caused by dams in this region.

Civil Society spoke to Chopra, now retired from PSI, about why this flash flood happened and what had been done since 2013 to reduce the risk of damage from natural occurrences.

It is being said that the current disaster is due to glacial melt. Nothing to do with dams. What is your assessment?

A number of terms have to be carefully understood. Two separate events occurred on February 7. The first was an avalanche that came down a small mountain stream valley, a tributary of the Rishiganga. When this colossal mass of snow, water, ice, sediments, debris, rocks, boulders hit the Rishiganga, it created a flood in the river. This was a natural event. Such events are not infrequent in the region.

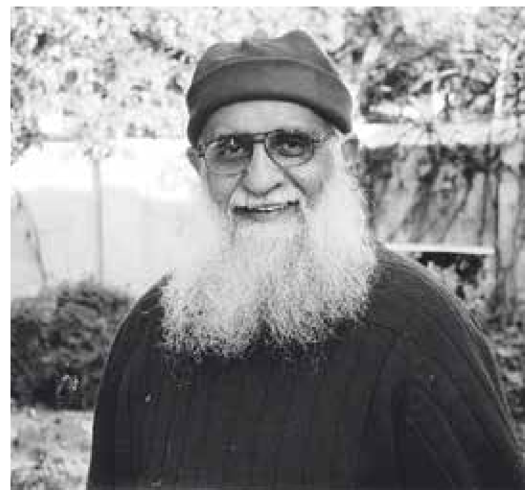
The second event was the disaster. When such a colossal flood meets a barrier, it smashes the obstruction and moves farther downstream with greater energy. In the process it picks up more sediment — rocks and boulders — lying on the river bed and more energy, until the riverbed slope decreases.

The first barrier, a bridge across the Rishiganga, was easily destroyed. The second was the small 13.2 MW Rishiganga hydroelectric project. That was removed. Then the flood entered the valley of the larger Dhauliganga (West) river. The first barrier on this river was the barrage of the large 520 MW Tapovan-Vishnugad dam. That was swept aside and here the water also entered the intake tunnel. The mouth of the tunnel was blocked by the boulders and other flood-borne sediment. This trapped the labourers working inside the tunnel. The flood then continued downstream, destroying a suspension bridge near Joshimath, and petered out a little later.

Putting obstructions in the path of the flood was the cause of the disaster and this was manmade. Had there been no barrier in the path of the flood, it would have entered the larger Alaknanda valley and gradually petered out as the bed slope decreased. The damage would have been minimal.

After the flood disaster of 2013, what has the government done by way of policy to protect this ecologically sensitive zone in the Himalayas?

Immediately after the June 2013 disaster, a lot of contrite statements of good intent were made by decision-makers — ministers and bureaucrats. Unfortunately, there was little follow-up on the ground, except that some research studies were commissioned. Soon after, however, with the short political horizons of the party in power, all focus on developing sustainability was abandoned in favour of a strong push for rapid economic growth. Caution was thrown to the winds.


Ravi Chopra

Court orders to build away from river banks were ignored. A hasty and ill-conceived programme to widen almost 900 km of the Char Dham highways was begun. There have been constant demands to relax regulations in the Bhagirathi Eco-Sensitive Zone (BESZ). Eco-sensitive zones around designated wildlife sanctuaries are constantly violated in planning and building roads. There are calls by senior political leaders to shrink or de-notify protected areas. Similarly, there is constant lobbying by state officials and ministers for restarting hydropower projects stayed by the courts or by the central government.

What action did the government take on the report of the committee you headed to assess how far such projects caused the flood disaster of 2013?

Two members of the committee from the Central Water Commission and the Central Electricity Authority, both strong pro-dam agencies, submitted a separate report as a protest against the report submitted by the rest of the committee. The Ministry of Environment and Forests (MoEF) did not accept their report.

In December 2014, the MoEF filed an affidavit in the Supreme Court stating that it had accepted all the recommendations in the report. Soon after, organizations/agencies whose six dams had received prior approvals challenged the report's recommendation that their projects be cancelled. Thereafter, a Supreme Court-appointed committee endorsed the decision to scrap the six dams. The MoEF then appointed a third committee in which, to my knowledge, no environmentalists and social sciences experts were included, to get a report in favour of building hydropower projects. The original case continues in the Supreme Court.

The residents of Srinagar town blamed the sudden release of water by the Srinagar HEP and the massive amounts of sediment piled downstream of the dam for the destruction of their homes and businesses. Based on scientific data in the report, they went to the National Green Tribunal (NGT), demanding compensation from the hydropower company. The NGT awarded over ₹9 crore to the victims. The case was appealed by the company and a final decision is still awaited.

What is the status of the 100-km stretch from Gaumukh till Uttarkashi which was declared an eco-sensitive zone ?

The Bhagirathi Eco-Sensitive Zone (BESZ) from Uttarkashi to Gaumukh, notified in December 2012 under the guidance of Jairam Ramesh, then Union Minister for Environment & Forests, still survives with its sensitive slopes and beauty intact. But ever since its notification, politicians and the contractor lobby have been pushing for its denotification. The original notification was amended in April 2018 under great pressure from the Uttarakhand government to relax the regulations. Fortunately, however, due to strong opposition from environmentalists and some sensitive officials at the centre, 10 hydropower projects in the stretch have finally been cancelled and the Uttarakhand government has accepted that decision.

The Ministry of Road Transport & Highways (MoRTH) is lobbying very hard to relax the BESZ regulations in order to widen the highway under the Char Dham Pariyojana.

I am strongly opposed to any relaxation in the original regulations, except the minimum required for defence purposes and transport safety.

A lot of destructive activity takes place because of tourism. Is there any regulation or any policy at all on tourism?

A good decision was taken a few years ago by the Uttarakhand government to limit the damage due to uncaring tourism. Only 150 persons and 20 ponies are allowed to travel from Gangotri to Gaumukh every day. This followed the heavy damage and litter caused by hundreds of daily visitors going to Gaumukh after the Kanwar festival every year. The state government has prepared a policy to promote homestays and spread the benefits of tourism in Uttarakhand.

Otherwise, major programmes like the Char Dham Pariyojana to enable lakhs of tourists to visit the four shrines in the inner Himalayas, the preparation of a master plan for urbanizing Badrinath, the modernization of Kedarnath, the construction of large hotels in sensitive locations are all indicative of a massive push for expanding tourism at the cost of the environment. ■

KASHMIR WANTS ITS OLD RTI

Jehangir Rashid
Srinagar

THE Jammu & Kashmir Right to Information (RTI) Act of 2009 proved to be a real gamechanger in the Kashmir Valley. RTI activists who used the law to make sweeping changes in their villages stood for panchayat elections and won. Far-flung villages saw development for the first time. Some RTI activists became sarpanches.

However, with Kashmir becoming a Union Territory, the J&K RTI Act has been now replaced by the Central RTI Act. Those in the RTI movement point out that the state Act was much stronger and it helped to bring about positive changes in villages.

Haneefa Begum, the sarpanch of Gurweth village in Khan Sahib area in Central Kashmir's Budgam district, was so inspired by the RTI activism of her husband that she plunged into the movement while serving the people of her village.

She says, "In our village job cards used to be given to people who had a say and were in liaison with influential people. I took the responsibility of correcting such wrongs so that needy people got job cards. Eventually, job cards under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) were given to the people who really needed the work."

She points out that the flagship Indira Awas Yojna (IAY) was being misused in her village with the homeless not getting houses despite it being the basic mandate of the scheme. She says the RTI movement gave a sense of respectability to the downtrodden with officers of different government departments not humiliating them anymore.

"Following the success of our efforts to achieve housing for all and provide job cards under MGNREGA we were able to do bigger things and expose scams and scandals in different government departments. Currently, forest rights is a major issue since we live close to forests. We are focused on this so that the real stakeholders are not thrown out of forests," says Haneefa.

Haneefa fought the 2011 panchayat elections and became a panch of Gurweth village, and subsequently became deputy sarpanch. In 2018 she fought for the post of sarpanch and got elected. "Now I have additional responsibilities on my shoulders. People have expectations of me. I would like to do extra so that the people, especially the poor, get relief," she says.

Haneefa's husband, Ali Mohammad, her inspiration, is a government teacher. He would spend his mornings, evenings, Sundays and other holidays drafting RTI applications for the villagers of Gurweth. Seeing the response of people towards the RTI movement, Haneefa decided to join in and serve the people.

> 'After we achieved housing for all and provided job cards we were able to expose scams and scandals in the govt.'

"I joined the RTI movement in 2007 when I came to know about huge corruption in different government departments. I got inspired by Dr Shaikh Ghulam Rasool, chairman, Jammu & Kashmir Right to Information Movement (JKRTIM). He became a torchbearer for the people of Gurweth and adjoining villages," explains Ali Mohammad.

He says that the J&K RTI Act gave a tremendous boost to RTI applicants. Burning issues related to IAY and MGNREGA took centrestage in the initial days, he recalls. Subsequently, RTI applicants took up bigger issues.

In Mujpathri village, Nazir Ahmad Dinda got in touch with Ali Mohammad and Dr Ghulam Rasool and also became an active member of the RTI movement. Nazir used to eke out a living by doing menial jobs as a labourer.

"Although there were many schemes for the poor, none was being implemented in our village. The non-deserving would corner all the benefits. Job cards were not given to the needy and the homeless continued to suffer despite IAY. We were motivated to a great extent by doctor sahib and all these years he has been a beacon for all of us," says Nazir.

Nazir said that a decade ago timber smuggling was at its peak in Mujpathri village, but currently most timber smugglers have become guardians of forests. He said initially officers in Budgam district would tear up RTI applications but there has been a sea change in the ground situation since.

During the lockdown last year, Nazir along with Dr Ghulam Rasool came to the rescue of scores of families who were suffering since they had no livelihood or income. They distributed food kits among the affected families with Nazir emerging as a community leader. It was due to Nazir's proactive approach that people forced him to fight the panchayat elections.

"I tried my best to stay away and told people that since I am not educated I won't be able to do justice to the post of sarpanch. However, they were not ready to listen and wanted me to fight elections which I did eventually. I emerged victorious following which my responsibilities have increased. I hope that I will be able to live up to their expectations," says Nazir.

Behind the success stories of Haneefa Begum, Ali Mohammad and Nazir Ahmad Dinda there is only one person and that is Dr Ghulam Rasool. During his posting at Mujpathri as a medical officer in 2006, Dr Ghulam Rasool got to know the villagers and their problems. He motivated people to file RTI applications and corner the government so that justice was delivered.

"Timber smuggling was going on like anything in Mujpathri and adjoining villages and this was my first priority. People used to be implicated falsely in timber smuggling with the real culprits managing to get away. I managed to get FIRs dropped against 18 persons and this gave confidence to the people that things can be set right if the RTI Act is put to use," recalls Dr Ghulam Rasool. ■

Samita's World by SAMITA RATHOR

Passion fruit pulp is a winner

Shree Padre
Thrissur

WHEN Binni K. Paulose was handling an agency for the Malnad Passion Fruit Company in Thrissur, he sensed a business opportunity. He was buying pre-packed fruits from the company for resale to supermarkets and other stores. Passion fruit squash was also part of his portfolio. But he noticed that shopowners and caterers would often ask him if he could supply passion fruit pulp free of preservatives.

Paulose, 43, is from Kakkassery. An undergraduate with a diploma in electronics, he doesn't really come from a business background. But Paulose was sharp enough to realize that a ready market for passion fruit pulp was staring him in the face.

Until five years ago, passion fruit wasn't a well-known fruit in Kerala. But its growth in recent years has been phenomenal. The fruit is especially popular with dengue and cancer patients due to its nutritive and medicinal qualities. It is also enjoyed as a drink or sherbet.

Years ago, one or two vines of passion fruit used to be grown in homesteads. Now the fruit is cultivated on some 3,000 hectares. Two big companies manufacture value-added products, mainly passion fruit squash. A myriad small shops sell passion fruit juice. It is also served as a welcome drink by the catering industry during weddings.

Paulose had picked a rising sector. Nobody was making passion fruit pulp. The question that bedevilled him was how to make fruit pulp without preservatives? He knew the Kerala dislike for products with chemical preservatives. He had taken part in a few fruit preservation workshops conducted by the Kerala Agriculture University. But none of them had passion fruit pulp as a product.

Paulose enrolled in India Mart, an internet group consisting of business persons. Most of their members were entrepreneurs who manufactured pulp from fruits like avocado, litchi and so on. But his enquiries from them didn't help. Eventually, he turned to YouTube. Luckily, he came across a few videos on producing passion fruit pulp without chemicals. He started experimenting. A friend who made avocado pulp also helped out.

After a few months Paulose was ready with a satisfactory method of making passion fruit pulp which could be frozen. "I liked an Australian company's product," he says. "They sold passion fruit pulp in small pouches, just enough for one glass. You cut the pouch, pour its contents into a glass of water, stir and drink," he says.

He named his venture Nisama Foods. Pulp, packed in one-kg plastic bottles, is priced at ₹400. The pulp contains the fruit's nutritive seeds too. Since he sells directly to consumers he offers a little discount.

Paulose started his small venture two years ago, selling frozen passion fruit from his home. He converted one of the rooms in his house into a manufacturing unit. With his wife, Anu, and a female helper he began extracting fruit pulp and freezing it. Most of his buyers are caterers and shop owners. He has sold around five tonnes of pulp in several districts of Kerala but his main market is Thrissur.

Binni K. Paulose

The advantage with frozen fruit pulp is that it can be quickly made into juice.

Paulose's venture is probably the first of its kind in India. "You can dilute my pulp four or five times to make sherbet," he says. Caterers buy upto 30 kg at one go to serve at weddings. When he receives a largish order like this, he delivers personally to the caterer, "within 24 hours", he says proudly. His maximum monthly sale is 600 kg. During the monsoon months, especially in June and July, sales drop by half but pick up again from August.

The coronavirus pandemic affected Paulose's business in a big way. Since September, it started picking up again and he has sold 350 kg in the past three months.

Paulose also grows some passion fruit in his homestead. He has taken two acres on lease nearby to grow passion fruit. However, these two sources aren't enough. So, when required, he buys passion fruit from wherever it is available at competitive rates.

"It was only after plunging into production that I learnt the intricacies of pulp production," recalls Paulose. "You have to be careful about the quality of fruit you cut. Otherwise the pulp will not be of good quality. I have had bitter experiences many times. Now I myself cut the fruits. By smelling the fruit I can judge whether it is up to the mark."

Paulose has travelled widely to study passion fruit. "It is difficult to fix the exact fruiting season of this fruit anywhere. When one farmer doesn't have the crop, his neighbour might have a good yield."

To promote his product, Paulose has thought up an interesting service. In Kerala, juice is prepared manually, be it at a wedding or an exhibition. Paulose has invested in a cold juice dispenser for ₹40,000. Juice concentrates can be filled in any of its three chambers and served instantly. He leases out his dispenser for ₹500 per day to juice *wallahs* who set up stalls during functions.

"Renting out the dispenser is not profitable," says Paulose. "We have to transport the machine both ways. I bought it to increase sales of my pulp. Those who take the dispenser on rent also buy the pulp from us."

Passion juice and pineapple juice are both popular. Some caterers add a few pieces of pineapple to the passion fruit and top it up with ice-cream. "That combo really clicks," says Paulose.

He says he doesn't have to stock the fruit during the lean season. "The fruit is always available somewhere in Kerala or in neighbouring Tamil Nadu," he says.

In fact, pulp is emerging as better value for money. "One litre of passion fruit squash costs ₹250. I sell pulp for that price to wholesale buyers. It is always fresher. To make a kg of pulp you need 2.5 kg of fruit. I buy the fruit for ₹60 to ₹70 per kg," he says.

The squash industry requires more capital, staff and space. Pulp can be made in a small unit. Also, it's not essential to get into cultivation since the fruit can be bought from farmers. "It makes better economic sense," he says.

"There is good demand, but I'm not able to always meet it since there is limited availability of raw material."

There is latent demand in Kerala but it's important to first identify your buyers is Paulose's advice. "Then you must approach them with samples and convince them your product is worth trying. Aggressive marketing yields results," says the enterprising Paulose. ■

Binni Paulose: 94950 62320; binnykakkaserry@gmail.com

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CIVIL SOCIETY

HALL OF FAME 2021

IN ASSOCIATION WITH THE AZIM PREMJI FOUNDATION

FIVE EXAMPLES OF INCLUSIVE HEALTHCARE FROM ACROSS INDIA

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MAKUNDA HOSPITAL

Vinod Shah
CHRISTAN MEDICAL COLLEGE

Suresh Kumar
LNJP HOSPITAL

Taru Jindal
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Mary & Rajkumar Ramasamy
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THE crisis in our lives caused by the coronavirus pandemic has made most of us realize the importance of having a robust and well-structured public healthcare system. It is clear that in a country as large as ours it should be a system owned and run by the government. We know from experience that excessive dependence on privatized care won't do, for all the expertise and excellence in standards that might be on offer.

At the core of a healthcare system are doctors. Outcomes are dependent on how they perform.They should have clear objectives and feel at ease and secure in their clinics and wards. To that end, continuing investments are required in infrastructure and management systems.

But it is not enough to have a funded and functioning system. It is also essential for doctors to have high levels of motivation and the spirit of service. They should be imbued with the ethical values of their profession and feel ready to go beyond the call of duty. If productive work environments matter, so do these attributes. Doctors are more than their degrees and the facilities they work in.

Commitment and an emotional quotient are important.Tens of millions of poor and uneducated people, living in inhospitable conditions, make up diverse target populations that Indian doctors must be prepared to reach. Social inequity results in a huge asymmetry between doctor and patient. Dealing with this gap is as much a part of medical care as diagnoses and medicines.

Encouraging doctors to be inclusive and use their knowledge and power for doing good should therefore be a priority if they are to be effective where they are needed most. It has long been a national concern to get doctors to go to villages. They go when they are compelled to do so. But they really make a difference when they take on rural assignments with an innate sense of public spiritedness and a belief in their role in the process of nation-building.

Medical education plays an important part in inculcating social awareness. Doctors who come out of the Christian Medical College, Vellore, and other such hallowed institutions tend to be better connected to Indian realities. We have found that exposure to poverty and doctors to look up to are a big influence during student years.

Government policies are also important for taking healthcare in directions that work best for the country. Policies help young doctors make choices. For instance, there is a strong case for shifting the emphasis to basic and family medicine from those specializations that become primarily attractive for commercial reasons.

In *Civil Society*, over the years, our coverage of public healthcare has been largely about the government system and the voluntary sector. We have found idealistic doctors and activists trying and often succeeding in providing medical services against great odds. We have reported on them because what they do is so relevant and inspiring. Maybe other doctors would get motivated by learning about them. Their examples also serve to change the general impression that doctors are only after fat fees. Perhaps young readers in colleges and schools will change the way they think about the medical profession after our stories.

In this spirit we have dedicated this year's Civil Society Hall of Fame to healthcare. So far, entrants to the Hall of Fame have come from all walks of life. But this year there are six doctors chosen, from among the many more we know, for their extraordinary commitment to serving people and strengthening their profession by personal example.

These doctors have excellent degrees, but they choose to work in remote corners of the country for small salaries and sometimes no money at all. In addition to advanced medical skills, they have in common strong leadership qualities. They are driven by compassion and a sense of service. They dedicate themselves to treating the disempowered and the poor who need them the most.

In this year's Hall of Fame, we have Dr Roshine Mary Koshy, Dr Suresh Kumar, Dr Vinod Shah, Dr Taru Jindal and the husband and wife team of Dr Rajkumar Ramasamy and Dr Mary Ramasamy.

Dr Koshy, 38, is from Kerala, has an MD from the Christian Medical College in Vellore, spent a year in Jharkhand and is now at the Makunda Hospital in a remote corner of Assam's Karimganj district, where she has committed to stay for 10 years.

Dr Suresh Kumar, 57, has a fascinating story to tell of turning the LNJP Hospital in New Delhi into a successful COVID-19 facility in record time during the pandemic.

Dr Vinod Shah, 74, is a paediatric surgeon, also from CMC, Vellore, who spent long years running a small hospital in tribal areas on the border of Gujarat and Rajasthan. He then did an administrator's job and finally returned to Vellore to design and successfully launch a distance learning course, the only one of its kind in India, to turn government general medicine practitioners into specialized family physicians.

Dr Taru Jindal, 39, is a gynaecologist who got her degrees in Pune and Mumbai. Just when she could have embarked on a fulfilling and lucrative career, she chose instead to go to Motihari in Bihar, to train doctors at a district hospital. She then went on to help set up a health centre in the village of Masarhi.

The Ramasamys have successfully demonstrated how primary healthcare services should be provided. Rajkumar, 66, has a specialization in general medicine from Cambridge and is a Fellow of the Royal College of Physicians. Mary, 65, is a gynaecologist trained at CMC, Vellore. But for 20 years they have run the KC Patty CF Primary Health Centre in the tiny village of KC Patty, some 50 km from Kodaikanal in Tamil Nadu. Before that they spent about the same number of years working at the Christian Fellowship Hospital at Oddanchatram. Theirs has been a lifetime of service.

The rules for the Hall of Fame are that you can't apply and you can't want to be famous. You have to be identified for the work you do. *Civil Society* has completed 17 years and the Hall of Fame is 11 years old. It is a device for citizens to celebrate the good work of other citizens. It is an opportunity to say thank you!

Our partner in this happy effort from the very beginning has been the Azim Premji Foundation. It has been a wonderful partnership in which *Civil Society* takes the lead.

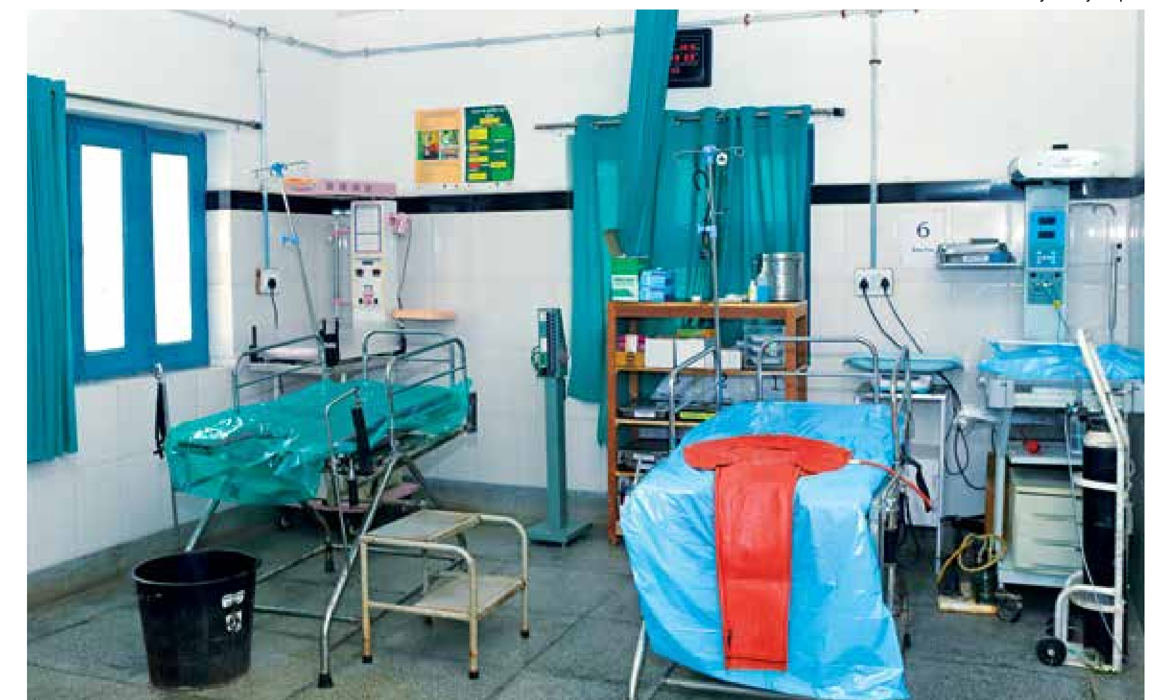
In all previous years we have travelled the length and breadth of the country to spend time with the final entrants to the Hall of Fame and document their work through pictures and reportage. With the pandemic, that hasn't been entirely possible. So, instead, we have relied on detailed interviews, which have their own kind of value.

We have in the past also brought the new entrants to Delhi to celebrate their work at a public function at the Habitat Centre. A recognition ceremony has been followed by the Everyone Is Someone Concert at which Indian Ocean has performed. Sadly, none of this will happen this year. We can at best hope to do something online.

Taken together, the entrants to the Hall of Fame over the years make an interesting collection of people who are genuine change leaders working far from the limelight. Celebrating them nationally and bringing them to Delhi, as we have done in the past, is belated recognition of their contribution to building a better India.

This year is not the first time that doctors have been in the Hall of Fame. We have had several from all over the country. The difference now is that we have six together. In the past we have had doctors young and old, general physicians and specialists, activists and those working for the government. They have all been innovators and used whatever resources they could find to their advantage. They have built productive partnerships and connected beneficially with communities. Without exception they have set their own standards for themselves and in doing so have raised the bar for others. They have pursued their dreams and gone over and above the call of duty.

Photo: Civil Society/Shrey Gupta



A remote PHC's labour room, like this one in Barmer district, can be as good as any in a private city hospital

We have dedicated this year's Hall of Fame to public health. Six doctors have been chosen for their commitment to their profession's values and serving patients against great odds.

Many of the facilities we have seen have been so well-equipped and managed that they could have been in big cities in the private sector and not in the far-flung locations where we found them. While looking for a picture for this opening piece we rummaged through our archives and came up with the picture of the delivery room at the PHC the young Dr Jogesh Kumar used to run in Barmer district in Rajasthan. The picture of that delivery room is used. It has everything including a clock because the time of birth is important. ■

HALL OF FAME

Dr Roshine Mary Koshy in the Makunda Hospital: 'Serving the poor is like swimming upstream. You have got to keep going'

Roshine Mary Koshy

'You see suffering and realize that it could happen to you'

WHEN you are a highly qualified doctor who lives and works in a remote corner of northeastern India, chances are that you have gone a long distance in life. It is so with Dr Roshine Mary Koshy. She grew up in Kerala, studied at the Christian Medical College in Vellore, spent a year in Jharkhand and now heads the Makunda Hospital at Bazaricherra in the district of Karimganj in Assam.

Dr Koshy is 38 years old and an MD in internal medicine. Hers has been a restless search to find meaning in her career as a physician by serving the poor. If she weren't a doctor, she would like to be a teacher or a nurse, she says.

But being a doctor has been exceptionally fulfilling. It has meant being able to save lives in difficult conditions with often very little to fall back on. It has enabled her to live among tea plantation workers and tribal people and discover what it means to be like them, on the periphery of a nation.

She has also come across medical conditions which she might not otherwise have. For instance at Makunda she has found a widespread thiamine deficiency caused by diet. Her life as a doctor has taken her into different cultures at the grassroots. She has had to overcome language barriers though she has a good knowledge of Hindi, which she learnt in Kerala.

At the Makunda Hospital, she takes over from Vijay Anand Ismavel and his wife, Ann, both doctors, who have spent 30 years of their lives turning a derelict hospital into a modern and affordable facility. Dr Koshy has spent six years in Makunda and she has pledged at least 10 years of her life to the hospital as its chief executive officer.

Q With all your degrees from CMC Vellore, why have you chosen to work in rural hospitals?

I always wanted to work with the poor but not necessarily as a doctor. There were three professions that I looked up to: doctor, nurse and teacher. In my mind these were the ones that could really change people's lives. It was just natural for me to go to a rural area after I graduated in 2013.

I approached Emmanuel Hospital Association to work for three years in the neediest parts of the country. I spent the first year in the 75-bed Nav Jivan Hospital in Palamau district of Jharkhand. After that I was transferred to Makunda Hospital in Karimganj district of Assam where I am currently working.

Q Jharkhand must have been a big surprise for you. Was it tough?

I don't come from a medical background so, yes, it was a surprise. I had read about the dire situation of health services in rural India but actually witnessing it was overwhelming. We would see a lot of patients, especially children, with snakebite. The krait would have bitten the child at night and they would come with the child, already dead, in the morning. It shook me. We were the only hospital in the area equipped with a ventilator. I thought our medical system was so complacent and unjust.

Q Do you remember your first patient?

No. I just remember this one patient, an eight-year-old girl with seizures. She was very sick and I advised her family to take her to Ranchi for treatment. My colleague told me a while later, 'Why did you say that, this tribal family will just go home. They won't go all the way to the city. They will go home and let the child die.' I felt terrible. Life had no value here. This was a huge shift from the training I had received in Vellore. The challenges of working for the poor really struck me then.

Children used to come to the hospital in their school uniforms. I thought the child must have fallen sick in school. The truth was that those were the best clothes they had. I used to get angry with them because they would come for treatment to the hospital only when they were really, really sick. But when I went to their villages I realized why. They lived in such remote locations. If I was in their place and fell ill, I would also think twice.

The community here didn't know anything about the human body. I still remember a man who brought his 22-year-old son to the hospital. The boy was very seriously ill, on ventilator and support systems. I explained to the father that his son's heart was not working, neither was his brain, his kidneys had collapsed. He replied: "*Lekin baaki sab toh theek hai,* sir" (But everything else is okay, sir).

Q What was the disease burden there?

People basically came with a lot of preventable illnesses. Children suffered from diarrhoea and had dehydration. Whatever I saw while practising in CMC, Vellore I saw in Jharkhand. Except that you don't have any back-ups or any resources in Palamau.

Q And then a year later you came to work at the Makunda Hospital?

In 2016 I joined the Makunda Hospital. I felt it was the right place for me. Dr Vijay's Makunda model is one of the best solutions to equitable healthcare in rural India. I never wanted to do pioneering work. I wanted to continue someone else's work because I'd read biographies of people who started such work with great commitment. But there was no one to take it further. I wanted to be that bridge person. Makunda's philosophy was very similar to mine.

Q And the Makunda model. What does it mean?

The Makunda Hospital did not just focus on the poor and the marginalized, they actually had a bias for them. The management put it into practice. The hospital has only general wards and no private wards. All patients, whether they are rich or poor, get the same treatment, irrespective of their capacity to pay. I feel that gives dignity to the poor. They stand in the same line as the rich, get the same treatment and see the same doctor. In Jharkhand that was not the case. In most mission hospitals, private wards subsidize the general wards.

Dr Vijay told me that when they first talked about having only general wards, they were ridiculed. They were struggling financially at that time so to take that decision, not to have a cross-subsidy between general wards and private wards, was a very radical decision.

There were two reasons they decided to go ahead. One was Mohammad Yunus' book, *A Banker to the Poor.* After a lot of research, the book concludes that when NGOs in Bangladesh introduced facilities for the rich then down the line, unknowingly, the poor were edged out. So, having the same facility for two sub-populations is not a great idea.

Secondly, when I used to treat my patients in the general ward in Jharkhand, there would be this one patient who would say, Give me the medicine that you're giving the person in the private ward. He thought he was being given substandard care because he had paid less and his medicines must be of substandard value.

In the Makunda Hospital the poor feel welcome because they are not treated differently and they don't have a problem paying the bills. What is interesting is that this is a financially viable model. All our income comes from patient revenue. It's the large volumes that really help us. Our donor dependency rate is less than one percent. The fact that it's sustainable is a real plus point.

Q Which poor communities come to the Makunda Hospital?

In Jharkhand just one tribal population would approach us but in Makunda the patient population is very heterogeneous. You have Muslims, Khasis from Shillong, Manipuris and the tea garden people. It took me a year to understand the different communities. Each has their own way of expressing themselves and their perception of illness differs.

I have a soft corner for the tea garden community. I see them as my Jharkhand patients who were brought from UP and Bihar to work in the tea gardens because the local Assamese people didn't want those jobs. They spend their whole lives in the tea gardens, it's like modern slavery. Locals don't care for them and the tea garden managers exploit them. I felt God has given me a small Jharkhand to take care of. When they tell me they get good treatment here, I feel happy.

Q Are there any illnesses specific to this region?

A lot of people, especially pregnant women and breastfeeding mothers, have been coming to the hospital with peripheral neuropathy. They have weakness of the limbs and they come in wheelchairs. Over the years people postulated various theories. In 2014 or so, collating inputs from clinicians, we suspected it was due to thiamine deficiency.

I've studied thiamine deficiency in books, but I had never seen it. When we started treating patients with thiamine supplements, they improved quite rapidly. We collected data and showed it to the government. It's a preventable illness, easily treatable, mostly seen in refugee camps or war camps but not in the general population.

We didn't have a paediatric doctor for eight months. I was taking care of that department. Babies, two or three months old, seemingly healthy, would be admitted to the ICU and die in a matter of days, no matter what you did. We started giving them thiamine and they got well almost miraculously. We were able to identify a preventable cause of death in children and save them.

There is great evidence to show that if you tackle thiamine deficiency in a population, your infant mortality rates will go down dramatically.

I felt we should inform people quickly. It must impact our nutrition policy. But here things are moving so slowly. If this had happened in the city people would have acted swiftly. Our hospital is treating patients with thiamine deficiency but I fear other hospitals are not. Mothers in most rural areas wait for one or two days to see if the child will recover before approaching the hospital. By then the child may die. We are seeing only the babies who manage to reach the hospital.

Q This deficiency is due to nutrition. Can't it be corrected with the right information going to the community?

It is due to nutrition—the large amounts of rice they eat and fermented dry fish. Both are supposed to contain thiamine inhibitors. The government said they need to see a study carried out in the community. Our studies are all hospital-based. We are partnering the National Institute of Nutrition (NIN) in Hyderabad for a study but the funding has not yet come. Research in rural areas is not a priority at all. We will do a study in the community with them to create scientific evidence, but, meanwhile, we can just start educating and creating awareness. I went to attend a meeting with the district administration. I told them we are seeing thiamine deficiency. No one believed me.

Q But couldn't this deficiency be prevented if the community knew what foods they should eat and what they should not eat?

Changing the food habits of the community, whether tribal or otherwise, is very difficult. I do tell them. But unless the government agrees that there is a problem, people are not really going to listen or think about it.

Q Tell us about your family.

My dad is a priest of the Marthoma Church. My mom is a teacher and we are three sisters. My inspiration is my granddad, also a priest. I was inspired by his simple life. He was always there for people. I grew up reading biographies. I was most inspired by Mother Teresa's biography. My work and experiences have changed me. You know life is not in your hands. You see so much suffering around and you realize it could happen to you too. It's very humbling. And I don't like people romanticizing poverty. It's just a brutal fact. Working for the poor is like swimming upstream, but you have to keep going.

Q What are your priorities right now in the hospital?

We need consultants to stay on so that departments can grow. Obstetrics and pediatrics has grown. I want to improve ICU care. That needs some investment. I also want to ensure research questions on thiamine deficiency are all answered. Third is a question I've not been able to answer: how do you ensure commitment and hard work are values that are passed on? ■

HALL OF FAME

Dr Suresh Kumar outside the LNJP Hospital: 'It took us 30 days of working day and night to expand our facilities'

Suresh Kumar

'We were given freedom to do whatever it took to save lives'

HOSPITALS get built from scratch in record time in emergencies, it is known. But what about turning around an ageing and neglected government hospital in the middle of a pandemic? How difficult or easy is that? Ask Dr Suresh Kumar, 57, who led the transformation of the Lok Nayak Jai Prakash (LNJP) Hospital in Delhi in a matter of weeks even as it was flooded with COVID-19 cases.

Dr Kumar went from being nodal officer of the special task force on COVID-19 to taking on the mantle of medical director of the LNJP Hospital. Earlier, he was teaching in Maulana Azad Medical College. Faced with the mounting demands of the pandemic, he intuitively led an effort that turned the LNJP Hospital into a state-of-the-art facility.

An unimpressive structure in central Delhi, LNJP was a typical government hospital, ramshackle and languid with no great forte in any field of medicine. As a flood of COVID-19 patients suddenly descended on the hospital, sleeker private hospitals having chosen to hunker down, doctors and nurses were in a state of sheer panic.

They needed better protocols, gear and infrastructure to deal with an unknown disease. Under Dr Kumar, the hospital has gone from just 330 beds to 2,000 and the ICU has been expanded from 50 beds to 300. New testing facilities have been added. Of the 10,000 patients the hospital has treated, the majority have survived. There have also been successful deliveries of babies by mothers who had contracted COVID-19. It was a whole new addition to the activities at the hospital. A children's ward with recreation activities was also created.

Dr Kumar himself contracted COVID-19 and lost three members of his staff. He lived on the hospital premises for six months, never went home, and spent sleepless nights. He also became visibly thinner.

It helped that Dr Kumar was given a free hand by the Delhi government and all the authority to take decisions on the spot in the hospital to buy equipment, expand facilities and provide amenities to the doctors, nurses and other staff.

He also drew on the voluntary sector, bringing in Doctors For You (DFY) who almost overnight added beds, provided staff and set in motion hygiene services. The hospital learnt as it went from one day to the next. This was especially so in the treatment. Strategies were decided as the situation evolved. For instance, it was seen to be beneficial to give oxygen and steroids straightaway.

Now that cases of the novel coronavirus are at a historic low and people are being vaccinated, Dr Kumar looks back at that tumultuous time and how LNJP very quickly went through a transformation and became the most important hospital for COVID-19 in Delhi and its surrounding states.

Q You took over as medical director when the COVID-19 crisis was at its peak. Tell us your initial impression of the hospital.

In May 2020 coronavirus cases were rising and everybody was in panic mode. Doctors and nurses were wondering how they would manage patients, treat them or even touch them. The nurses were keeping a distance of five metres from patients. They feared for their own lives. This was the situation. Ours is a teaching hospital. We had to make sure we followed WHO guidelines.

We held a lot of brainstorming sessions in March itself when I was appointed nodal officer for COVID-19 at the hospital. We formed a Special Task Force (STF) on COVID-19. We held intense meetings with experts in microbiology, anaesthesia and internal medicine. We met for five to six hours for two or three days to adopt WHO guidelines and streamline them for our hospital since we had limited resources.

Our first problem was the shortage of PPE kits. It was also very hot, nearly 42 degrees Celsius, and medical staff had to wear them for eight hours.

Q How did you turn this situation around?

There were two or three decisions I emphasized. The first was that the patient should be taken care of at all costs. The nurse would see to all aspects of patient care and monitor blood pressure, pulse, respiration, oxygen saturation, etc. A doctor, a senior consultant, would at least visit the patients.

We created a full facility. We began with 300 beds and then added more. Initially, we had limited knowledge. We relied on oxygen and steroids. Both were given at the very beginning to patients in the casualty ward itself.

Patients were quickly categorized — those who could be treated at home were sent home, patients with symptoms or co-morbidities were kept in the ward and serious patients with respiratory distress were sent to the ICU. The brief was to shift them from the ambulance to the ICU swiftly, within one hour. We stationed 200 doctors, 400 nurses, 300 cleaners and nursing orderlies in the ICU.

In fact, we put a lot of resources into the ICU. We had thousands of patients. Out of them 150 were really serious and we saved their lives.

In April, we had oxygen supply for just 55 beds in the ICU. I expanded it to 300 beds. The initial consumption was 30 tonnes of oxygen. It went up to 150 tonnes per month.

Later, we also got good drugs like remdesivir. We were the first hospital in north India to use it. We also started plasma therapy. These two things saved many lives.

Q Your hospital was the first to introduce plasma therapy.

Yes, we were the first in India. We have given plasma therapy to more than 500 patients. We also started the first plasma bank, initiated by our chief minister, Arvind Kejriwal. He was very supportive. We first did trials approved by ICMR (Indian Council of Medical Research) and DCGI (Drugs Controller General of India). Initially with 30 patients and then with 400 patients. After that anyone could come and access plasma if the patient had very low oxygen saturation. We had many poor patients here. People came from Haryana, Agra, Ghaziabad and Saharanpur to access the plasma bank. It became popular.

Q How long did it take to expand facilities?

It took us 30 days of work, day and night. Normally, such work requires a lot of approvals. I told the government we needed to work on a war footing. I asked the government for the authority to get the work done. The Public Works Department (PWD) spent more than Rs 70 crore within 30 days on expanding facilities in LNJP. I gave them a deadline of three weeks. They took a week more. I told the chief engineer, you will lose your job if you don't complete it on time, people are dying. So, all junior engineers were on the job.

Q Finally, how many COVID-19 beds did you have?

We had 2,000 beds (in general) and 300 in the ICU. We extended those beds to 600 because there was a surge around Diwali in November 2020.

Q How did you motivate the doctors, nurses and other medical staff in the midst of so much panic?

We held counselling sessions. Our medical staff said the PPE suits supplied by the government were very uncomfortable. I told them, You choose whatever PPE suit you want and we will pay for it. I decentrallized decision-making. We formed a committee of doctors, nurses and postgraduate students. I told them to tell me what they required through this channel. There was freedom at all levels. If the *safai karamchari* wanted a particular machine to clean the ward, it was approved.

Medical staff did two weeks of duty and then got two weeks off. We provided them good accommodation. The doctors were put up in five-star hotels. We made sure that after a duty schedule of 10 to 12 hours they could sleep well. We hired 54 DTC buses and provided free transport to nurses and doctors. We spent about ₹6 crore to ₹7 crore on transportation. The hospital also provided free food for everyone from the *safai karamchari* to the doctors.

Q What was the mortality rate?

Around 1.5 percent. The hospital admitted more than 15,000 patients. About 3,000 turned out to be corona-negative. Around 13,000 to 14,000 were positive. Till date (up to February 9) 10,922 patients have gone home after successful treatment, the highest figure in India by any single hospital. It reflects the hard work of our doctors.

We also delivered babies of coronavirus-positive mothers. Altogether we handled 527 deliveries out of which 303 were normal deliveries and 224 were Caesarian section. The hospital handled the highest number of such deliveries. Initially, other hospitals were refusing to do deliveries of corona-positive patients so they used to come here. We created a separate facility for them: a labour room, an OT and a nursery. The patients did very well.

Q What about testing?

A separate testing facility was created, manned by a team of eight doctors and staff. Along with it an advanced virology lab. Earlier, the lab was handling 20 samples. It was expanded to handle 600 samples. We did 200 to 300 RT-PCR tests daily and 500 to 600 of rapid antigen tests.

We also set up a 100-bed specialized ward for our employees who got infected. So, they knew if they got ill, they would be taken care of well. We lost a doctor, a technician who worked in the ICU and a *safai karamchari* in these 10 to 12 months. Two or three nurses contracted the virus.

Q How did Doctors For You (DFY) get involved?

Our chief minister and deputy chief minister told us that they wanted to help. And they supported us very well. They provided ambulances, beds and manpower. They gave us 100 nursing orderlies, donated computers and printers, set up a paediatric ward. DFY enhanced efficiency in services. The hospital staff was reluctant to handle dead bodies, but DFY undertook this task.

The new medical block, and most of the ICUs were handled by their nursing orderlies. Infection control and hygiene management were handled by them. The hospital's success is due to their support.

Q So, your hospital is now an advanced hospital.

Yes, there has been a sea change. It's like a corporate hospital, all very hi-tech. All the beds are well-equipped. We have all the machines required. Right now, we are computerizing all the wards and digitizing all patient records.

Q What are the prominent learnings for you from this experience?

As a doctor, to do my job I should be fully empowered. The Delhi government gave us full freedom to do whatever it took to save lives. We were able to remove most bottlenecks early on. Most brilliant doctors go to the corporate sector because they are paid two to three times more. They get little appreciation for their services. The government has to work on retaining talent.

Q What is your vision for the hospital going forward?

We have to augment our emergency services. We require many more critical care specialists and technicians. We want to introduce a postgraduate course in emergency medicine since we hardly have any such specialists. Only AIIMS has such a course.

Also, state-of-the-art ICUs. The hospital has 200 to 300 ICU beds with ventilators. But we have a paucity of critical care specialists and chest physicians.

We also need to have modular, advanced OTs. If somebody requires surgery immediately, he should be operated upon even in the middle of the night. At present, government hospitals work from 9 am to 5 pm. The system should work round the clock.

We require more advancement in diagnostics and therapeutics. Currently, MRI and CT scan reports arrive after two days. But these things should be made available in real time. Reports should be sent to the mobile phones of consulting doctors within one hour so that they can assess patients quickly. Junior doctors should be able to access these reports as well. ■

HALL OF FAME

Dr Taru Jindal: 'When you truly want something, the universe conspires to make it happen'

Taru Jindal

'I knew things were bad in Bihar, but actually seeing it…'

Dr Taru Jindal earned her medical degrees in Pune and Mumbai, but it was in a district hospital in Motihari in Bihar that she first chose to work. Her assignment was to train nurses and doctors in adopting better practices. Her second assignment, too, was in Bihar, in the village of Masarhi, where she helped set up a community health centre.

Both opportunities came through Doctors For You (DFY) and its founder, Dr Ravikant Singh. She had made up her mind that the big cities didn't need her skills. Her motivation came from exposure as a student to the work of Dr Abhay Bang and Dr Prakash Amte in tribal areas.

Even as the Masarhi health centre took shape, Dr Jindal, 39 years old, sprang a cancer. Between sessions of chemotherapy, she now spends her time running a breastfeeding network and helpline. She also has a helpline for a lesser known affliction called vaginismus.

Q You studied in Mumbai and then went to practise in a government hospital in Motihari in Bihar's East Champaran district. What made you do this?

What took me there were my dreams. Dreams that my boyfriend and later my husband dreamed during our days in medical college of working where we were really needed. Though we both belonged to Mumbai, we felt the city didn't really need us. We were inspired by people who had done amazing work at the grassroots like Dr Abhay Bang and Dr Prakash Baba Amte in Gadchiroli district. We were constantly in touch with them. We were 29 when we graduated and got married.

Q How were you in contact with them? Most doctors go in the direction of high-earning careers.

We had a student organization in BJ Medical College in Pune called Prachiti which in Marathi means self-realization. Without them I wouldn't have thought of these things.

They used to take MBBS students to Baba Amte's Anandwan and to Dr Bang's SEARCH in Gadchiroli district. Students were also taken for volunteering to disaster-prone regions of Gujarat. Actual exposure is what made the difference. We were also part of student youth movements in Maharashtra. Conviction came from seeing all this.

Two visits I made after my MBBS transformed me. For my internship in 2007 I went to Melghat, a forested region inhabited by tribals and infamous for malnutrition deaths during the rainy season. I went for 14 days as a health worker for an NGO. I didn't even know such a world actually existed.

Q How did your association with Doctors For You happen?

When you truly want something with all your heart the universe conspires to make it happen. I believe that. I had two months left to complete my rural bond. Everyone was ready with what they were going to do. Someone was going to start a clinic, someone was going to do post-graduation, or maybe apply for a fellowship. I was like, I want to go to a village.

Just at that time, Dr Nobhojit Roy, head of the department of surgery at Bhabha Atomic Research Centre Hospital, met my brother and told him about this project in Bihar which was being run by CARE India, the Bill & Melinda Gates Foundation and Doctors For You. They were struggling to find doctors to work at the Motihari hospital. I spoke to Dr Ravikant Singh. It was a 10-minute call. I was familiar with his participation in the reservation campaign and I knew he was a good person. I wanted to work in a rural area so I just signed up for it.

Q What was your impression of the Motihari hospital?

I knew things were bad in rural Bihar. Dr Ravikant Singh and Dr Nobhojit Roy had told me everything. But actually seeing it… it was a lot worse.

I arrived there at 10.30 am. I stepped into the labour room. I saw dogs all around, rusted cots and blood on the floor everywhere. The labour room was stinking like a toilet. A woman was delivering a baby with bare hands. It was a total shock for me. More shocks followed. The baby came out. The woman tore the mother's sari and wiped the baby. The baby now had to be wrapped. The woman tore the mother's petticoat and wrapped the baby in it. And then I realized the woman wasn't a doctor or even a nurse, she was the sweeper.

Day after day I watched babies dying, not being revived. I saw mothers with ruptured uteruses being referred to other hospitals and going away in auto-rickshaws. The doctors who should have been responsible for the maternity ward were not around. I also found out that there was a five-km line of private nursing homes across from the district hospital. Clearly, there was something going on between the district hospital and the nursing homes. They were proliferating at the cost of this dysfunctional hospital.

I had to take a call whether to stay or leave. I had been sent as a trainer to train the doctors of that hospital. But there were no doctors to train. I didn't know what to do. But I thought, I made a commitment to be here for three months. I won't go back on that even if it means all that I will be able to do is clean up the labour room with a broom, I'll do that.

I started by building rapport with the nurses. I began a *shramdaan* movement to clean up the OT, a place where people would do surgery in a *baniyan*. That kind of shifted things in their minds because they began to think, if a doctor can sweep the OT with us then we can also do things.

They started taking ownership. I began working with the nurses, assisting them in difficult deliveries late into the night. They knew if the baby or mother died they would have it because the crowd could literally do anything at that time and there was no security. But now there was a doctor standing with them, saving their necks day in and day out. It made them think: this is what the doctors of this hospital were supposed to do but were not doing.

They saw my skills even though I was half their age. They began to respect me. Then they began to get interested in improving and we started working on their skills. By the time three months were over, I had already helped in improving their skills and changing their attitude. But, of course, the overall infrastructure of the hospital needed a bigger helping hand. I was too small to work on that.

Q How did the hospital's decrepit infrastructure get rebuilt?

The universe conspired once again. A new collector was sent to that district, Jeetendra Srivastava. We used to call him Singham. The movie had just released at that time. I approached him and he listened. He said to me, Taru, tell me what needs to be done and I'll do it. I used to go to his office at 7 pm every few days and brief him. Sir, this is what we need, this is what is happening at the hospital. He began to do midnight inspections of the hospital and he started suspending people who weren't doing their jobs.

Things began moving at such speed that people couldn't believe it. In six months the labour room, the OT, everything was reconstructed. Doctors who were never seen at the hospital were there at 9 am. New young doctors from medical colleges were recruited and the old ones were thrown out.

This kind of overhaul could only be done by someone as big as a collector. Nobody else could do it. I left after six months when our project was over. I joined as a lecturer at the Sevagram Medical College in Wardha. In 2017, the Motihari hospital won the Kayakalp Award, instituted by the Modi government. Nobody could believe it. It won the same award again, I think, in 2018.

Q So, the changes you made proved to be permanent?

I was just one of the catalysts. There were five or six people in that hospital for the past two decades who wanted to improve things but never got any help or support. I probably just sparked that light in them again. There was, of course, Jeetendra Srivastava and from the hospital side there was Vijay Jha, the hospital's administrator, a few nurses like Anju Sinha, and Dr Ravikant Singh, myself, and people from CARE India. It is a beautiful story of how people came together to do something amazing, instead of one person in isolation.

Q But you went back to Bihar once again, to Masarhi, one of its poorest areas. Why?

I had to come back. I didn't want to leave Bihar at all. I felt I was born to be there. This, Bihar, is my *karmabhoomi*. I began teaching at Sevagram but I would think, anybody can do this job. Every day I used to tell my husband that I had to go back.

Dr Ravikant Singh wanted to build a small health centre in his father's house in their ancestral village in Masarhi, about 25 km from Patna. He had studied in Mumbai and on a visit to his village after 12 years, he came across a man who died in his hut because of an ailment which was easily curable. That shook him.

He decided to convert his father's house into a health centre. He got a donor from Mumbai and he asked me if I wanted to handle the new centre. I was itching to go back. We decided to set up the health centre together.

Working in Masarhi was totally different from working at the Motihari Hospital. I did not know how to mould the minds of people in the community towards healthcare. I had to do a lot of innovation. We started a nurse assistant programme, celebrations like *godhbharai*, a self-help group for agriculture and farming to combat malnutrition.

Q But the community eventually accepted you?

Initially they shunned me at times. I tried a forceps delivery to save a baby and there were a few lacerations on the face. Word spread in the community that doctor *ne sar phodh diya* (doctor has damaged the head) and they stopped coming to my health centre for a month. I couldn't believe it. But it forced me to grow up overnight. There were a lot of ups and downs. But we stayed on. The average age of my team was between 25 and 30. There was a lot of dedication and energy and experimentation. We did a lot for the community and eventually it worked.

Q Why did you get interested in lactation?

I did my MD from Sion Hospital in Mumbai. One day, during my evening rounds, I met a mother who told me she was not able to breastfeed. I lectured her on the merits of breastfeeding and moved on. Later, I came to know the baby convulsed the next day because of low sugar and was sent to the ICU. I went to see the baby lying in the crib in the incubator and a sense of complete failure overcame me.

I began to wonder why in my entire 10 years of learning nobody had taught us about breastfeeding. We never had a single seminar on breastfeeding during my postgrad in gynaecology. No consultant talked about it. We talked instead of big things like laparoscopy and infertility.

After a lot of research, I came to know about 'breast crawl'. There was a video on YouTube, which said that like newborns of all animals, our babies too, immediately after birth with the cord still attached, if they are kept on the mother's abdomen, will crawl upwards towards the breast and suckle.

I thought, how is this possible? But the video showed this. The next day, I did this in my own labour room inside the hospital. And the baby crawled. I had to just protect the baby from falling. I think I did 100 breast crawls in the Sion Hospital's labour room.

I realized, we are the ones who don't allow the baby to breast crawl. Doctors and nurses come in the way. We just want to finish our work of cleaning up and stitches and interrupt this postnatal dance. There was a huge uproar in the nursing union against me. They wanted to quickly finish their work.

News of my work reached World Alliance for Breastfeeding Action, the world's biggest organization on breastfeeding, in Malaysia. They called me for their silver jubilee conference. I met many stalwarts in the science of lactation across the world and they trained me. I did a two-week breastfeeding course in 2017 and I earned my degree.

When I returned to Mumbai I underwent a lot of treatment for my tumour. But in 2018 I did more than 32 different workshops in 14 or 15 different districts of India, covering more than 3,000 doctors and nurses and training them in breastfeeding skills. ■

Dr Vinod Shah: 'I wanted to convert general physicians in the government into family physicians'

VINOD SHAH

'The family physician is the patient's advocate'

FOR a health system to work well it has to be embedded in the community. The family physician has an important role to play because of the rapport with patients. Most ailments can get resolved at this first stage without having to go to specialists.

Dr Vinod Shah, 74, spent a good part of his career working as a paediatric surgeon in the tribal areas of Rajasthan and Maharashtra. He then served as the Medical Director and than CEO of Emmanuel Hospitals and was based in Delhi.

Eager to reinvent himself, he returned to the Christian Medical College, Vellore to set up India's first long-distance medical education programme to empower government general physicians and turn them into full-fledged family physicians. State governments have signed up and family physicians in large numbers have been trained. Family medicine has come to be accepted as a specialty in much the way it is in the developed world.

Q You started a seminal distance education programme for doctors in government hospitals. Where did this idea originate from?

The private sector can't be expected to meet the entire healthcare needs of India. The government is needed, but there is dissatisfaction with its services. I wanted to help government doctors build their capacity.

Q Did your idea find acceptance?

I talked to the principal of Christian Medical College in Vellore. I asked if he could re-employ me. He said I was welcome but would have to start on the bottom rung since I hadn't been in academia and had worked in peripheral institutions. But I was welcome.

I asked him if he could give me time to develop a new department, the Distance Education Department. "What is that?" he asked. I said I wanted to attempt to train doctors in primary health in family medicine. He spoke to the director. They said I could work part-time in paediatric surgery and they would give me time off to do what I wanted to do. But they didn't have the money to finance my idea.

Q And what did you develop?

Have you heard of family medicine? In Europe, Britain and Australia you go to your family medicine doctor if you have a health problem. He will try to resolve it. Or he may say, I think you need an MRI, and if there is a problem, I will refer you to a neurologist.

So, you have a gatekeeper who takes full responsibility for the patient. He has all your records and knows your medical history till you die. He is your family physician. What this does is to reduce costs and prevent misuse of technology.

The family physician in the UK or Europe is the patient's advocate. He makes sure you go to the right person if needed. He takes responsibility for your health.

In India you go to a doctor with a health problem and he says he thinks your uterus needs to be removed. You don't know whether he merely wants to make money by operating on you. So, you go to another doctor for an opinion. He might refer you to an endocrinology consultant, who may send you to a cardiologist.

It goes on and on and you lose a lot of money because you get referred maybe four or five times. Nobody takes responsibility for you.

Q Is that what your distance learning programme does? It strengthens the family physician?

I wanted to convert our general physicians into family physicians. My main objective was to train all government doctors in Primary Health Centres (PHCs) and all doctors who did not have postgraduate qualifications, which means about 75 percent of government doctors, as family physicians. In any country, 50 percent to 75 percent of doctors are family physicians, the most important specialty. Other specialties are only five percent or two percent.

I presented this model to our director. My motto was 'refer less, resolve more'. Don't refer patients, try and resolve their issues at your doorstep and reduce costs for the patient. The training would be a two-year programme.

Q What were your priorities for the distance learning programme to achieve this goal?

Medicine has breadth and depth. The family physician has breadth. They know a lot about common problems, but they don't know much in depth. I had to choose a curriculum which comprised common things and left out the uncommon things. I worked that out with specialists in the institution.

Q What is a common thing?

For example, a person comes to the clinic with a headache. Common causes are migraine and sinusitis. Then there is the tension headache, psychosomatic or psychological or because of stress. If a family physician can manage these three, he has managed 80 percent of all headaches. He has prevented the person from going to the neurologist who will definitely order a CT scan and an MRI. You have prevented the patient from taking these tests and treated his problem.

The family physician doesn't need to know all about brain tumours that cause headaches, or complicated things about aneurysms or bleeding in the brain because they are rare. He needs to know about common conditions.

Q One presumes that this means also telling the family physician when he should act urgently. Because a headache could have a serious cause as well?

Yes, now there are what we call 'red flags' which means they should not waste time. They have to refer immediately. For example, if a patient comes with severe neck pain and neck rigidity and if his pulse rate is very high and he has a severe headache that means that he is having subarachnoid haemorrhage due to hypertension. He needs to be sent at once in an ambulance to a big hospital or the medical college hospital.

Every chapter has red flags. The family physician doesn't go into depth. He will immediately refer the patient. He won't waste time. When the patient goes through the emergency department in a medical college, they will immediately take him in, do an MRI and inform the neurosurgeon who may operate on him. So, the family physician is able to refer quickly and prevent unnecessary trips to the medical college by resolving common conditions. At the same time, he doesn't risk the patient's life by hanging on to him in an emergency situation.

Q That means you have to be careful in preparing the curriculum material and in the way you teach.

You are dealing with doctors who are 35 or 45 years old and set in their ways. This is adult education and its education principles have to be very different.

At that age they will not have the inclination to read a densely printed textbook like many of our medical textbooks. We have to create material that is very user-friendly. That means lots of pictures, cutouts, tables, designs, boxes, arrows, catchy quotes and white space.

I suddenly discovered a gift I had not realized I had for 55 years. I had never prepared curriculum material. I was a surgeon who operated. When I had to sit down and design this curriculum, these skills just surfaced from within.

I began to draw, make tables, cutouts, simplify complex study material, write objectives and so on. I enjoyed doing it. I found myself working into the night. Normally, you stop working once your duty time is over if you don't enjoy your work. But for three years, night and day, I was just preparing material.

Q For three years you worked as a paediatric surgeon and at the same time put this curriculum together?

I was asked to work half the time. I wasn't sure about the outcome of my efforts or whether there was any scope at all in what I was doing. It was an experiment. At the end of one year, I completed one booklet. Other people saw it and said it was fantastic. They said I should design and write 15 booklets on 75 common problems. I then reduced my time in paediatric surgery and increased my time in designing this curriculum with the permission of the authorities.

Q Your distance learning course covers 75 problems?

Yes, it is a problem-based approach because this is how the doctor will see the patient. Normally, say a textbook of neurology will start with diseases of the brain, diseases of the meninges, the bone, metabolic diseases. It will not tell you what to do when a patient comes to you with epilepsy or fits because it is not a problem-based approach. It is a disease-based approach. But my booklet is different. It will start by mentioning convulsions in an adult patient. You start with the problem and then you try and elucidate how you will manage it.

Q How long has this course been on? When did you start it?

I started the course in 2006. I advertised it. I thought to myself that if there were no takers I would just go apologize to the director and then resign. Initially, there were just four or five applications. Then the next week, we got 100 applications. In three weeks, the figure rose to 500.We eventually got 700 to 800 applications from across the country, including Arunachal Pradesh, because I advertised in all the local newspapers.

Q How did you scale up the course?

I was waiting for an Air India flight in Chennai. It got cancelled and rescheduled for the next day. I thought, let me use this time properly. I went to the health department and somehow managed to meet the health secretary. I told him about my project. He was fascinated. He said he would send 50 doctors from 50 PHCs to join the programme.

And then he took it to Delhi and showed it to the head of the National Rural Health Mission (NRHM). He asked me to do a presentation to all the health secretaries from all the states in Pondicherry where they were holding a meeting. After my presentation, eight health secretaries said they wanted to send their primary health centre doctors for training.

That's how we started working with government doctors. Each state would send 30 to 40 doctors each year for training. We were training about 200 doctors every year. We really enjoyed doing that because we knew we were making an impact in PHCs, which poor people approach for healthcare.

Q Are you training government doctors from every state?

The model has changed a bit. For example, the Chhattisgarh government wanted us to bring the whole team to the state and train their doctors there itself, in their medical college, batch by batch. "We will pay you for training all 1,000 doctors in the state," they said.

Our partnership with the government has increased and the course has undergone a lot of modification. Animation and videos have increased because we have experts in technology. We now have a big educational technology unit which is part of the distance education unit. They have made the course even more interesting than it was before.

There is another important offshoot to this story. After about six years, the doctors we trained formed the Family Medicine Association of India. Members were our alumni. They lobbied with the government to introduce family medicine in India. Because of that the government has approved a three-year degree in family medicine. The Medical Council of India has approved an MD in Family Medicine.

Q Training doctors made family medicine an acceptable denomination?

I think our alumni made it happen. Some of them were so enthused and excited they became activists, lobbying with the government and always badgering the health secretary. Change happened, but it took a long time.

It is also amusing because I didn't particularly like family medicine. I am a paediatric surgeon. I did it because it was really needed for the country. I also did it because I liked the mode of teaching and making modules and the pedagogy. But the subject was not something I would have loved to learn myself. ■

MARY & RAJKUMAR RAMASAMY

'Going to patients matters as much as them coming to you'

RAJKUMAR Ramasamy and his wife, Mary, have spent the past 20 years of their lives running a model primary healthcare centre at KC Patty (short for Kilakkuchettipatti), a village 50 km from Kodaikanal in Tamil Nadu. As villages go in these parts, KC Patty is a big one because it has 800 people. The other villages are smaller with just 200 people living in each of them. Many of them are surrounded by reserve forests and the only way to get to them is on foot.

The centre is simply called the KC Patty CF Primary Health Centre and they run it through the Palani Hills Health Development Trust. Rajkumar, 66, has a degree in internal medicine from Cambridge and is a Fellow of the Royal College of Physicians (FRCP). He also has a specialization in family medicine. Mary, 65, is a gynaecologist who qualified from the Christian Medical College (CMC), Vellore.

Before they moved to KC Patty, they worked from 1986 in the Christian Fellowship Hospital in Oddanchatram and made trips to KC Patty and nearby areas two or three times a week to be available to patients. Then they came to stay and now their health centre, with locally trained staff, serves a target population of 15,000 in a radius of 50 km or so.

Q What led you to live here and set up your primary health centre in this remote location?

Rajkumar: We used to come here from the hospital when we were in Oddanchatram but it wasn't enough because links would be broken and we would lose the continuity in treatment. We realized that primary healthcare is what you needed to do because it's not just those who come to a health facility that matter — the people who don't come matter equally.

So, we moved here to the Lower Kodaikanal Hills, which is an area about 50 km east of Kodaikanal where there are about 15,000 people of whom about 6,500 are tribals. In them we have a target population. One aspect of primary healthcare is that you need to have a target population.

We provide acute care services in the morning and about 90 percent of patients are treated and managed totally here. If they need referral, they are first stabilized and then referred to secondary care hospitals about 40 to 50 km from here. It takes a minimum of three hours to get there if they need acute urgent care.

But the most important thing we do is that in the afternoons we usually go out into the field. The reason we go out is to see those who are, for whatever reasons, afraid to use our facilities. For the elderly it may be for physical reasons or it may be for cultural reasons or maybe because of socio-economic reasons. We need to make sure they're also cared for and not just those who come to the facility.

We also go out there because of those who come to the health centre with acute illnesses 80 percent need ongoing care. For example, if the disease is tuberculosis. Or if the condition is heart failure. The initial treatment has to be kept going if it's to be made worthwhile. We go out and we have a robust recall system. Those who need ongoing care who do not attend health facilities are recalled and an effort made to engage them as to why they couldn't come or if they could come, what are the things that make it possible for them to go and carry on with ongoing care. There may be an agreement on costs. There may be an agreement on families coming and collecting medications rather than they themselves having to come to the health facility and so on.

We also integrate preventive care with acute care at every level. In the field, we see children who are under five and make sure they are nutritionally okay and so on. And if they do come to the health facility, we make sure they are screened. A young person who comes with knee pain will not just have that ailment dealt with, they will also be checked for smoking and alcohol history.

If you are going to do all this you need a target population and a good strong team because, obviously, we two can't do it alone. We have 12 health workers who are drawn and trained from the local community, especially the vulnerable sections. The reason why that matters is that that itself is a statement that our target group is the vulnerable group. And when that section of the community comes to use our health facilities, they feel at home, so teamwork is a crucial aspect of healthcare.

Rajkumar and Mary Ramasamy: 'I'm not just a GP. I'm a specialist in life'

Q What needs to be done to provide better primary healthcare to people?

Rajkumar: You need more doctors trained in primary healthcare, which I equate with family medicine. If you look at countries where there are well-developed healthcare systems, primary healthcare is the driving force of the whole healthcare service.

What we need in India is an opening up of training in family medicine so that anyone who wants to practise general medicine or primary healthcare must go through the family medicine degree. It is already available in India.

I think this is key because right now anyone who does an MBBS can become a primary care physician, which is absurd because in all other countries you have to have specialty training in primary healthcare or family medicine. I think that's the most important thing.

It is also important to not just have a degree but also to train in general practice. There should be postings in all districts and in government and mission hospitals so that you can do six months of paediatric, six months of medicine, six months of surgery and smaller postings like ENT. A modern and robust final examination should follow.

Primary care needs resources. I think the current system of the chief minister's fund or the government health insurance scheme mainly supports secondary or tertiary care. It has very little for a family doctor, who, for example, may see patients with hypertension and the goals are that 70 percent of those patients take regular treatment and at least 50 percent of them achieve target blood pressure. There should be a reward system for people who practise family medicine for achieving those targets.

Also, you need patients to go through a primary care physician to access secondary level care. This will ensure that there is no odd investigation of people and that the right specialist can be seen. Someone with chest pain may have a cardiac disorder, a gastrointestinal disorder or an anxiety disorder. A family physician is well equipped to make sure they go and see the relevant specialist.

Q All that you say is true. But we do have a healthcare system modelled on Britain's and it doesn't function. What is lacking? Is it the chemistry? Is it that family medicine is not attractive enough?

Rajkumar: If you have trained people, you'll attract people. If you look at our health centre, the majority of patients will come to us before they go to a specialist and they'll be much happier. Actually, they often bring reports of other places and make sure that we verify them and that we sanction them. I'm not trying to boast about our care or anything. But I think (it makes a difference) that we are qualified primary care physicians. And we have a team trained to ensure that when a person comes here they are welcomed and all their health issues are addressed.

We practise patient-centred care which is holistic medicine. When that is practised you will find people coming to primary health centres first and they might even question what a specialist has advised them and ask the family physician to give an opinion on it.

Mary: I think when you asked why is there no chemistry, you meant why are doctors not moving to primary health, right?

Q Yes, but this is interesting, too, so please continue.

Rajkumar: I think many of the trainees who have come to us leave saying they understand what primary healthcare is and the self-respect they should have as family physicians and what the potential is. So, when you have that training you really have people who are enthusiastic about family medicine and who realize they are specialists in their own right. I think the Australian College of General Practitioners has a very good slogan, which says, 'I'm not just a GP, I'm a specialist in life'.

When you say that, I think there are doctors who want to join. I don't have any doubt about it because, as I said, there are many people who come here unmotivated about primary care and wondering why they chose it and often they chose it because they didn't have any other choice. And they leave with their heads held high and wanting to practise.

Q What you are saying is to give this the respect it deserves. Give it the status it deserves and make it attractive.

Mary: I think having an enthusiastic and committed family physician training as a junior doctor makes a lot of difference. Inevitably, the departments where we have a good time are the ones we tend to take on for postgraduate studies. When you have a very enthusiastic committed primary family physician passing on that enthusiasm to the trainees it makes a lot of difference and makes it attractive for the people posted there.

The other thing is that doctors feel that this is not economically viable, that the remuneration that they may get is not equivalent to what they would get in a hospital set-up. That is quite an important factor for many people. We usually say primary care in itself is difficult to be self-sustaining. The importance is that the community receives a lot and their expenses go down. But for the personnel who are taking it up, they may need to have other resources. It may not be possible for them to manage totally on what they collect from the patients.

Rajkumar: Of course, that's very sad. Half our activities are income-generating. In the morning, when we see patients, they pay a cost which they feel they can afford. But the rest of the activity, like field visits to recall patients, or home visits too, and trying to understand what needs to be done to help them take treatment — that's not income generating. And neither is health screening or checking the blood pressure of everyone over the age of 18 every year.

So primary care cannot meet its own expenses, even if it is done properly, but it saves a community enormous costs. In that sense, it's an essential part. It's not an option. It's not a project. It's an essential part of the healthcare system that will make the health budget of this nation sustainable.

Q What do you charge a patient in your rural setting who comes to you? And how do you make your kind of health centre sustainable?

Rajkumar: We meet about 70 percent of our own expenditure that includes medication, staff salaries, vehicle charges and all the other running expenses. But about 30 percent we are unable to meet. The doctors here, for example, work on a voluntary basis. We don't draw a salary equivalent to our qualifications.

But I think the point you're raising is important. I think in the end it is only the government primary healthcare system that is going to be replicable all over India. I don't think the private sector will be able to take over the role of primary healthcare as much as they would do at, say, the secondary or tertiary care level because of these cost constraints.

Q How do you live without a salary?

Rajkumar: We work more or less voluntarily. I sometimes take three months a year away and do locum work elsewhere. In that sense, we meet our own expenses. Our expenses here are very little.

Q So, at the end of 20 years, you have no regrets at all?

Mary: No.

Rajkumar: I wouldn't be honest if I agreed. Because obviously there are times when things become frustrating. I think working here does require its sacrifices. There are times when I would rather run away and be in a place where I can take my wife for a cup of coffee or take her out somewhere and have a meal. Those are things we do miss. Those are little things. But you gain so much more.

Q It's always interesting to meet people who make choices they are not forced to make. But you can also get fed up.

Mary: Yeah, so in places like this, it is important that we take our breaks. It's important. Sometimes you can keep going in the same direction without looking on the side or feeling any change or something. So, getting away and then being able to look in from an outside perspective is important. It's not always possible because if you don't have a second hand here it is not possible to just up and out. So often it's not possible for us to take leave at the same time or get away at the same time. Those are things that are not easy.

Q What kind of illnesses do people come to the centre with?

Rajkumar: We cater to about 15,000 people but of them, 7,000 are the most vulnerable sections of that community. We get, on average, 1,000 to 500 patients per month. Our health workers are ordinary folk from villages who come for training every month. They treat basic illnesses at village level itself and send those who have more complicated problems to us. During the coronavirus pandemic the number of people turning up at our health centre increased to about 2,000 a month because there were people trying to escape the coronavirus by coming here.

The disease profile has changed in our village. When we started we had some of the highest incidences of tuberculosis in Tamil Nadu. Communicable diseases were common. But now tuberculosis has come down to about 10 percent and communicable diseases have reduced, like everywhere else. Instead there are more non-communicable diseases. Hypertension is probably the most important of them and afflicts even hard-working, lean members of the population.

Also, alcohol addiction. Tribal people hardly ever drank alcohol when I first came here. Now it's a common problem along with smoking-related diseases.

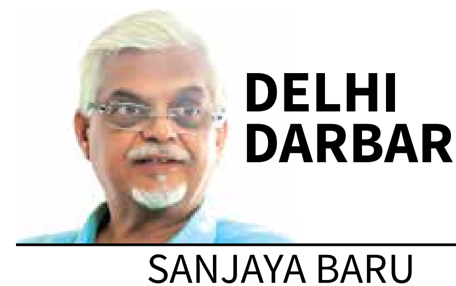
Mental health takes up about 10 percent of our workload. It's one of the most rewarding things you can treat. There is a lot of misconception that family physicians can't treat mental illness. In fact, I think family physicians are in the best position to treat mental illness because it is a tragedy when it is not treated.

Q If you have to refer your patients to a psychiatrist, what happens?

Rajkumar: We manage nearly 95 percent of mental health patients ourselves. If a psychiatrist is needed we phone one and ask for advice. About five percent of patients will have to go to the Christian Fellowship Hospital in Oddanchatram, where they will find a specialist psychiatrist.

Mental health needs not just a diagnosis but also an understanding of the patient's social context. What is the individual factor that is precipitating such illness? With some people it is a biological factor, or genetic. With others it is an environmental factor. If you understand where a person is coming from, as a family physician you are in a better place to treat mental illness. ■

Diplomacy and public opinion



DELHI DARBAR

SANJAYA BARU

THE decision of the external affairs ministry to issue an official statement in response to tweets by American singer Rihanna and Swedish social activist Greta Thunberg, has created quite a stir. Some senior Indian diplomats have taken the view that the Indian government should not have officially responded to social media tweets, while the supporters of the Narendra Modi government are elated that the government has put these Western upstarts in their place. The government has argued that it finds Twitter's 'toolkit' an incendiary device that enables mobilization of civil society against the State. It wants to nip toolkit-inspired social mobilization in the bud.

What exactly is the role of diplomacy in shaping public opinion? This has been a subject of considerable discussion within Indian diplomatic circles for several years. It is significant that it was only a few years ago that the external affairs minister, Subrahmanyam Jaishankar, felt compelled as foreign secretary to advise Indian ambassadors around the world that they should reach out to the leaders of mainstream media in their respective countries and build a good relationship with them. This advice drew attention to the fact that few Indian diplomats have done so in the past.

Today the challenge is bigger. It is no longer enough for diplomats to reach out to mainstream media. They have to be able to manage social media too. Most are simply not equipped to do so. To make an impact in social media one needs to think like a political and social activist, not like a diplomat!

During my time as media adviser to the Prime Minister, in the early 2000s, I found that no more than a handful of Indian ambassadors were on a first name basis with influential journalists in countries where they were posted. When I requested the ministry of external affairs to arrange meetings with senior journalists in national capitals that Prime Minister Manmohan Singh visited, few Indian diplomats were able to do so. Only in Washington, DC, and London were they able to gather a few journalists and almost all of them happened to be non-resident Indians.

On the other hand, my experience as an editor in India from the early 1990s was that several ambassadors posted in New Delhi maintained regular social contact with senior journalists. I recall how Ambassador Frank Wisner of the United States visited the offices of the *Times of India* to informally interact with a couple of us senior editors at the time. Interestingly, many in New Delhi in fact frowned upon such social contact between Indian media and foreign diplomats. Journalists accepting invitations to cocktail parties at foreign diplomats' homes were accused of allowing 'good Scotch whisky to influence their views'! Hopefully, things have changed since then.

Diplomacy is also about managing people-to-people relations

Given the importance of public opinion in a democracy, diplomats should make it their official business to shape it by maintaining good relations with those who shape such opinion. In the old days, so to speak, this meant reaching out to mainstream media. Today, it means having a grip on social media. So it is understandable that Indian diplomacy has become active on social media. This in fact began in the early 2000s when diplomats like Navdeep Suri and Vishnu Prakash used social media to reach out to public opinion.

While engaging social media is important, how and when one engages should be carefully planned. Should the ministry of external affairs have reacted to Rihanna and Thunberg's tweets in support of Indian farmers in the manner in which it did? Perhaps not. Could Indian diplomats have actually reached out directly to these ladies? They may well not have the required access. The government did get the likes of Sachin Tendulkar and Lata Mangeshkar to put out tweets in its defence but it may have been wiser to do so discretely without the government's and the ruling party's heavy hand being so visible and in-your-face. The calibrated manner in which the official and non-official tweeting was done did not impress anyone but the hardcore loyalists of the Modi government.

Diplomacy has long ceased to be about government-to-government (G2G) relations. It has increasingly become about building business-to-business (B2B) and people-to-people (P2P) relations. Over the years attempts have been made to construct a 'bilateral relationship index' based on measuring parameters that define G2G, B2B and P2P relations. Nitin Pai of Takshashila Institution published one such index in *Pragati* and I wrote a column in *Business Standard* exploring the idea.

The point of such an exercise is to determine which dimension is important for which country. In India's relations with Russia or China public opinion at home may matter but it would play little role in the target country. On the other hand, a government in the United States or the United Kingdom cannot ignore public opinion while promoting relations with India. Hence, in countries where public opinion matters diplomats have to devise intelligent ways in which they can reach out to it and try to shape it.

Recall the anti-Australia wave that gripped Indian media a decade ago when Indian students were attacked on Australian streets. Australian diplomats mounted an enormous exercise in India reaching out to public opinion. It worked so well that the number of Indian students studying in Australia has gone up sharply over the past decade. Australia is now giving Britain a run for its money attracting fee-paying Indian students.

It is in recognition of the role of public opinion in India that foreign diplomats reach out to Indian media and seek to build a strong relationship. Indian diplomats should also do the same in countries of their posting. The government should give them the required funds to finance the effort. Merely issuing statements out of New Delhi serves no purpose other than to keep domestic Indian public opinion happy. ■

Sanjaya Baru is a writer and Distinguished Fellow at the Institute for Defence Studies & Analyses in New Delhi.

Business in Songbola times

TECH TALES

KIRAN KARNIK

COVID with its lockdowns has resulted in many changes, challenges and opportunities. From the viewpoint of technology, it has given a tremendous boost to digitization. Homes have seen a huge increase in "digital consumption", with work, school and college classes, ordering of goods and services, social interaction and entertainment moving to an only (or mainly) online mode. Small businesses have had to adopt the digital mode to survive, and big enterprises have had to accelerate digitization plans to stay competitive.

Much of this, though, is more of the same, rather than altogether transformational. What is new is a new breed of technology-enabled entrepreneurs who have grasped the opportunities opened up as a result of the pandemic. For them, tech is only a tool, but a necessary one.

The commonest of these is probably the home chef. During the lockdown, many with an interest in cooking (or in the food business) began to sell their dishes to others in their housing society or in the immediate neighbourhood. Technology played a role in two ways: accessing recipes or cooking directions, especially for exotic dishes, via YouTube; and using the medium of the mobile phone for marketing and receiving orders, as also to receive payments. WhatsApp was generally used to circulate photographs of their cuisine and to get orders, while Paytm — or its equivalents — were the commonly-used mode for payment.

Anecdotal information indicates a huge spurt of such business as homemakers sought some occupation amidst the lockdown, and others — especially those separated from their families — wanted a break from daily cooking, and everyone looked for variety in taste and cuisine (as also the chore of cooking). Some were immensely successful in this hobby-become-a-business, and so were born many hundreds or thousands of entrepreneurs.

Meanwhile, those already in business found technology useful for expanding their market. A small fish stall in Chittaranjan Park in Delhi used the mobile to promote its wares ("today we have mud crabs", with a photograph attached), and began to take orders. By aggregating these, the owner was soon able to deliver at low cost and in a few hours: not just locally, but even to the distant suburb of Gurugram. Beginning in the days when no one willingly risked going to a market for purchases, the fish-seller was able to build and retain a clientele — thanks to technology — even after people began to move around. Here was an entrepreneur who transitioned into a techpreneur.

Like the fish-seller, many others moved their work from in-person to online. This includes academic tutors and those running tuition classes, as also other kinds of teachers like music teachers. Classes were now via a tech platform like WhatsApp or Zoom. Others discovered a big increase in demand for fitness, drawing and painting classes, not just for children – driven by parents desperately looking for ways to keep children occupied – but also amongst all the home-bound and bored adults. Teachers across professions found that such classes could be delivered well through online mode. While academic and coaching classes have long been online, this has been a rare mode for individual tutors, and even rarer for non-academic trainers. Many of them have now made this a business, and teachers have become techpreneurs.

Children and adults are learning via Zoom and WhatsApp

What is new is a new breed of tech-enabled entrepreneurs who have grasped the opportunities opened up as a result of the pandemic.

Platforms like Urban Company now provide many other services, including those of electricians, plumbers, carpenters, and cleaners. In all these, the work necessarily has to be in-situ. However, in the case of services like a beautician or hairdresser, the normal mode was for the customer to travel. Given the fear of going out and the need to avoid groups, platforms offer "home delivery" of these services too. Self-employed individuals in these professions have now joined the fray, using tech for online marketing, appointments and payments, etc., creating new techpreneurs.

An earlier-rare, now-common use of technology is for online consulting with a doctor. A few platforms did exist earlier, which provided a choice of doctors, and online appointment fixing followed by consultation. Now, individual doctors are doing this on their own, generally using WhatsApp.

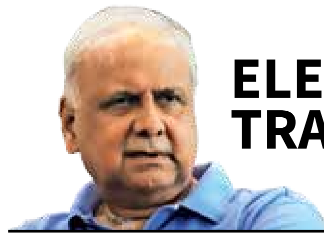
Amongst the interesting innovations is a tech-enabled music game. This involves creating a page with a grid of song titles with the singer's name and distributing this in advance to the participants. A copy of each assigned or numbered page is retained by the conductor/disc jockey. For the actual game, he goes online via Zoom and plays random songs one by one. Those who have the song on their page tick it. This is akin to the familiar game of Tambola, with song titles replacing numbers, and prizes for fast five, any line and full house. Anyone who completes a line, etc., messages the DJ via WhatsApp. To confirm, he checks the correctness with a copy of the particular person's page that is with him. The game, appropriately named Songbola, enables participants to be virtually together, while physically distanced — sometimes across continents! It is becoming a popular game for virtual parties — combining music, excitement and fun, with just a whiff of gambling thrown in. This tech-enabled game has few techpreneurs yet, but will doubtless catch on, especially as it enables participation from anywhere.

Technology is now beginning to benefit low-income and minimally skilled people too. One example is the collaboration of Swiggy (the food delivery platform) with the Prime Minister's Street Vendors scheme (SVANidhi). Through this, Swiggy has on-boarded 35,000 street food vendors and is getting them registered with the food safety authorities (FSSAI). This will open up a large market for many of them. Further, under SVANidhi, which provides a loan of ₹10,000 to street vendors, a million of them are now being given training in digital payments using QR codes on smartphones — through the Main Bhi Digital drive. Clearly, techno-entrepreneurship can extend to all economic levels.

There are many other examples and more will emerge, especially for the self-employed and gig workers. Techpreneurship is here, and will continue to blossom. ■

Kiran Karnik is an independent strategy and public policy analyst. His recent books include eVolution: Decoding India's Disruptive Tech Story (2018) and Crooked Minds: Creating an Innovative Society (2016). His forthcoming book is on India in 2030.

NRIs can vote, but migrants?



ELECTION TRACKER

JAGDEEP CHHOKAR

THE election-conducting machinery in our country has made persistent efforts over the past 10 years to enable six million voters, who are physically out of the country where polls are being held, to cast their votes; whereas 285 million who are eligible to vote and are physically present in the country are not able to cast their votes as the election-conducting machinery has made only token efforts to enable them to vote.

Everyone knows that the six million who are physically out of the country are the NRIs (Non Resident Indians) but what is not known widely enough is that the 285 million who are physically present in the country are MRIs (Migrant Resident Indians).

WHO ARE MRIs?

MRIs are those who cannot find any means of livelihood and sustenance in the place where they belong, where they are born and brought up, and therefore have to go away from "home" to earn a living. The key word is "have" — having to go away is not the same as going away by choice with the express purpose of improving one's prospects in life.

One kind of MRIs are called 'landless labourers'. These are villagers who do not possess any land and work as paid labour on the lands owned by 'farmers'. This has two possible outcomes. One, some of these landless labourers can find work on the farmers' land but that usually happens during the sowing and harvesting seasons. They are unoccupied during the intervening periods. Two, the entire landholding of the village may not be enough to provide gainful occupation to the entire lot of landless labourers. Both these outcomes result in a number of people not being able to find any means of livelihood and sustenance in their villages, and hence head to cities and towns to earn a livelihood. They are also referred to as 'seasonal migrant workers'. They are casually employed and work in adverse conditions in return for meagre wages. Their contribution to the host economy is immense yet they exist on the margins of policymaking.

It appears that this unseen lot had come to the nation's attention after the COVID-19 lockdown on March 24, 2020 when images of thousands of them walking long distances flashed on TV screens. But, it has not dented the indifference to their political exclusion.

The ground reality is that migrant workers cannot vote because they are registered as voters in the constituency in which their village falls and not where they are temporarily working. Every time this issue has been raised, the response from the election authorities has been that migrants can either get themselves registered at the place where they work or they should go to the place where they are registered as voters. Both these options have practical problems.

Getting themselves registered at their places of work has two issues: First, it is not workable because, by definition, they move from place to place in search of work; and, secondly, it is not a simple process notwithstanding the provision of online registration. It takes at least two or three visits to the appropriate office to complete the process. MRIs work on daily wages and live hand to mouth. Every time they take a day off to get themselves registered as voters means loss of wages for that day. They cannot afford this.

Photo: Civil Society/Shrey Gupta

Almost 285 million migrant workers are not able to vote during elections

Going to the place where they are registered as voters involves travel time meaning loss of wages, plus travel expenses — fare and food — and is unaffordable expenditure.

The net result is that a vast majority of 285 million MRIs are not able to vote.

WHAT ABOUT NRIs?

For the NRIs, the action started in 2010. The Representation of the People Act, 1951 was amended to make special provisions for NRIs to get on the electoral rolls. The Registration of Electors Rules, 1960, were also amended to enable registration of 'overseas electors'. Three PILs were filed in the Supreme Court (in 2010, 2013 and 2014). Under orders of the Court, the Election Commission of India (ECI) set up a committee to study the issue. This committee submitted its report in October 2014, recommending e-postal ballot, and voting through proxy.

The ECI wrote to the government in 2015, proposing proxy voting and postal ballots. A bill to amend the Representation of the People Act was passed by the Lok Sabha and was awaiting the Rajya Sabha's approval when it lapsed with the dissolution of the 16th Lok Sabha.

This is where the matter rested until it was reported by the *Indian Express* on December 1, 2020, that "The Commission told the Law Ministry last week that it is 'technically and administratively ready' to extend the Electronically Transmitted Postal Ballot System (ETPBS) to NRI voters for elections next year in Assam, West Bengal, Kerala, Tamil Nadu and Puducherry."

RECENT ACTION

The *Indian Express* report created a flutter about the differential treatment of NRIs and MRIs.

A report in the *Economic Times* (*ET*) on December 21, 2020, said: "The Election Commission of India is examining a plan to allow migrants to vote for a candidate in their home constituencies from anywhere in the country," adding that "The full Election Commission is set to soon deliberate a conceptual framework of the technology to enable vote-from-anywhere, with the 2024 Lok Sabha elections in mind, officials told *ET*." Elaborating, the report said that the ECI had "set up a seven-member technical advisory group … in April … to work on a plan to develop a 'remote voting framework', (and) that a 'prototype demonstration' would be done in a month to ECI."

SUMMING UP

What does all this add up to? The phrases emphaized in the *ET* report make it clear that as far as the MRIs are concerned, the ECI is still at the stage of "soon deliberat(ing) … (on) a conceptual framework of the technology", and having set up a group "to work on a plan to develop a 'remote voting framework'"; whereas for the NRIs "it is 'technically and administratively ready' to (provide this service) for elections next year." It needs to be noted that this statement was made in 2020, so effectively, the ECI is ready to enable NRIs to vote now, in 2021!

ISN'T THIS DIFFERENTIAL TREATMENT?

Why is it that the government bends over backwards for six million people who don't even live in the country and almost completely ignores 285 million who are physically present here? The reason is not hard to guess: NRIs have money, are organized and influential. The MRIs are mostly poor, scattered and are not an organized vote-bank.

Let the reader decide who should get priority to vote. ■

Jagdeep S. Chhokar is a former Professor, Dean, and Director In-charge of the Indian Institute of Management, Ahmedabad (IIM-A), and a founder-member of the Association for Democratic Reforms (ADR). Views are personal.

Cutting out corruption

VILLAGE VOICES

R. BALASUBRAMANIAM

WE live in a world where we have built the cost of corruption into our transactions. Whether it is getting a building or driving licence, registering a new vehicle, the spectrum allocation for the telecom company or permission to drill for oil or natural gas — everything comes at a price!

Corruption has become such an integral part of our lives that we do not see the negative consequences of such actions. Whether it is the fire in a public building that occurred because the fire department overlooked the lacunae while granting the clearances, or buildings collapsing and killing hundreds only because the construction norms were allowed to be violated at a price, we have come to terms with the outcomes of a corrupt system.

In every sector that we can think of, corruption usually begins with the user looking for a short-cut in order to maximize his profits in the short run. Very rarely does it occur to us that we are the final losers in this game of one-upmanship. From the corrupt politician whom we elect after being bribed to do so, to the traffic violations that we want condoned by the local policeman for a petty sum — each one of these instances results in an unseen consequence for us. Unfortunately, most of us seem to be satisfied with the visible benefits of the money that we make or the time that we save, and we fail to see the larger decay that society is getting into.

While participating in a Self-Help Group (SHG) meeting nearly two decades ago, some women informed me that they were now getting 14 kg rice free through the Public Distribution System (PDS). This was at a time when these tribal women were entitled to 28 kg of rice every month at the subsidised price of ₹3. One of the women mentioned to me that she even had a bill that was given to her. I was surprised to see that the bill was for 28 kg of rice and an amount of ₹84 had been shown as paid.

Confused, I spoke to the district authorities only to learn there were no changes made to the rules relating to the PDS. Digging deeper, I learnt that the food inspector was paying ₹84 to the PDS store owner who gave the bill to the buyer. The food inspector would directly sell 14 kg of rice to the local hotelier at ₹20 per kg and give the remaining 14 kg free to the tribal families. Everybody benefited from this simple formula. The tribals got 14 kg of rice free, the government got the ₹84 due to it, the hotelier got to buy rice at ₹20 per kg while the prevailing market price was ₹30, and the food inspector netted ₹196 per family per month.

Since no one felt cheated, there was neither a sense of participating in a corrupt system nor feeling like a victim. It was a simple way of co-opting the common man into the complex world of corruption and maladministration. It was a win-win situation for all and while everyone seemingly benefited from this corruption, little did anyone realize that in the long run society stood to lose.

Corruption, defined as 'the abuse of public power for private gain', has existed for long. It encompasses unilateral abuses by government officials such as embezzlement and nepotism, as well as abuses linking public and private actors such as bribery, extortion, influence peddling and fraud. Evidence

Ration shops are part of the corruption nexus

> **Our energies will be better spent if we fought for good governance and transparency instead of fighting against corruption.**

confirms that corruption hurts the poor disproportionately and hinders efforts to achieve the Sustainable Development Goals (SDGs) by reducing access to social services and diverting resources away from investments in infrastructure, institutions, and social services.

In the political realm, corruption undermines democracy and good governance by subverting formal processes. Corruption in elections and in legislative bodies reduces accountability and representation in policy-making. Corruption in the judiciary suspends the rule of law, and corruption in public administration results in the unequal provision of services. More generally, corruption erodes the institutional capacity of government as procedures are disregarded, resources are siphoned off, and officials are hired or promoted without regard to performance.

Being engaged for more than two decades in fighting this scourge of corruption has left me with the conviction that no amount of legislation or its enforcement can bring about a 'corruption-free' society. I am of the opinion that we should not be fighting 'against' something but instead spend our energies fighting 'for' something. Our energies will be better spent if we fought for good governance and transparency instead of fighting against corruption. A positive construct is not just a semantic, but a strong expression of our own beliefs and value systems.

A simple way to begin is to TAP into our own inner selves in beginning this battle for a better and cleaner society. We need to bring TAP into every action in our daily lives — whether it is personal, familial, professional or societal. Only when we bring in T-Transparency, A-Accountability and P-Participation into our lives, can we make this extraordinary transformation. We need to understand that corruption is not limited to our politicians and bureaucrats alone. Most sections of society have become corrupt and the only way to fight it would be for every section of society to unitedly pledge to be transparent, accountable and participate in the change that all of us wish to see. Whether it is the common citizen, the trader, the petty official, the career bureaucrat, the corporate CEO or the politician — people of all hues, walks of life and professions need to join hands and become transparent in all their dealings, be accountable to themselves and to society at large and, finally, participate and take responsibility as enlightened citizens in every action that impacts our lives.

This is not something that is utopian and impractical — each one of us can do it and we need to do it now. This needs no legislation but the simple will to be a part of the change that can transform us individually and as a nation. All that remains is our own inner battle. Can we as the average Indian stand tall and decide to stay honest, follow the laws of the land and refuse to become corrupt and remain incorruptible in all that we do? Laws and anti-corruption institutions can only provide enabling environments when things go wrong and one seeks redressal. It is the courage to stand against the tide, and lead a value-based life irrespective of the consequences that can make a difference. We need to internalize that in today's market-driven world, it is indeed expensive to stay honest. But then the fulfilment of being the change can never be matched by the small conveniences that a dishonest existence brings. ■

Dr R. Balasubramaniam, founder of the Swami Vivekananda Youth Movement and GRAAM, Mysuru, is a development scholar and author. www.drrbalu.com

Civil Society

EVERYONE IS SOMEONE

The magazine that goes places
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WHERE ARE WE BEING READ?

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A temple adventure

Gwalior by road is worth it

MURAD ALI BAIG
Gwalior

ANYONE with a sense of adventure and a taste for art and history will find some amazing old Hindu temples near Gwalior well worth a small diversion on a trip to the Agra region. It needs just an extra day to visit this cluster of temples near Morena that is now an hour and a half from Agra on a good highway. These ancient temples have been recently excavated and connected by reasonably good black-top roads and are absolutely fascinating. Actually, a motoring trip to the region has now become very easy because the 200-km highway between Delhi and Agra is now so good that it takes barely three hours.

After getting through the traffic at Agra, the drive towards Gwalior on National Highway 3 is very interesting. One soon enters the wild area of the Chambal ravines before descending, past old fortifications, to the beautiful Chambal river soon after Dhaulpur. The Chambal is a wide, deep and refreshingly blue river flowing between steep banks and a pleasing contrast to the muddy rivers of the Gangetic plains. It was not very far from here that Aurangzeb forded the river upstream and defeated his liberal minded but proud brother, Dara Shikoh, in the well-known battle of Samugarh.

At Morena, 84 km from Agra, a left turn takes you towards Ambah and another right turn after 14 km towards Sihonia which is then another 15 km away. Then two km to the left one can see the amazing structure of the 11th century Kakanmath temple soaring starkly into the sky with its battered shikara towering almost 100 feet. In its heydays it would have been a rival to the famous temples of Khajuraho built some two centuries later. The severe damage suffered at the hands of unknown Turkish or Mughal marauders makes the huge, forlorn edifice especially emotive.

Hindu temples were not the solid rock masses that one imagined but carefully pre-fabricated buildings.

The structure of the temple stands surprisingly erect though stripped of many of its beautiful panels. Some of these are now in the Gujari Mahal Museum in the Gwalior fort but there are still many beautiful panels to admire. The structure shows that Hindu temples were not the solid rock masses one imagined but carefully prefabricated buildings with a frame of pillars and beams onto which carefully sculpted panels of gods, men, animals and mythical creatures were locked into place without any masonry or cementing medium. They were precisely interlocking stone members tied to each other with iron pins. Though the skeleton looks fragile and shaky, it is a tribute to the builder's skills that they still stand after so many centuries.

It is believed that the Shiva temple had been built by a queen, Kakanvati, who might have been a consort of King Kirtiraja who had been the Kacchwaha ruler of Gwalior around AD 1000. They were to later become the rulers of Jaipur. The temple is constructed on a high platform. The inner sanctum is still in use and the elaborately carved big pillared hall or *mandap* remains impressive.

Close to Kakanmath is a solitary colossus of Hanuman and an equally ancient Jain sculpture known as Chainath. Three other interesting temples are not far away but can only be reached after returning to Morena. A left turn 10 km from Morena gets you to a 35-km-long road that connects to Malanpur on the road between Bhind and Gwalior.

The temple at Padhavali

The Chausat Linga temple at Mitaoli is like a giant chariot wheel

The temple at Mitaoli from outside

The temple is like a giant chariot wheel with an outer ring of 64 Shiva shrines and a circular central shrine with a courtyard.

The Kakanmath temple

After a distance of about 25 km a small hill can be seen, rising above the wheat fields on the left. This is the amazing Chausat Linga temple of Mitaoli that is unique among the temples of India. It is also called Ekottarso Mahadeva Mandir. Although it has no spire, it commands attention. Built on a big hillock, it is like a giant chariot wheel with an outer ring of 64 Shiva shrines and a hub of a circular central shrine with a circular courtyard between them. When in use it must have been a magical experience for devotees worshipping at the central shrine with the lights of 64 surrounding shrines flickering all around.

Just three km from Mitaoli but on the right of the road are clusters of equally interesting temples of Padhavali and Bateshwar. These early sculptures date to the time of the Nagas who had ruled the area from the third century until the Gurjaras and Tomars and Rajput rulers by turn succeeded one another. The tumbled clusters of temples, tanks, pillars and sculptures with gnarled trees growing between them look like a scene from Rudyard Kipling's *Jungle Book*. Many interesting carvings of Nagas, dancing Ganeshas, Hanuman, Surya, Kali and many other deities lie strewn around. There is a more recent fortification but no evidence of desecration. The temples seem to have simply been abandoned and fallen into disuse and disrepair.

A diversion to see all these temples will need about an extra four to five hours, which gives enough time to either go on to the many interesting attractions of Gwalior or to return to Agra. We did the area during two recent trips. On the first we went to Padhavali and Bateshwar and on the other we went to Kakanmath while returning from Khajuraho. The linking roads were not much of a challenge to drivers in any conventional car. It was, however, a most interesting diversion through pretty rural countryside that I would strongly recommend to anyone interested in travel to unusual places. ■

SIX FILMS TO WATCH

SAIBAL CHATTERJEE
New Delhi

HAVING spent a year cooped up at home, we have all, to varying degrees, ploughed through Netflix and Amazon Prime for our daily or weekly fix of filmed entertainment. A few of us have managed to go beyond and, in the process, stumbled upon cinematic gems on web platforms other than the two streaming giants. These exquisitely chiselled films, many of them from first-time directors, employ alternative idioms and storytelling coda to bring us tangible tales of strength, sadness and struggle from across the world. Here are six worth checking out:

BEGINNING / Streams on mubi.com
Director: Dea Kulumbegashvili

1 Georgian director Dea Kulumbegashvili delivers an amazingly self-assured debut film that transports us into the mind of a woman struggling to balance faith and individuality in an ultra-conservative Jehovah's Witnesses commune in a sleepy town. With the help of cinematographer Arseni Khachaturan (who uses minimal camera movements) and lead actress Ia Sukhitashvili (who articulates an affecting mix of outer stasis and inner stress), Kulumbegashvili crafts a strikingly austere portrait of emotional turmoil through long, leisurely takes and evocative ambient sounds.

She creates a mood of desolation and suppressed angst brought on by forms of violence that the protagonist must confront as she negotiates her place in a society that allows her little leeway. She seeks to come to terms with her desires and aspirations but, given the hindrances in her path, her choices are severely limited. *Beginning* heralds the arrival of a young director we are bound to hear more of in the future.

LORD OF THE ORPHANS / Streams on moviesaints.com
Director: Ranjan Palit

2 Veteran cinematographer Ranjan Palit's narrative feature debut is a daring, fascinating, self-reflexive magnum opus that blends fact and fiction. It traces five generations of his family and his own life in full disclosure mode. He puts on the screen the history of the Palits — the title of the film is derived from the name of a defiant ancestor, Anath Nath Palit, banished from his village for abandoning his homestead and setting sail across the seas in search of a life beyond the ordinary.

The film does complete justice to the man's spirit — *Lord of the Orphans* is uncompromising, brilliantly inventive and, above all, unflinchingly candid. The interplay of light and shade conjures up a space between memory and forgetfulness, between confession and confusion — contrasting impulses that all sensitive humans are heir to — and delivers a hypnotic auto-biopic of exceptional quality. *Lord of the Orphans* is more than a mere movie — it is an immersive experience that lifts the audience — and, indeed, the medium — above the mundane and encourages us to soar.

IN THE CROSSWIND / Streams on moviesaints.com
Director: Martti Helde

3 This 2014 black and white film, Estonian director Martti Helde's first feature made when he was only 26 years old, captures the horrors of the Stalinist regime's brutal treatment of the Baltic population seen through the eyes of one uprooted woman. It does not use conventional methods to deal with the violent reality it portrays. Instead, the film combines live action with 13 tableaux vivant set-ups to offer profoundly moving friezes that convey the plight of the woman and her young daughter who, like thousands of other Estonians, are banished to Siberia while the husband/father is sentenced to a term in a labour camp.

A well-modulated narration (it is Erna, the mother, reading from a diary constituting a monologue with her absent husband) serves to reveal the grief and despair of the victims. Although *In the Crosswind* opens in the summer of 1941 and the film is meant to be a requiem to people of the director's country, the relevance of its tale of tyranny has contemporary resonance. The style transmits a sense of people frozen in time and yet suffering indignities and encountering losses that connect them to all oppressed people across geographies and eras.

GAMAK GHAR / Streams on mubi.com and cinemapreneur.com
Director: Achal Mishra

4 *Gamak Ghar*, 20-something Achal Mishra's first film, is, as the title suggests, the story of a home. But every story of a home is also the story of a family. The film opens with the birth of a baby. Three generations of a family are gathered in their ancestral village abode to celebrate the occasion. Through subsequent festivals and feasts, births and deaths, *Gamak Ghar* traverses two decades and reveals the ravages of time on people and properties.

People move away from their roots, the roots stay where they are, but the structure that stands there visibly degenerates while continuing to evoke the past. The verandah, the doors, the windows and the almirahs stand as silent witness, especially for the member of the family who stays in the hope of keeping the story of the house going. Spanning the period between the late 1990s and 2019, *Gamak Ghar*, composed of static or near-static images, radiates warmth even as it is enveloped in a deeply elegiac mood.

THE GREAT INDIAN KITCHEN / Streams on neestream.com
Director: Jeo Baby

5 The small-budget Malayalam film is a piping hot takedown of the patriarchy and casual sexism at play in Indian households. She does all the household chores. She chops and peels, she cooks, she cleans, she mops the floor. He sits back and reads the newspaper or does yoga. She serves. He is used to being served. The film opens with a wedding. Once the party is over and the guests have left, drudgery kicks in for the newly-wed girl. She joins her mother-in-law in the kitchen to help her rustle up mouth-watering dishes for the husbands.

Will this household ever change and will the woman who has left her parental home to be with her husband ever be allowed to be on an equal footing with the men? That is what *The Great Indian Kitchen* explores. It does so without going overboard with the delivery of its message.

PUSHKAR PURAN / Streams on moviesaints.com
Director: Kamal Swaroop

6 Using Italian writer Roberto Calasso's ruminations on the gods of India, veteran director Kamal Swaroop creates this consistently engaging meditation on the myths and legends that surround the ancient city of Pushkar, one of the holiest places of Hinduism.

In the month of Kartik, during the full moon, the desert turns into a kaleidoscope of faith, festivity and fun. Combining the profound and the profane, this foray into the heart of the fair that draws hordes of devotees and tourists to this desert town probes the sacred tales with a keen eye for visual precision and accuracy of detail. In *Pushkar Puran*, myth and reality intermingle in a manner that underscores how the ancient and the current, the holy and the everyday, exist side by side in the cultural continuum that is India. ■

Inside the social business

Some theory and lots of insights into the action

CIVIL SOCIETY REVIEWS

SOCIAL enterprises have been proliferating in India as a result of the benefits of growth not being evenly distributed and large numbers of people continuing to be left behind. With governments failing to deliver development and the private sector being primarily focused on profitability, which it has to be, the responsibility for bridging the gaps has fallen on changemakers and innovators.

Social entrepreneurship can vary in size and purpose. It can be the small neighbourhood school opened for the children of construction labour or it could be a large foundation that trains government teachers across the country. It could be a charitable clinic in a slum or it could be a chain of sophisticated eyecare hospitals. Voluntary initiatives may be directed at providing last-mile solutions or they could be helping to shape policy.

Several of these efforts have grown in size and complexity. Microfinance is an example. Institutions which began by helping a few communities with micro loans to make up for the inadequacies of the banking sector, have increased their reach and profitability so much that they have gone in for IPOs and become banks themselves.

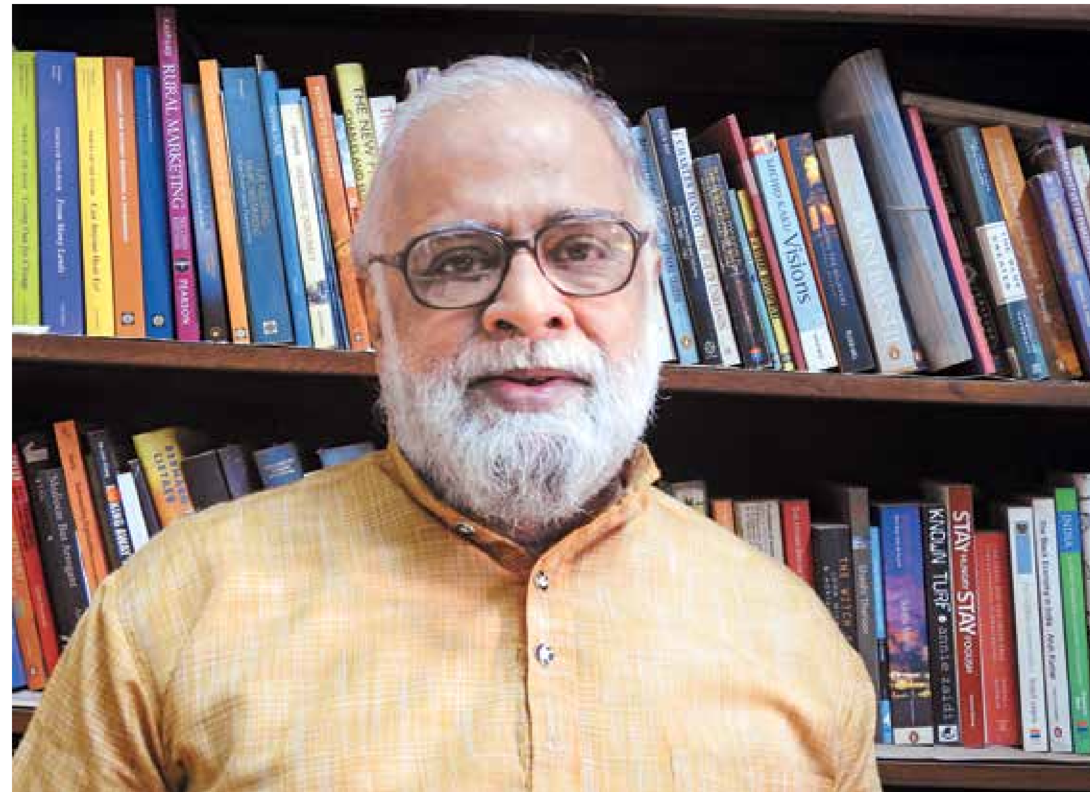
Making sense of social entrepreneurship has become both a need and challenge. Governments increasingly realize the advantages of drawing on the voluntary sector to improve delivery, create awareness and speed up inclusion. It has, therefore, become necessary to understand how to engage.

Simultaneously, as the number of voluntary entities has grown, so also has the requirement for regulation to ensure standards, accountability and transparency. In keeping with size, reach and impact, it has become essential for society to have a measure of performance. An NGO or a trust can no longer hope to be taken at its word that it is doing good. It has to be ready for scrutiny.

Madhukar Shukla's book, *Social Entrepreneurship in India*, is timely. Shukla has been teaching management at XLRI in Jamshedpur. He successfully creates a pedagogy on the functioning of social enterprises when all that one has had till now is a sea of activity. By examining how social enterprises function and set and achieve their goals, Shukla provides the opportunity to look at them more closely in specific ways even as they evolve and grow.

The theoretical frameworks he provides are welcome and overdue. Many enterprises are brands in their own right and even household names. The time has come to make a serious effort at understanding their different journeys. Many of them have brought ripples of change much beyond their own specific spheres of activity. They will continue to be catalysts for what others do and so a sober and unemotional understanding of them is very valuable.

Shukla looks at various social enterprises. We get to know a good deal about each of them, but these aren't detailed case studies. Instead, he successfully connects action with theory by trying to understand social entrepreneurship in its various forms and stages and dealing with the enterprises as examples.


Madhukar Shukla: Connecting action with theory

Social Entrepreneurship in India; Madhukar Shukla SAGE ₹495

Shukla takes up the definition of a social enterprise, what makes a social entrepreneur, the progression of a social enterprise through different stages and, of course, what it takes to scale up.

It is an approach that works and is undoubtedly useful, but finally what will be of even greater value will be to go deeper into specific enterprises. At the core of entrepreneurship is inspiration and commitment and there is not enough on these aspects in the book because of the kind of canvas that Shukla has given himself. It definitely merits doing another book.

Professor Mohammad Yunus points out in his foreword that social entrepreneurs are impatient to get on with finding solutions to problems of poverty. He cites Amul, Aravind Eye Care, Lijjat and Sulabh Shauchalaya as inspirational examples. Such businesses would never have been built without the risk-taking abilities and inventiveness of the founders who alone could imagine the relevance of what they were setting out to do much before others caught on. It would be instructive and exciting to get into their minds and understand the challenges they faced. There is scope for some serious research here.

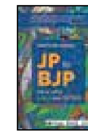
A big challenge social enterprises (whether just small NGOs or large social businesses) face is in raising funds. Not only is it difficult to attract donors, but there are regulations to deal with. The complications have become more intricate over time. One solution to the funding problem is seen in the proposal for having a social stock exchange. Listed entities would have accountability and credibility not dissimilar to that of companies listed on stock exchanges.

If this were indeed to happen, as it well might in the very near future, scholarship of the kind Shukla has shown will be very useful for investors and their advisors in not just understanding the sector a lot better, but realizing the spirit in which social enterprises are created. While they may be regulated and expected to live up to deliverables, they can't be divorced from their sense of mission. Return on investments in them will have to be seen in terms of the good they do. Investors will have to temper their expectations.

Market-based reforms tend to fall back on social organizations so as to carry less empowered beneficiaries along. An example is talk of having farmer-producer companies under the new farm laws. Understanding the working of Amul and several other lesser-known but also viable collectives in this regard would be instructive. A good place to begin them would be this book which sets the context and does much of the initial explaining of a sector which gets attention but is inadequately understood because it is a moving picture. Shukla helps one pause and think. ■

RANDOM SHELF HELP

A quick selection from the many books that turn up for review



JP to BJP / Bihar after Lalu and Nitish / Santosh Singh SAGE / ₹595

As a new government settles into office in Bihar, Santosh Singh, an assistant editor with the *Indian Express*, looks closely at the process of saffronization that has taken place in the state in his book, *JP to BJP: Bihar after Lalu and Nitish*. He tracks the many milestones of political shifts and movements Bihar has witnessed and the important socialists on the national stage in the past 75 years. The author also traces the rise and fall of socialist and coalition governments in Patna and New Delhi.

The book answers many burning questions. Why, for instance, did the man who had sought to counter Narendra Modi's 'Congress-mukt Bharat' line walk away from becoming the nucleus of opposition politics in the state? Which top RJD leader did Prem Chand Gupta accompany to meet BJP leader Arun Jaitley in Delhi and why?

Social Hegemony in Contemporary India / Edited by R. Thirunavukkarasu SAGE / ₹1,295

This edited book by R. Thirunavukkarasu, an assistant professor of sociology at Hyderabad University, offers insights into the social inequalities that plague India and are often hidden behind terms like 'law and order' and 'constitutional democracy'. A market-driven economy was once expected to radically transform India's hierarchical society into a more egalitarian one. Yet society remains unequal despite three decades of liberalization. Therefore, the rhetoric that a democratic order and free market guarantee social justice needs to be reappraised.

Chapters in the book demonstrate how socially privileged sections, after acquiring and consolidating power at an alarming rate, are now even more dominant over the lives of ordinary Indians than at any time since 1947. Consequently, many communities — like Dalits and other neglected minorities — have been disempowered and pushed to the margins. Any resistance to the dominant social order and its status quo is punished through ostracization and violence. The mission for social justice, therefore, needs a fresh approach and actionable change from those who aspire for a truly liberated India, unshackled from inequity and bias.

The Last Fortress of Congress Dominance / Suhas Palshikar and Rajeshwari Deshpande SAGE / ₹1,295

Focussed mainly on Maharashtra's politics since the 1990s, *The Last Fortress of Congress Dominance* provides a clear view of the historical context and socio-political forces that have dominated the state since the 1950s. The politics of Maharashtra has been woven around two key factors: the Congress party and the Marathas. Attempts by the Shiv Sena and the BJP to emerge as alternatives to the Congress have had only limited success so far. As state politics transits into a new party system, the book presents a detailed study on the party system in Maharashtra. It analyzes politics in the broader context of the crisis besetting the Marathas and the many distortions of the state's political economy.

Aided by rich survey data from National Election Studies for all elections since 1996, the book presents a long-term view of the politics of Maharashtra as the state completes 60 years of its existence.

Restless in the City Conversations with Young People in Resettlement Colonies / Nirantar Trust SAGE / ₹1,095

Through a series of conversations, the Nirantar Trust in this book tells us what young people in poor urban communities really think. What are their expectations from the state? How do they engage with the city and their neighbourhood? Also included are insights into their personal and familial relationships. As for livelihood, the book uncovers deep-rooted injustices within the workforce. Young men aspire to work in the public sector even as they hold low-paying jobs in private firms. The stark difference between rural and urban youth, their relationship with technology, and how it affects their feelings towards love and friendship, is another focus.The conversations also highlight the status of young women and the restrictions imposed on them. An important book especially for those involved in urban development.

Love, Labour and Law / Early and Child Marriage in India Edited by Samita Sen and Anindita Ghosh / SAGE ₹1,295

Despite persistent campaigns and policies to improve the status of girls, the regressive practice of child marriage persists. *Love, Labour and Law: Early and Child Marriage in India* is a path-breaking book on an issue that has refused to disappear. But some changes have taken place. Today, child brides are usually from poor families. They are 15 to 17 years of age whereas child brides used to be much younger in the past. The book discusses why child marriages persist despite numerous legislative and policy initiatives to 'eliminate' the practice. The chapters examine social and legal reforms to raise the age of marriage, education and health-related policies which aim at prevention, the relationship of child marriage with child labour, sex work, human trafficking and other issues.

Increasingly, there is now greater resistance to child marriage from children being forced into such marriages by their parents. They can now access institutional and bureaucratic support. How hopeful are these developments? The book goes beyond a simple policy focus on 'elimination' and provides an understanding of marriage and women's agency within the context of the Indian marriage system.

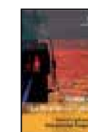
Dark Interiors / Essays on Caste and Dalit Culture / Raj Gauthaman / Translated by Theodore Baskaran /SAGE ₹995

"Except for women and Dalits, I do not think there is anyone discriminated at birth," writes Raj Gauthaman, a well-known Tamil intellectual known for his focus on subaltern Dalit writings. His succinct and provocative critique has been translated into English for the first time by Theodore Baskaran. The essays engage with Dalit liberation politics, the relationship of Dalits with Tamil history and the many strands of radical Dalit culture. Gauthaman discusses Dalit history and what the progress of non-Brahmin politics in Tamil Nadu has meant for Dalits.

The translations are of essays written between 1992 and 2002, which remain contemporary and startlingly prescient. The author's discussion of Iyothee Thass Pandithar — who preceded Ambedkar by 50 years — as well as Ambedkar, Periyar, post-modernism and subaltern studies, provides a new cultural history of Dalit assertion.

India and the Pandemic: The first year / The India Forum Orient Blackswan / ₹695

How did India fare in coping with the COVID-19 pandemic? *The India Forum*, an independent online journal-magazine, looks back at the historical, social, cultural, economic and political aspects of the outbreak in this volume. It consists of 24 essays written by political and social commentators which offer insights into the impact of the pandemic and the response of State and society. The essays are a thought-provoking read for those interested in what happened during the first year of the pandemic.



Women in the World of Labour / Mary E John and Meena Gopal / Orient Blackswan / ₹995

India has one of the world's lowest work participation rates for women, an issue that is belatedly receiving attention from the women's movement, other social movements, the State, agendas of development or from the public and media. How is work defined and recognized in India where less than six percent of the workforce is employed in the formal sector of the economy? From concepts of care and social reproduction, paid and unpaid work, the nature of capitalism, to notions of caste, class and sexuality, this timely volume addresses the multiple worlds of women's labour in contemporary India and makes possible some remedies we could implement. ■

So you want to do your bit but don't know where to begin? Allow us to help you with a list especially curated for *Civil Society's* readers. These are groups we know to be doing good work. And they are across India. You can volunteer or donate or just spread the word about them.

WITH STARS THAT SPECIAL SHINE

STARS

How can you bring a little happiness and hope to those who may be having a tough time? Well, you could drop by and cheer things up by your very presence and showing that they are not alone. You could also help out with counselling, Zumba classes, football coaching and medical check-ups.

STARS, which stands for Spending Time and Reaping Smiles, was formed in 2013 and is based in Goa. It supports youngsters under a scholarship programme so that they can continue to go to school and college. It helps single mothers and poor families with their monthly rations so that they get to eat the essentials. There are also medical check-ups. Under the sports programme, professional coaches have been going to four homes.

You could donate to STARS or volunteer with them if you are in Goa or perhaps replicate this beautiful idea wherever you happen to be living.

www.thinkstars.org | 9850168166
lushanferns @gmail

LIFE OF DIGNITY FOR THE DISABLED

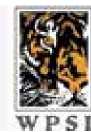
SAMARTHANAM TRUST FOR THE DISABLED

In Bengaluru, over 900 students with disabilities study at Samarthanam's residential schools. By providing free tuition, free accommodation and accessible infrastructure, the school is truly able to empower these children. There is also a special school for children with intellectual disabilities, where 100 students study.

The goal is to enable them to live a life of dignity. Skills are imparted at their 13 livelihood resource centres and 64 percent of those who get training find jobs. Support them with a donation or volunteer with them. You could help convert textbooks to accessible formats or act as a scribe for a visually challenged student.

www.samarthanam.org | 9480809586
kumar@samarthanam.org

GETTING AHEAD IN VILLAGES



AHEAD INITIATIVES

If you want to contribute to rural development, check out AHEAD Intiatives in West Bengal. It stands for Addressing Hunger, Empowerment and Development and has been based in Kolkata since 2008.

It is out in the villages that AHEAD is deeply engaged on issues of food security, sustainable development and primary education.

AHEAD's big contribution is in working with panchayats and zilla parishads to implement its own programmes and by providing last-mile solutions to implement the government's programmes.

So, if helping the government's local institutions deliver is of interest to you, AHEAD is the place to go to for some interesting volunteering opportunities. Or you could become a donor.

ahead@aheadinitatives.in | Abeer Chakravarty +919830998875

APNA GHAR IS HOME FOR EVERYONE

APNA GHAR ASHRAM

Everyone needs a home. Apna Ghar Ashram is a home for the destitute, the sick and injured, the old and homeless and the mentally challenged who have nowhere else to go. Apna Ghar volunteers find them lost or abandoned on railway stations, bus stands and at religious places.

At Apna Ghar, they have a roof over their head, food and medical attention. There are 35 such ashrams across the northern part of the country. You can support Apna Ghar with a contribution. One inmate's daily expense is ₹70. You can also volunteer as a member of the medical team, as a vocational trainer, or as an IT professional.

www.apnagharashram.org | +918764396811
hq@apnagharashram.org

GIRLS GET BICYCLES, WOMEN COMPUTERS

GRAM VIKAS TRUST

In Bharuch district of Gujarat, 150 girls every year receive bicycles so that they continue studying in the secondary school in a neighbouring village. Enrolment rates have increased and attrition rates have decreased in 39 primary schools. And by constructing and renovating 20 toilets in schools, 25,000 children have benefitted.

All this is thanks to the Gram Vikas Trust, which works with children, women and the elderly in nearly 200 villages in the district, helping the elderly with ration kits and helping women become proficient with computers. Support them with your donation.

www.gvtbharuch.org | 9662006293
contact@gvtbharuch.org

HELP ON THE STREET

STREET PROVIDENCE

People addicted to drugs and alcohol, HIV patients who have been dumped by their families and homeless men and women need help to get off the street. Reaching out to them in Goa is the Street Providence Trust. It runs six shelter homes and provides food, medicines, clothes and hospitalization, if necessary. Several such people have been reunited with their families, which is essential because the support of relatives is what they really need.

Excess food from restaurants is collected and stored in 38 freezers across Goa. The poor in villages are given access to these freezers. Volunteers warm the food and serve it. Breakfast is available free outside four government hospitals in Goa. There is also a programme called Meals on Wheels which takes food to the poor.

streetprovidencegoa.com | +918380097564 | street.providence70@gmail.com

PUTTING AN END TO POACHING

WILDLIFE PROTECTION SOCIETY OF INDIA

The Wildlife Protection Society of India (WPSI), set up by in 1994 by Belinda Wright, a wildlife photographer and conservationist, is on the frontlines of conservation in the country.

The WPSI works closely with government agencies to combat poaching and tackle human-animal conflicts. The WPSI has conducted 200 workshops, training over 8,000 officers in wildlife law enforcement.

The WPSI's wildlife crime database is a meticulous record of 33,000 wildlife cases and 27,000 wildlife criminals. The non-profit not only exposes widespread tiger poaching and seizes illegal wildlife products, it also provides legal aid to prosecution in wildlife court cases. You can volunteer or support them with a donation.

www.wpsi-india.org | 011-41625920
wpsi@wpsi-india.org

SURGERIES TO BRING BACK A SMILE

MISSION SMILE

An adult or child with a cleft lip or palate finds it difficult to lead a normal life. He or she can't speak clearly nor eat properly. It can also lead to ear infections, hearing problems and dental problems.

Mission Smile provides cleft lip and cleft palate surgeries for children and adults free of cost.

Till date, the non-profit has carried out 36,000 safe corrective surgeries and gifted 36,000 smiles to such individuals.

You can volunteer with them as they go from state to state putting up camps and identifying patients. If you know someone with a cleft lip, connect them to Mission Smile. You could also support a surgery with just ₹28,000.

www.missionsmile.org | 9007883789
contact@missionsmile.org

Small producers and artisans need help to reach out to sell their wonderful products. They can't advertise and they don't know to access retail networks. *Civil Society* happily provides information about what they have on offer, their skills and how you can get to them.

Northeast specials

FEAR not the big bad city. Armed with the world's hottest chilli, the famed bhutjholokia of Northeast fame, you can whoosh away evil intent. We spied this deadly pepper spray powered by bhutjholokia at the annual Tribal Mela in Dilli Haat. It is manufactured by the Northeast Farm Sales Promotion, a social enterprise based in Guwahati. This pocket-sized weapon costs ₹400.

The company aggregates and distributes unique organic products from the seven states of the Northeast. "We go deep into villages and request them to grow local organic products which we know will sell. The biggest problem small growers face is lack of marketing. We provide that," says Joseph Lalrofel, sales representative, ensconced in his small store.

There are natural room fresheners imbued with cinnamon and lemongrass as well as packs of black rice, bay leaf powder, pepper, cardamom, pickles and, of course, red hot chillis. You can place your order on the TRIFED website and they will soon also be available on Amazon.

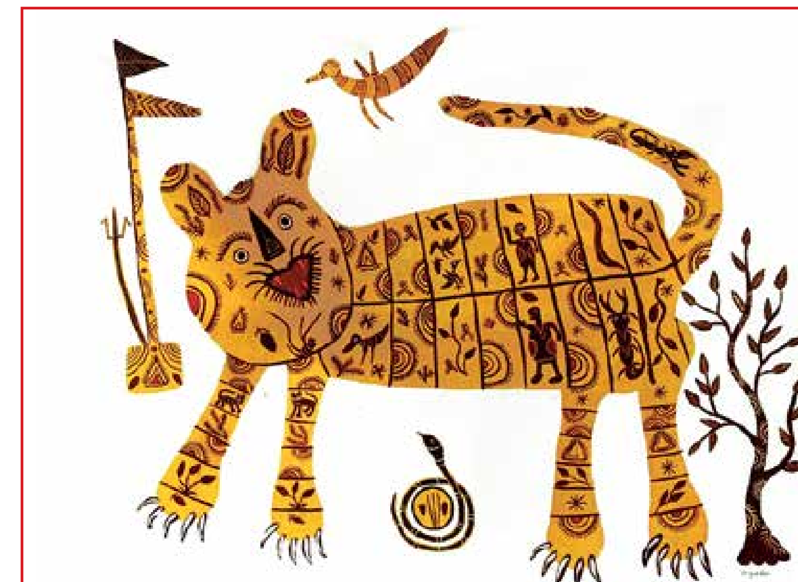
Contact: Northeast Farm Sales Promotion, 70 Janta Path, Bhetapara, PO Beltola, Guwahati, Assam – 781028 Website: www.northeastsales.in Email: ednortheastsales@gmail.com

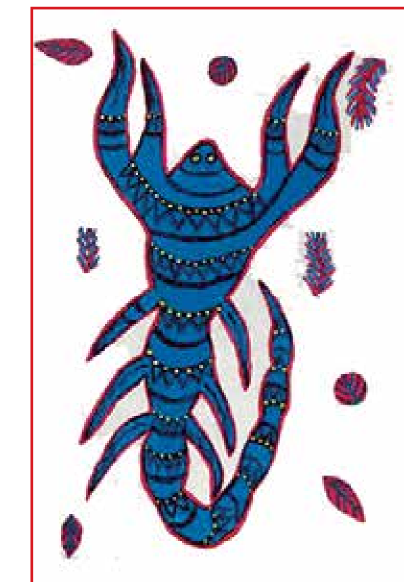
Painting the jungle

BAIGA art is bright and beautiful and looks fabulous on a wall. "It's our traditional craft and we love doing it. But the money we earn is not enough," rues Amar Baiga, looking lost amidst his paintings in the din of the Tribal Mela.

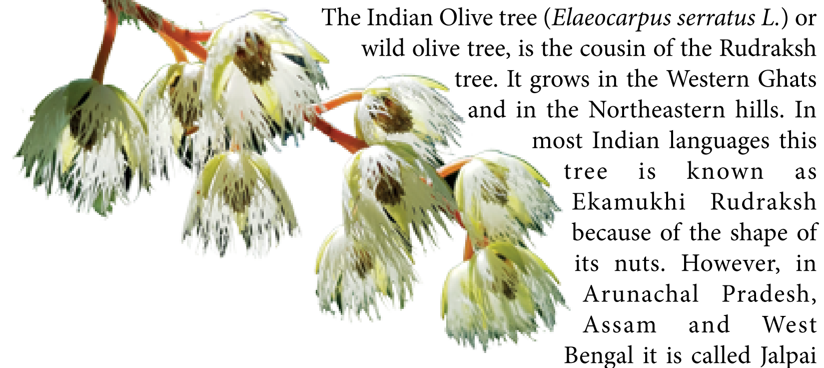
He and his brother, Sushil, live in a forest village on the outskirts of the Bandhavgarh National Park in Madhya Pradesh. "We are a collective of 10 artists. Whatever we earn is divided amongst us," says Amar. They need to find ways of earning more, he says. A new addition are attractive masks made of papier mache and wood. There are paintings of their village, animals, plants and trees. The Baigas worship nature. They wouldn't like to paint the city landscape. It's completely alien to them, explains Amar. The two brothers spend more than half the year working as agricultural labour.

Contact: Amar Baiga, 7806062516; Email: bandhawgarhbaiga@gmail.com





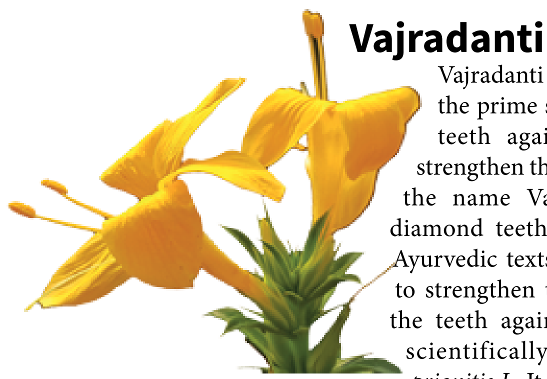
Flowers and plants almost always capture our attention. We wonder what their names are, where they originate and what they could be useful for. There are rare plants we may never see. Ganesh Babu, a botanist, is our guide.



Indian Olive Tree

The Indian Olive tree (*Elaeocarpus serratus L.*) or wild olive tree, is the cousin of the Rudraksh tree. It grows in the Western Ghats and in the Northeastern hills. In most Indian languages this tree is known as Ekamukhi Rudraksh because of the shape of its nuts. However, in Arunachal Pradesh, Assam and West Bengal it is called Jalpai or Zolphai.

The fruits of the Indian Olive tree are extensively used in the preparation of tasty pickles. In Arunachal Pradesh the raw fruits are eaten. The fruits are reported to possess medicinal properties against diarrhoea and dysentery. The Indian Olive tree reaches a height of 20 metres. An evergreen, it is to be applauded for its showy dense white flowers and for the way it fills garden spaces. Its blooms droop beautifully and it yields thousands of green fruits right through the late monsoon and winter. The tree also attracts various species of pollinators.



Vajradanti

Vajradanti is well-known as one of the prime species used to guard the teeth against any infection and strengthen the gums. It is evident from the name Vajradanti which means diamond teeth as depicted in ancient Ayurvedic texts. The leaves are chewed to strengthen the gums and to protect the teeth against decay. Vajradanti is scientifically known as *Barleria prionitis L.* It belongs to the December flower family, Acanthaceae.

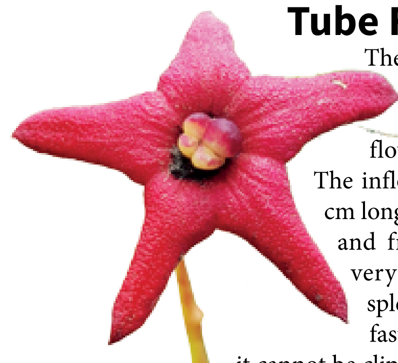
Vajradanti is a bushy shrub with many branches. It grows to a height of 2.5 metres. Vajradanti's stems are armed with spines and its inflorescences consist of beautiful orange-yellow flowers surrounded by green leafy bracts. The plant's dark green, shiny leaves create a wonderful contrast to its flowers, making this a very attractive shrub.

Vajradanti can be planted in groups as a flower zone or to form informal borders or as clumps on rockeries. It can be planted in containers. In Hindi it is known as Kantsaria. In Malayalam and Tamil it is referred to as Chemmulli. In Marathi it is called Pivalakoranta. Mullugorata or Mullugorante are the plant's vernacular names in Kannada and Telugu. In English, it is popularly known as porcupine flower.

Ankolam Tree

Ankolam or Azhinjil, or *Alangium salvifoium*, is one of the most auspicious and worshipped trees in India. Traditionally, a piece of the stem of this tree is kept at the entrance of the house not only to prevent the entry of evil spirits but also to bring goodness and cheer to the family. Ankolam is also well known for its antidotal properties especially against several types of poisonous bites.

It is a small, deciduous tree with a pale brown bark with shallow cracks. Ankolam has spiny branchlets that provide safety and therefore attract nesting birds. Anyone who calls himself or herself a lover of birds should have this tree in their garden. The tree has flowers that are white or yellowish-white and fragrant. The berries, 2/1 cm, globose to ellipsoid, are orange-red when ripe and look beautiful. They are sweet and edible. Ankola is the common name of the tree in Sanskrit. It is called sage-leaved alangium in English, Ankole in Kannada, and Ankolamu and Angolam in Malayalam and Telugu, respectively.



Tube Flower

The tube flower is a species that grows to a height of three metres. It is known for its abundant foliage and flowers. The flower has whorls of three in each node. The inflorescences are strikingly large, up to 20 cm long and 10 cm broad. The flowers are white and fruiting calyx are star-shaped, red and very attractive. The fruits are blue and splendid to look at. This shrub grows very fast and can be planted in tall hedges since it cannot be clipped from the top or in beds of shrubs or in a stand-alone pot in your balcony, deck or terrace. In Ayurveda, this species is recommended for improving blood circulation. It is good for digestive disorders and bronchial complaints.

The tube flower is also called sky rocket and bowing lady in English. In Sanskrit, Hindi, Kannada and Telugu it is known as Bharangi.

Wild Himalayan Cherry

The Wild Himalayan Cherry tree or the Bird Cherry tree (*Prunus cerasoides*) is a moist deciduous tree which reaches 25 metres in height. The tree's bark is strikingly glossy with a ringed, peeling-off bark. This tree has a single stout trunk hence it can be used to create a focal point in the garden. With its beautiful bark, stunning flowers and edible fruit, the Wild Himalayan Cherry tree is a visual treat throughout the year. The tree flowers profusely. The bark is used for plastering fractured bones and its steam is used for treating vomiting, leprosy and leucoderma.

In Ayurveda, Hindi and Marathi, this tree is called Padmaka. In Kannada it is known as Mara sebu and as Padmakam in Malayalam, Tamil and Telugu.

Kalanchoe Herb

Kalanchoe grandiflora plants are thick-leaved succulents. An amazing herb, it grows to one metre and bears splendid foliage. The inflorescence is short and compact with many strikingly beautiful flowers, yellow and orange-yellow in colour. The cheery clusters of blooms can render a spectacular look to gardens, balconies and terraces. This native species can be the best substitute for the popular, ornamental jade plant. It can be grown even in dry regions with poor, rocky soils. This species is used to treat bruises, wounds, boils and arthritis. It is also a potential substitute for pashanbhed, a well-known Indian herb used to dissolve kidney stones. ■

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TATA STEEL
#WeAlsoMakeTomorrow

EVERY CHILD HAS A RIGHT TO TOMORROW

Children need access to learning along with suitable sanitary infrastructure and safe drinking water. Nest-In - a Tata Steel construction solution - has installed more than 2,000 EzyNest modular toilets in 300 schools in 10 states, benefiting 1,10,000 school children and improving school attendance dramatically. It has also installed AquaNest water ATMs in 17 schools that benefit more than 12,000 students.

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