

Civil Society

BLESSED IS THE RURAL HOSPITAL

How to take better care to villages



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IN THE LIGHT

SAMITA RATHOR



LETTERS



Hindutva vs Bharat

Your cover story, 'Hindutva vs Bharat', was prescient in analyzing the elections in five states. Sanjaya Baru correctly wrote that there was no sign of any anti-incumbency sentiment except in Tamil Nadu. The BJP's failure in governance, especially its mishandling of the COVID pandemic, also played a role. On the whole, states ruled by the opposition seem to have better governance and are more pro-people in their policies.

Shweta Rajpal

Your cover story was a perceptive attempt to weigh the strengths and weaknesses of the parties contesting the elections in five states. Out of all of them only the BJP has a clear ideology. It won only in Assam and Puducherry. The other states rejected its ideology and so will many more states.

S. Rangarajan

Pre-loved books

Your feature, 'Pre-loved books, anyone?' was very useful. Most of us, lovers of books, collect so many and then we don't know what to do with them. Passing them on is a wonderful way to spread the joy of reading. Owning pre-loved books also saves money and paper.

Shikha Sinha

This is an amazing article for a book lover and collector like myself. I think the joy of reading actual books and turning pages cannot be replaced by Kindle and online reading. And yes, hunting your own books from old sellers of old books has its own satisfaction and leaves its own memories. The Sunday book market that was special in Hyderabad. Books that you bought which weighed like

cargo. All this is something you remember. I can keep talking about book-hunting.

Archana Godbole

Farm laws

I read your story on the ongoing protests by farmers against the Union government's farm laws. I thought it was a very educative article written with clarity on the crux of the farming issues.

M.C. Maniraj

I could not understand why the American model was adopted to frame agricultural reforms in India. It is well known that our farming is traditional. Despite so much subsidy and support by the US and Europe to their farmers, the agricultural sector of those economies has not been

yielding financial gains. Then why did we choose this model?

Dipankar Dasgupta

Goa tourism

I read Derek Almeida's article, 'Does Goa have a future without mass tourism?' on your website. Very illuminating piece. From an exclusive hippie destination of the 1960s, Goa has steadily turned into a mass tourist destination. On a recent visit, after 30 years, I noticed more bus-loads of penny-conscious tourists from neighbouring states than foreigners or big spenders. If what the World Economic Forum forecasts about mass tourism is right and pandemics become the order of the day, the writer is right in pushing for a less tourist-centric future for Goa, especially when the less touted industries are already there, waiting to grow. Of course, sustainability must be foremost in planning for this naturally beautiful little state.

Amit Kumar Bose

Goa only has a future if we restrict non-spending tourists. The chief minister should curb tourism and open all other sectors. Goans are loving the current scene. It feels like the Goa of the old days. Less traffic, clean air, more time for family and the susegad lifestyle.

Rajkumar Naik

The pandemic is an opportunity to build an alternative economy in Goa with emphasis on agriculture, manufacturing, IT and other sectors. If Israel and Dubai can convert a desert region into a strong economy, why can't Goa with its resources?

Venkidesan Narayan

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COVER STORY

BLESSED IS THE RURAL HOSPITAL

While the second surge of COVID-19 has shown rural healthcare systems to be inadequate, doctors and small hospitals in the voluntary sector have been playing a lifesaving role.

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Pandemic and us

IT has been more than a year and the pandemic continues to serve up surprises. Losing friends and worrying about those who are unwell has been unsettling. Multiple lockdowns and severely restricted mobility have made it difficult to function.

Keeping our magazine going has meant summoning hidden reserves of commitment and inventiveness. Like birds in a storm, we have been sheltering in nooks and taking each gust as it comes.

We are, therefore, more than a little relieved and proud of ourselves that we can bring you this issue of *Civil Society* just as the lockdown eases and printing and distribution become possible.

With extra pages of coverage, this issue combines May and June with July. So, it is three months in one. It is the best we could do under the circumstances.

We are particularly happy to have put together a cover story on rural doctors and hospitals. It is in villages that the virus' impact is largely unknown. We have taken a close look and we hope our story will give our readers a fresh perspective on public healthcare and the real needs of the country.

Healthcare in India has for long awaited a better vision — among policy-makers as well as medical professionals. The message of the virus is that it is time to go back to basics.

In *Civil Society's* view the healthcare system should be imbued with the values that open it up to people of all classes and make it truly accessible, affordable and effective in a localized way.

The virus will perhaps turn healthcare into a political issue, which is what can make a difference to the urgency with which changes take place. But before that happens there should be wide agreement that rich and poor must get the same standards of expertise.

More investments are needed, but in many years of covering health in this magazine we have found just pouring in money won't do. It is equally important to put medical and managerial talent into government-run healthcare and reset the standards of the system.

As journalists, we have found that healthcare works best when doctors are driven by the original values of their profession and take on leadership roles in search of solutions. The system tends to fail when it is weighed down by the greed for fees and corporate profits.

Apart from our ground reports, we have an interview with Harsh Jaitli of VANI on the problems of NGOs and we go to Lakshadweep for an analysis of the travails of the islands.

In this issue we bring you again a special Cinema section. You have an opportunity here to get to know pathbreaking Tamil filmmakers whose work is receiving attention globally. The Books and Authors section provides a selection of titles worth looking at. And in Living you can discover ethical cheese and nut milk.

Harsh Jaitli on why the voluntary sector is shrinking

‘NGOs tangled up in messy regulation and negative vibes’

Civil Society News
Gurugram

VOLUNTARY organizations have increasingly been under pressure to meet regulatory requirements, find funds for causes and cope with COVID-19 and its fallout.

There is a sense that the current Union government led by the Bharatiya Janata Party (BJP) has been making it difficult for non-governmental organizations (NGOs) to function with changes in regulations on income tax and foreign contributions.

Some of the pressure, in fact, dates back to pre-2014 and the government led by the Congress, which, though supportive of social activists, began introducing regulatory requirements that voluntary organizations found difficult and irksome to comply with.

The COVID-19 pandemic has also taken the lives of many activists. The stories of those in the big cities are known while activists in the rural areas and small towns haven't been fully accounted for. There has also been a drying up of Corporate Social Responsibility (CSR) funds for causes with companies tightening their budgets and giving liberally to the PM CARES Fund.

For an assessment of the situation and the road ahead, *Civil Society* spoke to Harsh Jaitli, CEO of VANI (Voluntary Action Network India), which represents a large number of voluntary organizations across India, particularly small ones in remote areas.

What has been the impact of the coronavirus pandemic on the NGO sector?

COVID-19 has exposed the fault lines in all sectors, whether it's the health sector or the education sector. The pandemic has impacted the social sector across the world. For two decades, I have noticed, there has been a systematic attempt to restrict the space of the social sector globally. Some countries, like China, Russia and currently India, are doing it crudely while other countries are doing it subtly. The pandemic exposed all these fault lines. The day-to-day functioning of institutions, the restrictions imposed, played a major role.

But in actual terms what has it done to NGOs in India?

Earlier, calamities were localized and small-scale, whether it was a flood in Kerala or an earthquake in the Himalayas. These were simpler to manage despite the fact that even local civil society organizations (CSOs) did not have much resources or capacity. Since these were isolated and local they could manage them. But the pandemic has been on such a large scale that worldwide the realization has dawned on everyone that no one can handle it — neither the CSOs nor the government nor even countries.

Along with the first wave of COVID-19 came the migrant crisis. Grassroots or service organizations are always the first to respond to such a crisis. Until a few years ago CSOs used to have a little money with them. Based on those resources they would provide some services. But now income tax laws and the FCRA (Foreign Contribution Regulation Act) don't allow you to save anything. In the past five years CSR funds were another resource for NGOs. But the PM CARES Fund cleaned that out also. So most grassroots organizations have no money.



Harsh Jaitli: 'I'm not saying it is the BJP or the Congress. Everybody has squeezed NGOs'

Still, they responded as best as they could.

Fortunately, a lot of CSOs got support from local communities. Like the small business person. Local people provided money, food supplies and other resources. This was the financial impact of regulatory changes made by the Union government.

The second impact was that the first wave was basically managed by the bureaucracy and the police. So to provide services became a tussle for NGOs. The district administration was not ready to give us passes. The question of civic space comes up here too. They would say, 'You cook the food and give it to us, we will serve it'.

The negative narrative about NGOs, publicized by so-called media, impacted the services NGOs are supposed to provide. It was conceded that NGOs were also frontline workers on the ground, but they were not given that status.

Have rural NGOs been more impacted than urban ones?

Everybody has done their bit to squeeze the social sector. I'm not saying it's the BJP or the Congress. Laws were made by the Congress and implemented by the BJP. In the past two decades complicated laws have been made which are very difficult for rural NGOs to comply with. In the past decade a lot of effort has gone into demystifying the regulatory framework for rural NGOs because the penalty of not implementing a small rule was very high.

Small organizations were already facing the problem of compliance. Many of them lost their FCRA licence. If you work in a deprived area there are even more checks on you. The local police starts implementing some unsaid law and wants to know what the NGO does every day. The NGO faces lack of capacity to implement all those regulations.

Secondly, in September the Union government prohibited sub-granting. The budget of small organizations is now even less. Otherwise the system was that large organizations who were good at advocacy and research and had good human resources would raise finances from large international donors. Then they would work with small organizations to implement projects, giving them outreach. The rural NGOs were good at mobilization and working at the grassroots. They were small in terms of budgets.

Earlier, funding from big donors like DFID (Department for International

Development) and USAID (United States Agency for International Development) had already reduced since they were forced to give money to the government. Now sub-granting has also disappeared. Small organizations lack the capacity to comply or to generate resources and they are the first to get harassed.

Weren't there CSR funds earlier, though?

See, the tradition of support by the private sector to the voluntary sector is a very old one. The concept of CSR is new, just five years old. We were part of a five-year review carried out by the Ministry of Corporate Affairs. We gave several recommendations which were accepted by the ministry.

In the review meeting the corporate sector said working on advocacy or capacity building or a rights-based approach was not their cup of tea. They want visible results. They were interested in financially supporting projects which yielded very tangible deliverables. Such projects could then be analyzed and reported in their annual reports. That's what the government wanted them to do, they said.

So most CSR money was going into running schools, planting trees, painting competitions...non-contestable issues, easy to understand and calculate. CSR money didn't go into critical development work. Then they would fund us only for a year because they thought they had to report their CSR activities every year in their annual report.

In the recommendations it was made clear that companies can give money for long-term projects just like any international donor. Nowhere is it written that they can't. We were hoping things would change.

But then COVID-19 came along and the PM CARES Fund as well. The Ministry of Corporate Affairs said that money given to PM CARES is also part of CSR. For companies it has always been easier to put money in the PM's National Relief Fund or other government funds. It puts them in the good books of the government and they don't have to do anything.

A lot of money went to the PM CARES Fund. It was supposed to go to CSOs. Now they are saying that if companies give more than their authorized CSR limit they can carry over that expenditure to the next year. Besides, CSR is calculated on the basis of profit. If the economy doesn't do well, they can say they did not make profits.

Is the NGO sector shrinking?

Yes, you can say that it's shrinking. All these changes, like not allowing sub-granting, have had an adverse impact on NGOs. It was done abruptly without any debate in Parliament or any discussions. On-going projects were halted immediately. Large organizations are not able to spend the money they had planned to with their partner NGOs. Small NGOs aren't able to even maintain a small staff to deliver those projects.

It was calculated that around ₹10,000 crore per year comes in through the FCRA route. For the past seven or eight years there has been no report on FCRA which analyzes how much money we are getting and for what purpose. The number of development organizations receiving money under FCRA is going down. So who is getting FCRA money? All non-profits are registered under one law so money is going to other institutions also. Reduction in resources impacts the capacity of NGOs to implement projects and human resources. So, yes, the sector is shrinking.

How many people does the NGO sector employ?

It is one of the largest employers in India but there is no firm calculation for that. Everything is speculation. The size and nature of the sector, highlighted by studies and the media, says there are 3.2 million NGOs in India. But where has that figure come from? There is no explanation. This figure includes every organization which is a non-profit in this country.

But you can't compare India Habitat Centre with a rural NGO or Batra Hospital with a small dispensary in Gadchiroli or Deepalaya with St Stephen's.

Which projects are the most affected now?

Initially, projects on entitlements and rights-based approach, valuations, capacity building and communication were affected. In the past decade no investment has been made in capacity building.

Earlier, we used to make a lot of films. Now no organization has the budget to produce communication material.

Now the recent amendment has said our administrative expenses can't be more than 20 percent. Apart from implementation, like planting trees, all the work we do is like the software industry. We depend on human resources. If you

curtail that to 20 percent you know what gets affected.

We are part of an empowered group for CSOs created under the disaster management rules by the NITI Aayog. They asked us to support them in creating awareness on vaccination, popularizing COVID-19 appropriate behaviour and in importing oxygen and medical equipment from abroad.

We told them all three are prohibited by your FCRA law. For popularizing vaccination or COVID-19 appropriate behaviour I need to undertake a communication exercise but expenditure under that comes under administrative expenditure.

If I get oxygen concentrators from my donor in Germany, it will be categorized as an FCRA asset. I can only use it within my organization. I can't give it to a person in a slum to use or in a rural area because then you will say it's a sub-grant. We requested them to change the law and they asked us to write a letter.

Then you can't go outside in Delhi when there is a curfew. During lockdown you expect people to renew their income-tax certificates, open an account in State Bank of India (SBI). Now, SBI is famous for making excuses not to work. So they said you can open an account in your local SBI branch.

First of all, it was very difficult for grassroots organizations to convince local SBI branches to work extra and open their bank accounts. It was a long struggle for us. Then they wanted NGOs to bring all their board members to the branch to see them physically. Now board members don't live in the same locality. How do you bring them to the bank during curfew? Some of them are over 70 years old and they are not supposed to leave their homes.

Next, what documents are needed? Finally that was worked out with the MHA (Ministry of Home Affairs). It was easier for those living in the NCR (National

‘Changes such as not allowing sub-granting have been made abruptly. Large organizations are not able to spend the money they had planned with partner NGOs.’

Capital Region) because they could go to the main SBI on Parliament Street and show those documents. But for rural NGOs it was tough. Your documents go back and forth. First they get stuck in the local SBI branch and then in the main SBI branch.

Do you think it would be an advantage to have a single law governing the voluntary sector as was proposed by the Congress many years ago?

We worked on that. A good law was made. The Planning Commission formed a committee. But it was rejected by the law ministry. They said it is a state subject. We approached the prime minister. We said we should have a single law as you have for the private sector like the Companies Act. The Ministry of Corporate Affairs was asked to draw up a law which they did. They called it the Multi State Society Registration Act. It talks about NGOs working in more than one state. But smaller organizations working in one state weren't included. So it was like dividing the sector.

After that no one has taken an interest. A sub-committee of the NITI Aayog is working on a regulatory framework for the sector. We are part of that.

What has been your experience of working with the NITI Aayog?

There was no space for NGOs when they first shifted from the Planning Commission to the NITI Aayog. The Planning Commission had an NGO cell headed by Lalit Kumar and Syeda Hameed. For the past two or three years they have started interacting with NGOs.

Under the Congress the nature of NGOs they used to call was different. Likewise with the NITI Aayog. The nature of NGOs invited for consultation changes according to the party's ideology.

During the COVID-19 crisis their respect for NGOs has gone up. Never in the past seven years has the PM appreciated the role of NGOs. But this time he has been quoted as having appreciated their role. The NITI Aayog has created 17 groups to work with NGOs on health, education, Sustainable Development Goals (SDGs), regulatory framework and so on. We asked them to work on a national policy for the voluntary sector. That is being worked on. But they have their own limitations. When disaster comes, the relationship with NGOs improves but when disaster disappears, the goodwill also disappears. ■

Can Lakshadweep be like the Maldives?

Islands on edge over new rules

Susheela Nair
Bengaluru

WITH its shimmering lagoons, coral reefs, a line of silver sand beaches and rows of coconut palms, the serene Lakshadweep archipelago is a paradise for tourists and environmentalists. But in recent weeks Lakshadweep has been making it to the front pages not for its natural beauty, but regulations that the administrator of the islands proposes to impose on them.

Praful Koda Patel, administrator since 2020, has rapidly drafted regulations which local people object to because they tamper with their way of life. The majority of the population, about 97 percent, is Muslim, but the administrator has proposed allowing bars to open and a ban on beef. The people on the islands depend upon dairying and breeding of bovines for a livelihood.

He has proposed limiting local self-governance, which the islanders cherish, and centralizing key decisions in education, health, fisheries, animal husbandry and so on. This authority is being passed on to respective directorates under the administrator, undermining local self-governance.

In addition, it is proposed to allow detention for up to a year without citing reasons under the draft Prevention of Anti-Social Activities Regulation Bill (PASA), 2021. But Lakshadweep has one of the lowest crime rates in the country, according to the 2019 report of the National Crime Records Bureau.

What has angered islanders the most is the draft Lakshadweep Development Authority Regulations (LDAR) 2021, by which the administration can acquire residents' land for development without safeguarding their rights. There are plans to build roads 15 metres wide, but locals say Lakshadweep does not need highways and that such projects will damage the islands' fragile ecology. The size of the largest island, Androth, is just 4.9 sq km.

Though the Integrated Island Management Plans (IIMPs) stipulate that all development envisaged in the IIMPs shall be implemented in consultation with the elected local self-government bodies, LDAR regulations completely ignore the recommendations in the IIMPs.

The idea seems to be to turn Lakshadweep into a tourist paradise akin to the Maldives. Environmentalists and scientists studying the islands say they can't be transformed into a tourism hub because of their ecology and the increasing pace of climate change in the Arabian Sea.

A FRAGILE ECOSYSTEM

"We have been working in Lakshadweep, one of the most climate vulnerable locations in the world, for

the past two decades, unpacking the ecological consequences of climate change on the islands' reefs," says Somesh S. Menon, project associate, Oceans and Coasts Programme, Nature Conservation Foundation (NCF).

"Our studies reveal that rising sea surface temperatures and frequent El Niño-related coral mortalities have resulted in dramatic losses to the reef. With the death of coral, fish and other creatures that depend on them also decline. Our research has shown that with each subsequent coral mortality, the ability of the reef to recover reduces drastically."

"The habitability of low-lying oceanic atolls like Lakshadweep is heavily dependent on the health and growth of its coral reefs. When healthy, the outer reefs form a self-repairing fortress of living coral around the atoll, which ordinarily keeps the highly sensitive terrestrial and marine systems safe from major ecological turbulences. The decline of the reefs represents a loss of biodiversity and ecosystem function, but more critically, undermines the very habitability of atoll islands. By many accounts, these atoll systems are expected to become uninhabitable within a generation because

Coastal erosion and loss of reefs put the islands in peril. They are too ecologically fragile to be a major hub for tourism.

of catastrophic coral mortalities and rising sea levels," says Menon ruefully.

According to Menon, at present rates it will take more than three decades without another major disturbance for complete recovery in Lakshadweep. This is unlikely because the pace of climate anomalies is increasing in the Arabian Sea.

Even more worrying, the loss of coral signals a loss of physical integrity of the atoll structure that protects islands from storms, reduces coastal erosion and ensures precious freshwater resources are preserved.

This precarious ecological balance is being further strained by an export-oriented reef fisheries industry. Once a marginal fishery, it has been steadily growing in the islands over the past decade, resulting in the removal of key fish species, crucial for reef recovery after mass disturbances. As reef fishing becomes increasingly commercialized, it



SUSHEELA NAIR



Activists go underwater to protest

will not be long before the natural limits of survival in Lakshadweep are breached beyond repair.

Erosion is indeed a problem on many of Lakshadweep's beaches. Earlier, Lakshadweep had 36 islands but due to coastal erosion, at present there are only 11 inhabited islands and 15 uninhabited ones. The island of Parali I, part of Bangaram atoll, one of the biodiversity-rich islands of Lakshadweep, has vanished due to soil erosion and other similar territories are fast shrinking.

There is also an assortment of open and submerged reefs, sandbanks, and so on. "While wave action on beaches is a common geological process, extensive beach erosion and accretion (the creation of new sandy areas) from 'unscientific, indiscriminate dumping' of concrete tetrapods (structures used as a seawall to reduce wave action) has already impacted the islands' beaches, says the 2015 IIMP that governs management activities on

10 islands of Lakshadweep," points out Menon.

Despite occupying an area of less than 32 square km the islands are home to more than 70,000 people, making them one of India's most densely populated regions. "The fragile ecosystem with limited freshwater resources and absence of surface water bodies such as streams, lakes and rivers has added to the woes of the islanders. Despite receiving high rainfall, the low availability of subterranean storage coupled with the high porosity of the aquifers which allows for the infiltration of seawater into groundwater, makes freshwater a precious commodity for the islands," adds Menon.

Taking into consideration the recommendations of the Justice Raveendran Committee appointed in 2012 by the Supreme Court, the Lakshadweep Coastal Zone Management Authority (LCZMA) and the National Coastal Zone Management

Authority (NCZMA), the Ministry of Environment and Forests (MoEF) finally approved the Integrated Island Management Plans (IIMPs) for all 10 inhabited islands of Lakshadweep, namely, Kavaratti, Agatti, Androth, Amini, Kadmat, Kalpeni, Chetlat, Kiltan, Bitra and Minicoy.

A GENTLER TOUCH

The Maldives-like development model is not recommended for Lakshadweep as it is detrimental to the fragile ecological system of the islands and likely to devastate the islands. The multi-crore tourism project proposed by the NITI Aayog to make Lakshadweep a high-end destination is not in



NATURE CONSERVATION FOUNDATION

'Lakshadweep has only 26 islands but the Maldives has over 1,000. Besides the Maldives lacks economic options, unlike Lakshadweep.'

consonance with the larger vision statement of sustainable development of the IIMPs.

The proposed water villa projects in Minicoy, Kadmat and Suheli in collaboration with the NITI Aayog on the lines of those in the Maldives has met with vociferous protests from the community. Already, two of the inhabited islands where the villas are to be built are reeling under a water crisis.

Further, the pillars for the villas' construction will be driven through coral rock, destroying the very resource that people visit the islands for. It is an expensive project, and hazardous to the coral reef. The floating solar panels could restrict fishermen's access to the lagoon and affect fishing.

Moreover, the energy and water needs of such a project are of major concern. The floating panels will also get in the way of the green turtles that graze on the sea grass. Then, the artificial shading that they cast on the lagoon floor would be

'disastrous' for sea grass meadows and reefs. Whether the solar panels will withstand the turbulent monsoon remains to be seen.

"Lakshadweep has barely 26 islands while the Maldives has over 1,000, with more than 950 of them uninhabited. The population density there is therefore half of what it is in Lakshadweep. Hence they have ample area to spare to indulge in all kinds of tourism development activities. For one, the Maldives is a separate country and due to a lack of alternative economic options has had to rely on and invest heavily in tourism. Whereas this is not true for Lakshadweep, which exists as a part of India and can thus be reliant on many other economic opportunities without having to subject its fragile areas to the burdens of tourism," asserts Menon.

The tourism route taken by the Maldives has not translated into a great quality of life for the local populace. International tourism businesses are the ones raking in most of the profits — some statistics suggest nearly 60 percent of employees in the different resorts are foreigners, meaning even employment opportunities are few and far between for the locals.

"Society for the Promotion of Recreational Tourism and Sports (SPORTS), a nodal agency of Lakshadweep Administration constituted for the promotion of tourism in Lakshadweep, should continue their package tours like Samudra, covering Kalpeni, Minicoy and Kavaratti, and also air packages to Kadmat, Bangaram and Thinnakkara," urges Ranjan Abraham, MD, Clipper Holidays, a licensed travel agent who has been promoting Lakshadweep for more than 25 years. Now these trips have been suspended due to the spread of COVID-19 in the islands.

But the regulations introduced by the new administration intend to aggressively push for tourism development across all islands, and are likely to further the agenda of the controversial lagoon villas for Minicoy, Suheli, Cheriyaakara and Kadmat, which had been introduced through the Tourism Policy document of 2020. Expansion of tourism is also likely to bring with it concerns about waste disposal, strain on freshwater supply, reef damage and other issues.

In 2014, the Justice R.V. Raveendran Committee, appointed to evaluate the IIMPs, made some strong recommendations which are now part of the IIMPs. It is "highly essential to protect corals, sea grass and other ecosystems from anthropogenic activities," the report said, going on to list activities such as waste disposal, port development, dredging of navigational channels, construction of breakwaters, tourism and related activities, sand mining, and intensive fishing. The paucity of potable water and the delicate water table would lead to depletion of potable water availability for the islanders.

The committee emphasized that sensitization of officials and education of the islanders to create awareness about the fragile ecology of the islands and the need for conservation of the corals, lagoons and other ecosystems should be taken up on priority. As part of such education and sensitization, there should be emphasis on the need for reduction of polluting motor vehicles, conservation of water and energy, creation of non-polluting alternative sources of energy and of efficient non-polluting sewage disposal. ■

Hyperlocal reporting goes right home

News is nextdoor in Nandurbar

Surmayi Khatana
New Delhi

HOW do you get hesitant villagers in backward nooks of the country to turn up for COVID-19 vaccination? Ask Aadiwasi Jan Jagruti, a feisty group of volunteers in Dhadgaon block of Nandurbar, a tribal district in northwest Maharashtra. Using mobile phones, they make short videos on government schemes, civic issues, social issues and more so that people get apt information in their own language from their own people.

The group was quick to pick up misinformation spreading in Nandurbar on the novel coronavirus and vaccines. They took on rumour-mongering by debunking fallacies through their short films. Information was downloaded from the WHO website and the Ministry of Health's website and converted into videos in local languages.

Aadiwasi Jan Jagruti was started by Nitesh Bhardwaj, who came to Dhadgaon in 2016 as an SBI Youth for India fellow. He realized that people didn't access government schemes because they just didn't know about them. This, in turn, led to corruption. Development funds did not get to beneficiaries. Aadiwasi Jan Jagruti's aim was to ensure government benefits reached the last mile.

Bhardwaj was joined by Arjun Pawara and Rakesh Pawara, locals from Nandurbar. While Bhardwaj had studied journalism and development communication in Delhi and Dehradun, Arjun is doing a Ph.D from North Maharashtra University. Rakesh works as cluster manager in a rural livelihood mission run by the Maharashtra government.

Aadiwasi Jan Jagruti volunteers include teachers, vegetable vendors, kirana store workers, farmers and students. Their average age is 25 to 35. They also have enthusiastic 12-year-olds acting in their films and an elderly 70-year-old 'kaka' who enjoys playing a role or two. The videos are in Marathi, Hindi and in local dialects — Pawari, Bhilori and Ahirani.

"If you have a celebrity speaking in Marathi, dressed up in a suit, people will not pay heed especially when it comes to matters of significance. But when one of our volunteers, a familiar face wearing familiar clothes, speaks in their language, people will listen," says Bhardwaj, with confidence born from experience.

"For a malfunctioning electric pole, you don't need big media. You need hyperlocal journalism. Similarly, we need local authorities to act on these problems," he says.

THE STRATEGY

Nandurbar, an aspirational district with low human development indicators, has often been a pilot for

government schemes. The first Aadhaar card was issued to a woman from this district in 2010 by former Prime Minister Manmohan Singh and Congress President Sonia Gandhi. But due to lack of information and low connectivity — some villages don't even have 2G network — people did not know about their entitlements.

Bhardwaj began by starting a newspaper called *Jagruti* in Hindi and Marathi in Janardhan Poharya Vadwi College in Dhadgaon. He soon realized the need to reach a wider audience beyond the gates of the college. Students suggested films. So Bhardwaj conducted a seven-day camp to teach screenplay writing and the basics of making a film using a mobile. Their first production was a two-minute film on child labour. Many students felt personally connected to the theme since some of them had worked in restaurants and hotels.

In 2017, Bhardwaj and his students made a 14-minute film on toilets and defecation linked to the Swachh Bharat Mission. The film caught the

'We realized that to truly act as a bridge we can't just tell people about govt schemes. We have to also convey people's issues to the govt.'

attention of Dr Mallinath Kalshetty, then district magistrate of Nandurbar. He took part by conveying a message in the film. Dr Kalshetty suggested showing the film in villages with a mobile projector during Self-Help Group (SHG) and panchayat meetings.

"Initially people came to watch our films solely because the children of the village were acting in them. It served our purpose since the message was getting across," says Bhardwaj.

Along with his two co-founders, Bhardwaj registered their non-profit. They named it *Ulgulan* for Social Change Foundation. *Ulgulan* means 'revolution'. The title was suggested by their volunteers.

One golden rule the group follows is that any film for a village must be made by volunteers of that village since they would know the issues facing the community and what will resonate with it. Volunteers from specific villages pitch ideas and, together with Aadiwasi Jan Jagruti, create content.



The Aadiwasi Jan Jagruti team

Due to COVID-19 it's not possible for volunteers to show their films at panchayat meetings so they disseminate the films on WhatsApp and YouTube and by sending volunteers into their own hamlets to show the videos on their mobile phones. The success of the films has attracted more volunteers to the group, a sign of growing trust.

One major reason Aadiwasi Jan Jagruti's films are supported by the people is that they have impact. People from Aamkhedi approached Aadiwasi Jan Jagruti about the lack of water in their village. The women had to walk nearly four km to fetch water. The volunteers filmed a short documentary on the village's water crisis to draw the attention of the administration. The upshot was that the gram panchayat of the area was allocated money for installing six borewells.

"We realized that to truly act as a bridge between the government and the people, we can't just tell people about government schemes. We have to, alongside, convey people's issues to the government," says Bhardwaj, recounting the incident.

People also informed Aadiwasi Jan Jagruti about corrupt practices. One of the issues that they faced was that mini-banks in Nandurbar district were charging a fee for every withdrawal transaction, which they were not supposed to. With the help of Aadiwasi Jan Jagruti, people filed formal complaints with SBI which, in turn, suspended 10 to 11 licences of mini-banks in the area. This had a ripple effect. No mini-bank now charges extra fees. "They have also started putting up boards outside their outlets reading 'We don't charge a fee' to inform people," says Bhardwaj.

The group seeks amicable solutions to corruption. "Our aim is not to fight with the people. The tone of our films is gentle. Our main concern is that people should be aware that they do not have to pay bribes and that they have certain rights." The volunteers live in the villages and are part of the community. The team ensures they don't antagonize anyone. "The people are our biggest support," says Bhardwaj.



Reporting from a tree-top

He concedes it's hard to keep everyone happy when you are campaigning for social justice but the group has built a relationship with the local government which too has recognized the value of their work.

Currently, the group is dispelling the distrust and conspiracy theories surrounding the vaccines in the district. They helped out teachers on a vaccination drive. The zilla parishad sent teachers into villages in Nandurbar to spread awareness of vaccines. They faced a negative response. People did not want to be vaccinated. Discouraged, they approached Aadiwasi Jan Jagruti.

The team put together videos of local representatives, village doctors, respected individuals and seniors of the community talking about the importance of the COVID vaccines in local languages. Before talking to villagers, teachers now use those videos first. The *tehsildars* and local doctors have noticed an increase in vaccination since then.

The group also spotted a problem in distribution

of rations. Since people were unable to collect their rations during the lockdown, they would come later only to find that their rations had already been picked up by someone else in their name. So the volunteers are now making films to document and work on this issue as well.

TRUST AND RECOGNITION

Bhardwaj says the first hurdle is of building a relationship of trust with the community. This they managed to do because of the credibility they built up. "People know that if we pick up an issue, we will get it resolved. Something that might have taken years, we try to get it done within six months," says Bhardwaj.

Sometimes volunteers don't even have to make a film. They can just speak to the concerned authorities because they have now managed to create a two-way flow of trust and communication between the people and the administration.

Aadiwasi Jan Jagruti is supported by

advertisements of local businesses and stores. They also have a YouTube channel, which contains their short films and documentaries. The channel has 7,000 subscribers and a viewership that helps as a revenue source. Financial hurdles do arise sometimes.

They pay 70 percent of any revenue they receive to their volunteers. The remaining 30 percent is kept aside to meet the cost of upkeep of their organization and for further projects.

Political obstacles do crop up from time to time. Aadiwasi Jan Jagruti is also mindful of stepping into sensitive issues. But they do want to gradually address the gender issue. They recently went ahead and made a film on a self-help group which was making reusable cloth sanitary pads.

The volunteers have become more politically active. Some hope to participate in politics to bring about change. Both villages and volunteers are more aware now and try to access government schemes. ■

Samita's World

by SAMITA RATHOR



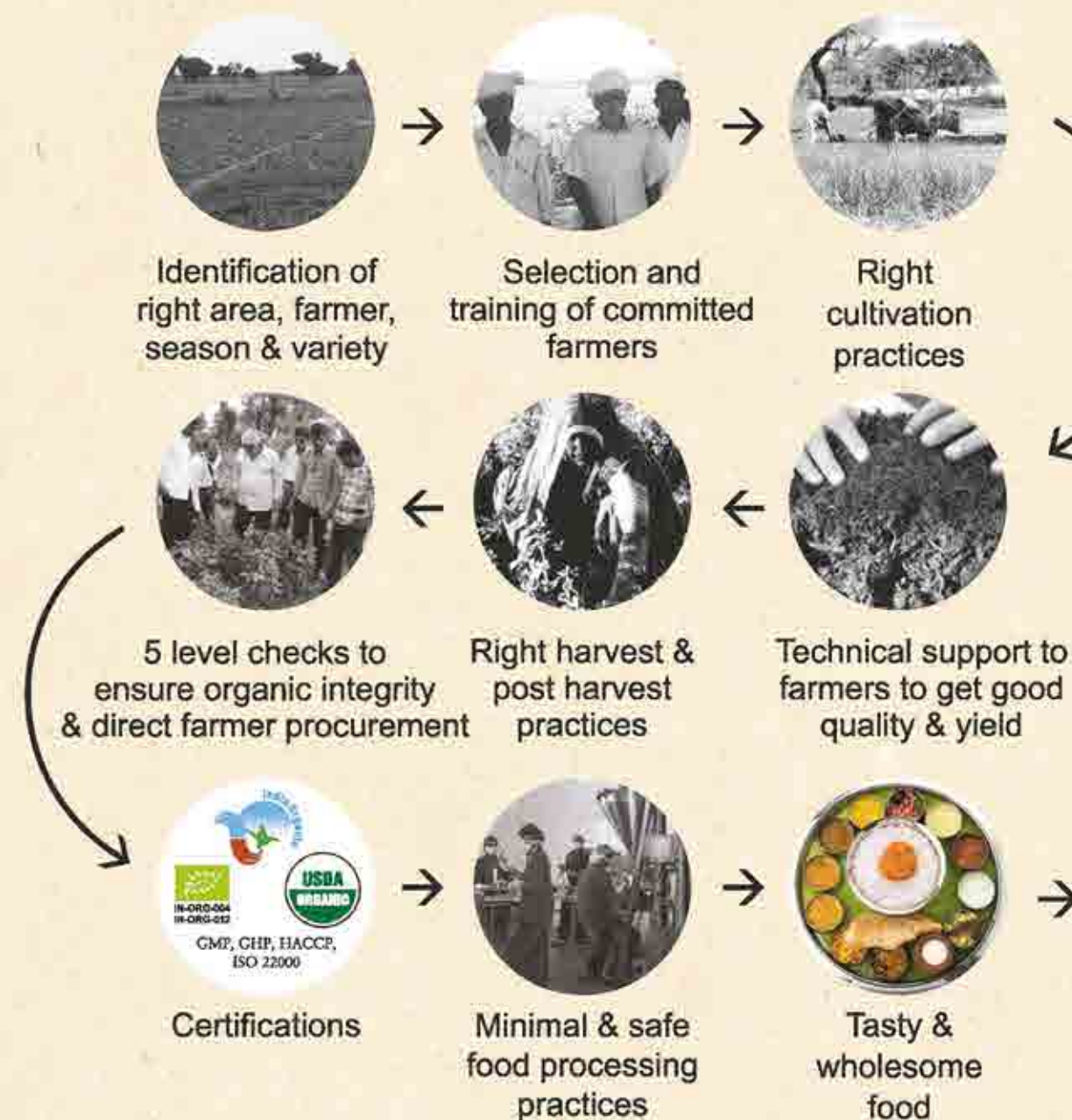
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For funeral workers a good meal with online fundraiser

Surmayi Khatana
New Delhi

CREMATORIUM workers toiled day and night in Delhi's sweltering heat to provide a semblance of dignity to the dead in the horrific month of April, when the novel coronavirus infection raged. As a long line-up of bodies and their weeping relatives waited at crematoriums, it was the workers who stepped in to perform the last rites of passage.

Nobody gave them a second glance. But their back-breaking work took a toll on them. "They looked overworked, malnourished and tired," recounts Nandini Ghosh, when she first went to Nigambodh Ghat, a crematorium in central Delhi, and offered to bring food for the workers. The manager brusquely told her they didn't need meals.

Ghosh says she had read an article online about the plight of crematorium workers and decided she had to do something about it. She got on call with her friend, Shray Gupta, an entrepreneur working in rural electrification who was volunteering for COVID relief by helping to transport oxygen and other resources.

After placing an order with a nearby *dhaba* for 100 packets of food, Ghosh and Gupta drove down to Nigambodh Ghat. Although the manager refused their offer of food, the workers lined up for the packets.

Driving back home, Ghosh and Gupta decided to take their kind gesture forward. And that's how they started their voluntary group, The Good Food Project. With the help of friends they set up an online fundraiser, aiming to raise ₹30,000 but within 48 hours they managed to collect over ₹15 lakh. The team quickly assembled and divided various tasks — research, social media, food coordination and volunteer coordination.

The Good Food Project has 50 to 60 volunteers from different walks of life. Some work for companies, others are entrepreneurs, students, journalists and lawyers in their late twenties. Most volunteers are women and include non-binary individuals, who work with them.

Before setting out, the research team goes through online news sites and available data to relate the number of deaths to crematoriums and thus gauge the number of crematorium workers in need.

On their visits to crematoriums, volunteers would speak with the workers about their work. Usually, crematorium workers have two shifts. But, during the crisis, new workers had to be brought in on



Volunteers of the Good Food Project drive to crematoriums and graveyards and distribute meals



contract. In crematoriums like Karkardooma, workers live on-site. Many of them come from states like Bihar, Rajasthan and Haryana.

Due to caste-based social hierarchies, crematorium workers face marginalization. During the pandemic they had to put themselves at risk of infection by working for longer hours at low wages.

The facilities at the crematoriums are poor. The Good Food Project noticed that almost none of the automatic hand sanitizers were working. So they installed new functioning ones at the crematoriums they visited.

Although Nigambodh Ghat is the largest crematorium in New Delhi, it is equipped with only one washroom. It does not have a bathing area, so workers have been using the washroom for bathing. Ghosh noticed that one could look into the washroom, affording little or no privacy to the individual inside. She emphasized the need for proper washroom facilities.

Neither do the workers have adequate protection. On their trips to provide food, the volunteers would

distribute masks daily as workers would either not have masks or have thin cloth ones. Personal protective equipment or PPE is not suitable due to the intense heat. It can also be a fire hazard. The Good Food Project has distributed over 14,000 masks so far.

They have now served 20,000 meals and 25,000 beverage servings, including ORS, juices and lassi packets. Most workers feel dehydrated because they work with fire and they have to bear the summer heat as well.

"We also take feedback from the workers on the food as to what works and what doesn't. Sometimes they tell us this is good or the *paneer* was too spicy today, so we alter the food accordingly," says Sam, a volunteer who has been working on the ground, delivering meals. A range of home kitchens and chefs have reached out through social media to collaborate and work with The Good Food Project.

Jagjit Singh, whom Ghosh knew from her work as a management consultant for a firm in New Delhi, agreed to help with transportation. Two more drivers were hired to pick up volunteers and food packets and drive them to the crematoriums.

During the peak of the second wave, they were serving workers in 25 crematoriums in Delhi-NCR. COVID cases have now declined and The Good Food Project is serving four to five crematoriums, including Nigambodh and the one in Punjabi Bagh.

They plan to expand their initiative to daily wage earners, especially in slums. They have already started distributing ration kits in Okhla where migrant labour from Bengal and Rajasthan live with people from the Gorkha community.

Social media has played a huge role in mobilizing volunteers and finding food suppliers. The team is a close-knit one. Ghosh says that it was the team that pushed for a second round of fundraising to expand. "Doing a corporate job from home while people are dying and suffering brings a deep sense of helplessness. Finding a sense of purpose has been my biggest takeaway," says Ghosh. ■

You can follow their journey on social media (@goodfood_project). You can help by donating to their cause. Or volunteer with them remotely or on the ground.

Himalaya Joins the Fight Against COVID-19



The onset of COVID-19 has changed life as we know it. We have adopted the "new normal" wherever we go – work, school, home. Now, more than ever, the pandemic has highlighted the importance of partnering and collaborating with the government, non-government organizations, foundations, research institutions, and civil society bodies to ensure maximum outreach at the community level.

The Himalaya Drug Company has been actively supporting India's fight against the pandemic. Underlining the brand ethos, 'Himalaya Cares', and with the help of our implementing partners, the Company has helped over 6,40,000 beneficiaries by providing hygiene and essential health products across different communities and locations. Powered by the vision to bring wellness and joy to every home through their herbal solutions, Himalaya has reached out to various sectors, including NGOs, schools, hospitals, BBMP workers, slum dwellers, doctors and chemists, transgender communities, construction workers, cancer patients, refugees, tribal, migrants, senior citizens, and many religious institutions.

In addition to this, we continue to extend our support to the longstanding partnerships while reshaping the methods of engagement. We have helped students continue their education at home by distributing tablets, online capacity building, and finding employment for PWDs, afforestation drives, and fostering sustainable communities in rural areas.

While we hope the current situation improves soon, we will continue to explore the potential of aligning our social goals with the ethos of our organization – "Wellness in every Home and Happiness in every Heart".

Picking up the green cashew

Shree Padre
Kasaragod

DO you know what green cashew is? Most people in cities don't. They are familiar only with the white roasted variety. Green cashew is the main part of the newly germinated cashew nut. It is higher in nutritional value than white cashew and is likely to become the next new superfood.

Every year, after the onset of the monsoon, cashew farmers find a sprinkling of green cashews under their trees. They pick it up and eat it happily. Children like it too.

A new enterprise has now come up selling green cashew commercially, probably for the first time. Brijith Krishna, a 43-year-old farmer, and his wife, Srishma, who live in Iritty in Kannur district, are growing and selling packaged green cashew. They started their venture about a year ago. Brijith has a diploma in mechanical engineering. He was employed in Malappuram for many decades. The COVID pandemic rendered him jobless. He returned home and began wondering what he could do. His two-acre newly planted cashew orchard, acquired six years ago, had begun fruiting.

Once summer rains start, cashew nut shells start absorbing water. The shell turns a little blackish from outside. In market parlance this manifestation is called 'mazhaandi' or rain cashew nut. Prices of cashew nuts crash with the arrival of the rains as such cashews are wet or rain-drenched. Wet cashews generally sell for half the price of dry cashews.

"The percentage of rain-drenched cashew nuts among cashew farmers is quite high. It can go up to 25 percent of overall production if the rains start early," says Brijith.

Worried about this loss, Brijith began wracking his brains for an answer. He recalled his childhood days. Fallen cashews would sprout under the tree during the monsoon. Children liked them. They would quickly pick up the wet cashews, pluck out the two cotyledons and eat them.

Brijith had read that green cashews had higher nutritive value than the usual white roasted ones. "Nature packs crops with excellent nutritive value in special ways," Brijith thought. "Coconut, with its hard shell, has beneficial lauric acid. Jackfruit has a shiny thick outer peel and its fruit has low glycemic index as well as high dietary fibre. The cashew with its hard shell must also be having valuable nutritive contents."

Brijith started to study this aspect deeply. He travelled to different labs in Kerala and Karnataka with samples of green cashew. The main labs he approached were at the Kerala Agricultural University (KAU) and the Central Food Technological Research Institute (CFTRI) of Mysore.

Brijith's guesswork was not wrong. Compared to roasted white cashew, green cashew's iron content was 10 times higher. It also had more calcium, zinc and fibre, though it lagged behind white cashew in taste.

Brijith began to think about how he could commercialize green cashew. He realized he would have to cross many hurdles. Cashew sprouts would most likely carry microscopic pathogens, so production methods needed to be tailored to avoid this. Seed viability was another issue. Cashew seeds germinate only up to three months. The third issue was even bigger. How could he extend the shelf life



Brijith Krishna: 'Nature packs crops with excellent nutritive value in special ways'

'Green cashew goes well with most vegetables. I have used the nuts in biryani, aviyal and pickles. I have also made milkshake.'

of green cashew? Green cashews lasted a mere four days, too short to take it to consumers.

Maybe this was one of the reasons nobody in the world sold packaged green cashews, he thought.

He went to the Cashew Research Station at Madakkathara, near Thrissur, and requested them for guidance.

Recalls Dr Jalaja Sudhi Menon, head of the station, "We too were thinking along similar lines. And now a young farmer had approached us with the same idea. It inspired us too." The station standardized a method to produce cashew sprouts aseptically and worked out a production protocol for Brijith.

Cashew nuts require high humidity to germinate. "All nuts that fall from the tree don't germinate. They only sprout in areas with thick layers of dry leaves,"

explains Brijith. With trial and error, he constructed a 'germination room' to produce green cashew. The couple doesn't use soil to germinate cashew nuts. Instead, they use pro-trays containing coir pith.

Seeds are sown every day. They now harvest 15 to 25 kg of green cashew daily. Production is Srishma's forte. Brijith is in charge of promotion and marketing.

"Since this is a completely new product, creating awareness is the major challenge," says Brijith. Recently, he got an opportunity to promote his product at a supermarket in Kannur. Brijith explained all the beneficial qualities of green cashews to shoppers. He sold nine boxes in a couple of hours. But his three remaining boxes remained unsold even after three days!

Brijith realized that he wouldn't be able to create awareness on a large scale for his product. He opted for another route. He took it to people who understood food science — chefs. Brijith travelled to most cities in Kerala, seeking out chefs in three-star and five-star hotels. In a month's time, he met not less than 50 chefs. Gradually, a few chefs started showing interest. Word began to spread. A chef's daughter posted a video on green cashew on social media. Brijith too promoted his product on Facebook.

He also worked out logistics so that he could ensure timely delivery. He packs his green cashew nuts in thermocol boxes filled with ice gel and sends them by the night bus service to various cities

from Iritty. This packing keeps the cashew nuts cool for 12 hours, till they reach their destination the next morning. There are one-kg boxes priced for ₹600 and half-kg boxes as well.

Brijith and Srishma have also converted their home into a cookery lab, experimenting with different recipes. "Green cashew goes well with most vegetables. I have used the nuts in biryani, aviyal and pickles. I also made milkshake, sharkaravaratty and many other delicacies with green cashew," says Srishma.

"If more people start selling green cashew, it will catch on among consumers. Farmers will then get a better price for their rain-drenched cashew nuts," says Brijith.

Dr Jalaja is full of praise for Brijith and Srishma. "Our contribution is limited to the production part. Managing transport and marketing in a short span was Brijith's effort. Green cashew is a nutritious food, full of antioxidants. It can be an alternative to meat too. But production of green cashew requires utmost care," she explains.

"Most of Kerala's old cashew varieties are late-bearing types. They yield at the end of summer. Nuts are harvested mainly in the midst of summer rains, resulting in inferior quality nuts. If green cashew enterprises succeed, the income of cashew nut farmers will definitely rise." ■

Contact: Brijith - 94471 78995

Penury and sickness at Rajasthan building sites

Sruthi Nair
Udaipur

THE state of Rajasthan officially started a full-fledged lockdown on May 10. But, unlike last year's rushed and poorly thought-out lockdown, the state government allowed construction work to continue unimpeded.

This decision was in the right direction. The construction sector is the single largest employer of casual workers in the informal sector. However, the experiences of returnee migrants and local construction workers in and around rural Salumbar indicate this welcome step wasn't thought through with due diligence.

Salumbar, a block in Udaipur district's tribal belt, is a key region from where workers migrate to Ahmedabad and Surat. Although construction sites were allowed to function, paradoxically, sourcing raw material wasn't quite so easy. Disrupted supply chains caused delays in sourcing and delivery, spiking prices and ultimately leading to shortages of material on worksites. All of which made work erratic. It was available one day but not the next.

One of many migrant workers returning to Salumbar, Velaram is desperately seeking work locally after the deadly second wave of the novel coronavirus struck Gujarat in April. His face, like many others, reflects anxiety and angst.

Even as both Rajasthan and Gujarat move towards easing lockdown restrictions, a considerable fraction of this group of returnee migrants is likely to stay back for as long as uncertainty prevails. The difficulties in finding work locally, a major factor fuelling migration, have grown worse since the lockdown.

The *mazdoor naakas* of Salumbar, tangible labour markets where workers line up each morning hoping to get hired, have been dismantled by the lockdown. Workers have to leverage their *jaan-pehchaan* with local contractors. This is not easy. Velaram, for instance, ordinarily migrates to Gujarat and doesn't have local work connections.

For a skilled migrant worker returning from the city, like Shantilal from Jhallara block, the challenges are manifold. Few sites exist within his panchayat's jurisdiction for the kind of specialized and higher paying work he does. For the few that do, there is a surfeit of labour.

Travelling to adjacent towns like Aaspur or Sabla, where there are usually more work opportunities, is prohibited since they fall within the boundaries of a different block and district. "Aaspur wale Aaspur mei, aur Jhallara wale Jhallara mei kaam karenge," the police told Shantilal when they stopped him on his way to Aaspur where a local contractor and



acquaintance had offered him a few days of work.

For the women of Salumbar, work is harder to find and out of reach. Men from villages can travel to worksites on their two-wheelers. This isn't an option for women workers. In Salumbar and in the adjacent blocks of Jhallara and Sabla, it is adolescent girls and single women who seek work. Their absence from the few construction sites that continue to function in and around Salumbar is the most striking scene visually, underlining how worksites have been impacted.

Even as lockdown restrictions ease and barriers to mobility subside, it might still be a long time

FIELD REPORT

before women return to worksites. The local labour market, with its sharp reduction in available work, is overwhelmed by the return of migrant labourers who are now seeking work locally. In the 2020 lockdown, MGNREGA had absorbed large numbers of the region's female workforce.

This year, the state government's baffling move to halt MGNREGA work during the lockdown had briefly closed off that livelihood option as well. The state government eventually relented and restarted work. But there is a heavy supply-demand mismatch. Widespread delays in wage payment continue to weaken the potential of MGNREGA to emerge as a reliable fall-back option for the women workers of Salumbar.

What this loss of critical income means for female adolescent workers and single women, a group which is likely to hail from acutely vulnerable households, is yet to be seen. But, if what unfolded on the ground last year is a reliable reference point, indebtedness awaits many of these households, exacerbating the vulnerabilities that pushed groups like adolescent girls into an exploitative labour market in the first place.

The majority of migrants from Salumbar had returned home much before the lockdown, due to Holi festivities and the ongoing wedding season. Although they didn't have to walk a hundred miles to get home this year, the migrant worker of today, financially ravaged by the first round of lockdown, is all the more vulnerable.

Despite their bitter experience of the lockdown last year, many were forced to return to the city due to the crippling debts they had accrued over the duration of the lockdown. While last year's migrant exodus resulted in relief and aid being rushed to informal sector workers, this year such initiatives were missing. Migrant workers, rendered invisible during the second round of lockdown, are likely to be even more severely impacted than last year.

The recently harvested wheat crop provides some buffer for returnee migrant workers. Even as work becomes available, many are hesitant to take it up, fearing the virus or due to frustrations over rising instances of non-payment of wages.

Asked how they plan to make ends meet over the next few months, they pointed to the wheat harvested just before Holi. "There's enough to use at home and sell," claims Laxmibai of Ghated panchayat. Many, like her, seem confident of tiding over if they don't find work.

Although every migrant and local worker in Salumbar is all too familiar with lockdowns, what is unprecedented this year is the virus ravaging rural communities with an intensity much higher than what's been seen before. While there continues to be massive underreporting due to the lack of testing, existing data suggest that villages account for a staggering 50 percent of the total positive cases in Rajasthan. Other informal estimates at the grassroots indicate this number is much higher.

Primary health centres (PHCs) in the state have almost non-existent infrastructure for COVID patients requiring critical care. With bigger hospitals in distant cities overwhelmed by patients, referrals won't work for the most vulnerable — a tribal migrant worker with few resources.

The returnee migrant worker in Salumbar then, has to fight two monsters at a time — the loss of livelihood and the deadly virus. A patient at a PHC run by Basic Healthcare Services, a local non-profit now working towards addressing the spread of COVID in rural Udaipur, only had one question when advised to self-isolate: "Who will bring food to the table if I stay home for the next 14 days?" ■

Names of workers have been changed. Sruthi Nair is a fellow from the 2020 cohort of India Fellow Social Leadership Programme. As part of the fellowship, she's currently working with Aajeevika Bureau in Salumbar. Aajeevika is a non-profit working with migrant workers in southern Rajasthan, Gujarat and Maharashtra.

When springs dry up in the hills, PSI brings them back

Rakesh Agrawal
Dehradun

THE people of Bana, a village in Pithoragarh district, perched at 1,800 metres and surrounded by verdant hills, never faced water shortage. But, when 10 of its 16 natural springs started drying up, alarming this largish village of 110 households, they turned to Avani, a voluntary organization they were familiar with, in December 2018, to revive their drying streams.

"Rajnish Jain of Avani understood our problem. He contacted the People's Science Institute (PSI) in Dehradun and soon work to restore 10 water sources in our village began," says Hema Devi, 24, a small farmer.

The PSI acted promptly since revival of those springs was essential. "Our nearest water source, the Ramganga river, is 25 km away. The springs are our only hope. They were drying up due to many factors, apart from changing weather patterns. Several villagers had converted their earth and mud homes into pucca homes of brick and mortar. Their porches are now layered with concrete, impeding groundwater recharge," says Hema Devi.

Debashish Sen, director of PSI, explained why villages across Uttarakhand are becoming drought-prone. "Rainwater flows down as springs in the hills and collects in traditional water structures like naulas, baoris, nauns, dharas and so on. These were built to store rainwater coming down hillsides, percolating through rocks and emerging as springs in mountain terrain," he says.

"Due to deforestation, urbanization and climate change, such structures have started drying up. So we launched a rejuvenation of springs programme, not just to conserve the water culture of Uttarakhand but also to ensure villagers received an augmented water supply," says Sen.

PSI decided to undertake revival of 100 springs in 50 villages of Uttarakhand, Nagaland, Sikkim and Arunachal Pradesh. Implementing the idea meant dealing with diverse social, economic and geographical settings. Rejuvenation of springs is a delicate task requiring engineering and vegetative measures and each village had its unique problems.

"It means digging trenches which are seven feet long, 1.5 feet wide and 1.5 feet deep in recharge areas apart from growing plants and laying grass. The landowners' approval is needed," says Diksha Upadhyay, a civil engineer with PSI. But it all works out.

"Ours is a participatory programme. In it, the villagers form a Water Users' Group (WUG) with a president, secretary and treasurer. We contribute only 25 percent of the cost. The rest is paid for by the villagers through *shramdaan* (voluntary labour). Five percent of the cash is put into a revolving fund for maintenance," explains Upadhyay.

In Bana, villagers shared a warm relationship with Avani, so approval wasn't an issue. "About 20 women supply *pirul* (pine needle) to Rajnish Jain, director of Avani, who produces electricity from it. A few others are working with Rashmi Bharati, co-director of Avani, on their colour project," says Chandan Kumar, a para-worker with Avani.

The recharge area fell within Hema Devi's land but she didn't mind parting with it for a while. "My land was turning barren. Rajnish *bhai* told me it will become green once again so I agreed," she says.

Work started in December 2019, in the recharge area of the Latiyadhara stream. Around 30 trenches were dug and saplings of fruit trees and grass were planted. Hema Devi is not regretting her decision. The trenches are full of water and she is waiting for her trees to yield fruit.

Different approaches were adopted for different villages, depending on geographical and environmental factors. For tiny hamlets called *toks*, PSI realized convergence, or clubbing several *toks* together, was a practical strategy. For instance, Kotikorwa village in Dehradun district is divided into two hamlets. Koti is the bigger one, with a cowshed and situated a little uphill, while Korwa, the smaller one, is located at a lower height.

After a thorough field survey, work on the upper spring meant for Koti started



A trench being dug in a recharge area

in May 2019. Trenches were dug, plants and saplings planted. The lower spring, which supplied water to Korwa, some 200 m below, was left untouched.

A recharge tank was to be built in Korwa. Getting the villagers' approval was essential since a pipeline about a km long had to be built from the recharge tank to the cowshed uphill to take water to the animals.

After a long meeting, the people of Korwa agreed on condition that the recharge tank would be built on their grazing land, it would provide water to their homes too and an equal amount of grazing land would be allotted to them on Koti's common land. "These animals are like our own family members. We have to ensure they get water," says Dharam Singh, a WUG member of Koti.

Salga and Chibau villages in Dehradun also realized it was in their best interests to unite. The two neighbouring villages have four springs: Devata Ka Paani, Chargad I & II, Bakashiya and Kalyana.

"We divided the work. They provided free labour for some springs and we pitched in for the rest. We now have adequate water," says Nirma Devi of Salga's WUG. The people of Chibau are also satisfied. "Our animals also get enough water as pipes attached to the rejuvenated tank supply water to our cow shed," says Radha Devi, president of the Chibau village WUG.

PSI organized exposure visits and conducted street plays to convince villagers and motivate them to implement the water projects. Such measures were especially successful in Sundarkhal and Dhanachuli villages in Nainital district, adjacent to Mukteshwar.

"Ours is a big village of 250 households and 10 springs. Convincing all households was a challenge. But we succeeded. We held a street play depicting how recharge of our springs will make us prosperous," says Pushpa Devi, member of the WUG, Sundarkhal village.

"A team from both villages went to Nagkwerali and Mave villages in Almora district, some 50 km away, to see the work there. We were impressed and so we agreed. We now have enough water," says Tulsi Devi of Dhanachuli village.

Nagkwerali and Mave villages, adjacent to Lakshmi Ashram near Kausani, a well-known tourist destination, have made elaborate rules to keep the recharged springs clean. "Inspired by Basanti Bahan of Lakshmi Ashram, many villages here have drawn up elaborate rules to conserve water and forests. In fact, such efforts have recharged the Ramganga river. In our village we have strict rules. We have fixed timings to draw water from these springs. We don't wash our clothes and utensils there either," says Maya Verma, member of Mave village's WUG.

When villagers from Sundarkhal and Dhanachuli villages visited them in February 2020, they were impressed to see their clean and ebullient springs within a gated enclosure. They decided to carry out similar work on their own springs.

In Nalai village of Pauri district, villagers themselves came forward and offered their land. "When we saw PSI's work in nearby Khajari village, we requested them to rejuvenate our drying spring too and gave our land for it," says Himmat Singh, member of Nalai village's WUG.

In Khajiri village, a few km away, about 70 per cent of land in the recharge area belonged to one woman, Vimla Devi. She readily agreed. "I thought, if my land can make the lives of all the villagers easier, I will be blessed with a good after life," Vimla Devi says. ■

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TRIBUTES

The pandemic has had a benumbing effect. Never before in recent memory have so many people gone so quickly, especially during the deadly second wave. Invariably, there hasn't been the opportunity to say goodbye. Here are some tributes with many more to follow.

SIDDHARTH SHRIRAM

A caring industrialist

UMESH ANAND

AMONG the many remarkable people that the second wave of the virus carried away with it was Siddharth Shriram, a close and much valued friend of this magazine.

At first glance, it would seem that we couldn't possibly have much in common. He was an industrialist who belonged among the rich and powerful in the country. We are journalists who spend our time telling the stories of those who have no social heft. We belonged to different worlds. Born in 1945, he was also a generation apart from us.

But Siddharth (Chiku to childhood friends and family) became part of our world in an immersive way. He was proud of our magazine, respected our independence and cared as much as we did for our stories.

Money wasn't the basis for our association though in his personal capacity and with advertising from his companies he saw us through difficult times when no other help was forthcoming.

Support from Siddharth came nicely — in a happy and unfussy style. There was no hidden design. He didn't ask for anything in return. Deep down perhaps there was the satisfaction of being part of an idealistic and purely journalistic effort. There is a certain charm and romance to bringing out a magazine with limited resources.

He had a fascination for journalism, which he never adequately pursued in his youth. Late in life *Civil Society* was perhaps an opportunity to relive that dream in much the same way as he reported on golf for a pink paper.

We first connected over our book *Inventive Indians: 32 Stories of Change*. It was then only available in a coffee table edition. He bought some copies and we met thereafter.

Books remained a common interest — all kinds of books. *The Secret Life of Trees* on our shelves remains a reminder of Siddharth's eclectic interests. He was a firm believer in natural medicine and the value of medicinal plants.

Siddharth Shriram was the grandson of Lala Jwala Prasad and Lala Shriram and the son of Lala Charat Ram. He had a management degree from MIT, graduated from St Stephen's College and went to Doon School.



Photo: Civil Society/Umesh Anand

A reluctant businessman, he ended up running companies across sectors, brought international companies like Honda to India and was closely networked where it mattered.

His privileged background didn't come in the way of him being considerate to those who were less fortunate than him. He treated everyone with respect. He also ensured that his companies were not just conscious of their social responsibilities, but also creative and relevant in the ways in which they engaged with society.

His company, Usha, for instance, set up sewing schools in remote parts of the country to give women skills which could lead to employment opportunities.

The sewing schools serve as a natural extension of the business that Usha does as a company. By helping women to add to family incomes, the schools empower them gently and set in motion a process of long-term change.

It is a unique initiative, which, he would proudly say, his son, Krishna, has built on with passion, having taken over from Siddharth in the business much before his passing. In a perfect example of upscaling, the sewing schools have been linked to commercial designers and work done by them has featured in fashion week shows.

Similarly, Siddharth set up reading rooms which also served as information centres near his sugar mills so as to inculcate the reading

habit and help people in villages connect with the world at large. Schools were also set up.

When we were launching 'Civil Society Lectures' in Delhi University in association with Miranda House, we asked Siddharth to speak on the social responsibility of companies.

His lecture had near about a hundred young people listening without leaving and then asking questions. It was a grand success. He reminded them that giving back to society had little to do with how much wealth one had. It was more a question of personal orientation. When his grandparents and parents put money in social ventures, in fields such as education, they weren't as wealthy as they were to become. But they nevertheless created social assets.

He also told his young audience how disappointed he was with the managements of companies which had laid off people during the pandemic and the downturn in the economy. In contrast, his family had decided that no one would be made jobless and instead all employees would be supported in every way, particularly if they got infected by the coronavirus.

Giving was a way of life for him. He didn't let it weigh him down. Being ponderous was not for him. Life was to be enjoyed. He liked to get on with things.

As he said to his young audience at Miranda House: *Neki karo aur bhool jao* (do good and forget about it). ■

TRIBUTES

RENUKA GUPTA

A mother to the girls

CIVIL SOCIETY TRIBUTE

WHEN the spheres conspire to put an NGO on earth, the outcome can be pretty much heavenly. It has been so with the Pardada Pardadi Education Society (PPES).

Virendra 'Sam' Singh's decision to give up his life in America and return to India was as unconventional as his hiring of Renuka Gupta after their first meeting and waiting four months for her to join.

Together, over 20 years, they have transformed the lives of thousands of girls in villages in western Uttar Pradesh beginning with Anupshahr, which was Sam's family base and where he wanted to give back.

It was a partnership destined to happen. Sam had a dream and Renuka had the heart, talent and resolve to turn it into reality. Her untimely passing at the age of 56 from COVID-19 has left a void that will be difficult to fill not just for the organization but also emotionally for the girls and young women for whom she was like a mother helping them escape the oppression of entrenched patriarchy.

Renuka's was a quiet and reassuring presence. She was the chief executive officer and it was she who drove all that PPES sought to achieve. But she remained low-profile and far from the limelight even as PPES grew and changed lives on a scale that deserved accolades.

We at *Civil Society* covered her work several times, but the story was never about her. It was the way she managed it — being the driving force and yet



not in the picture. In our archives the pictures we have of PPES are all of the girls — happy, empowered and brimming with energy.

Several days after Renuka's passing, Sam, speaking to us on the phone, couldn't stop sobbing. Theirs was a long and affectionate bond which had as much to do with working together as the outcomes from PPES which were all around them in the lives they had touched and changed, almost certainly for generations to come.

"When I came back from the US, I just knew that I wanted to do something. But I soon realized that I was no social worker. It was she who made everything happen. She was 1,000 social workers rolled into one," said Sam.

Renuka belonged to Delhi. She grew up the middle-class way. She went to Lady Irwin School and Kamala Nehru College. She earned a master's in social work from Jamia Millia Islamia.

Her first job was as a social worker at St Paul's School. By the time she joined PPES in 2000, she had worked with Oxfam Bridge, the Voluntary Health Association of Delhi, Bachpan Bachao Andolan and Catholic Relief Services.

For someone always ready to help others, Renuka's end was a troubled one as she went from hospital to hospital in Delhi in search of a bed and oxygen. There was turmoil all around. The end came on May 18, a month after she had tested positive.

Renuka is an example of the change people in NGOs bring by bridging gaps that governments don't know to close. She empowered village girls with education, skills and healthcare. But in the pandemic's shadow she was alone except for her husband, Indu, and children, Manav and Pragya. ■

ANINDO BANERJEE

The gentle crusader

THE PRAXIS TEAM

ACTION Aid's Praxis Institute for Participatory Practices was designed to specialize in participatory rural appraisal, a catchphrase that propagated the idea that development must be bottom-up and participatory.

From the very beginning, conceptualizing the vision of Praxis was a young man who had just completed his master's in rural management from the Indian Institute of Rural Management, Anand, Gujarat in 1997. That young man was Anindo Banerjee.

Over the next two and a half decades, Anindo dedicated himself to the cause of social justice, equity and accountable governance through the use of participatory approaches. Even today, many identify him with Praxis and Praxis with him. The organization's vision of a world without poverty in which every person has the right to participate in decision-making and live a life of dignity and choices was the vision of its founding members.

Anindo, just 47 when the virus took him away, was one of those few people who saw participation as an infinite possibility, not just as jargon. He believed that structural inequities, especially of caste and gender, were the biggest obstacles in making participation possible. He embodied the patience and conviction necessary to make social inclusion through participation a reality. His patience and conviction were intrinsic to his philosophy.

Anybody who has ever interacted with Anindo has one striking memory — of his gentleness and his smile. This infinite gentleness and cordiality was tempered by his empathy for all human beings, especially those who were marginalized by various unjust practices and systems.

Anindo was a leader. When you asked Anindo a question, he would ask a few pertinent questions in return, which would make you think. He was not one to do things for you, no matter who you were. He would empower and encourage you to do things by the simplicity of his faith in you.

Anindo influenced policy-making space in Bihar through his untiring efforts, finding ways of making governance accountable and inclusive. Significant mention must be made of his contribution to the formulation of entitlement-based district planning for the Bihar government, which was acknowledged by the erstwhile Planning Commission.

In 2006 he helped bring out an Alternate White Paper after Nitish Kumar's party came to power, charting issues of development and governance in the state. He developed community report cards for a range of issues. He contributed to a critical analysis of state budgets from the perception of Dalits, children and women. He spoke about the redistribution of land and explored ways of strengthening community-led child protection mechanisms to simplify the process of registering caste certificates. His role will go down in the history of Bihar and of participatory governance.

Under him, the Praxis team created the first-of-its-kind model of a district-disaster management plan which converted into the Disaster Ready website - a GIS-enabled system to help plan, implement and monitor disaster-preparedness. Another contribution includes the participatory formulation of state action plans on child marriage for several states including Bihar. ■



TRIBUTES

SUNDERLAL BAHUGUNA

Thank you, Bahugunaji!

RAHUL RAM

I met Sunderlal Bahugunaji in May 1980. About 20 teenagers from Delhi accompanied by one adult, descended on his ashram at Siliyari in Garhwal. We were young, keen proto-environmentalists, city slickers who had by and large never spent any significant amount of time in a village.

Bahugunaji's recent passing away at the age of 94 after being infected by the virus, brought back memories of that visit to his ashram all of four decades ago and what it meant to us to meet the soul of the Chipko movement and hear his message of conservation in the very surroundings where it had evolved.

The world had discovered environmentalism over the last 15 years as the twin depredations of development and population growth made their effects apparent.

Rachel Carson's *Silent Spring* and Paul R. Ehrlich's *The Population Bomb* became must read books as did *The Limits of Growth* written by a group of thinkers, scientists and economists known as the Club of Rome.

Governments responded by setting up ministries and departments of environment passed the Clean Water Act and the Clean Air Act. In India, the Silent Valley Project became a rallying point.

In all this, the people of the villages of India were not seen or heard. Worse, they were often painted as ignorant villains who had too many children and cut down the forests around them.

Enter the Chipko movement. We kids heard about women hugging trees to prevent them from being cut and we heard about the person who was carrying their message to the world. And so, we came to Sunderlal Bahugunaji's ashram at Siliyari.

A patient, ever-smiling man, he explained to us the deep links of local people to their environment. He told us how the British had replaced the lush natural oak-rhododendron forests of the region with monocultures of pine to satisfy the needs of the paper and pulp industries.

The pine forests that yielded neither fruit nor fodder for their acidic needles allowed almost no undergrowth. He talked about how the people were shut off from 90 percent of the land around them. And how water sources started drying up. And how younger men left villages leaving behind women, children and old people. He spoke about the incredibly hard life the women led, spending hours searching for fuel, water and fodder while having to run their farms and households.

And then he told us how local people were fighting back. How they were trying to conserve the remaining forest, how they were enclosing a few square metres of land to allow the forest to regenerate. And how this improved local water sources and provided sustainable sources of food, fodder and minor forest produce.

Above all, he taught us how imperative it was to place local people at the heart of any attempt to restore and protect the environment.

We walked 250 km over the next two weeks, staying at a different village almost every night. For us city slickers this meant various adjustments. There was no indoor plumbing so we were introduced to the pleasures of a crap with a view. 'Aap fresh ho gaye' or 'Aap fresh ho lijiye' were the euphemisms used by Kunwar Singhji who was our guide for the trip.

Then there was the food. Thick rotis with watery potato or very often *lauki* (ugh). You ate what you got and were hungry and thankful. Tasteless *dalia*. And then the cups of chai at roadside stalls except that it was served in large metal tumblers too hot to touch. A precious biscuit or *mathi* with it since none of us had brought enough money.

There was no bathing for days on end as the water was cold. Finally, one sunny day we bathed in a mountain stream, freezing our butts off and then lay on the warm rocks like lizards basking in the sun.

One magical day we attended a meeting of the Chipko Andolan. We climbed down a steep cliff to a stream and were startled by an extremely large



monitor lizard (*Varanus*) up to three feet in length who regarded us with unblinking curiosity.

The meeting itself had a lot of speeches in Garhwali that we barely understood. We were introduced to the crowd as proof that the voice of the movement was finally being heard in Delhi.

But the highlight of the meeting, at least for me, were some songs sung by a local folk legend, Ghanshyamdas Saliyanji. He sang:

*"Swarg Uttarakhand bhumi
hamara dev Uttarakhand bhumi
Himalaya phool jaiso bhramhikamal
Himalaya dhanna devdaro bhramhikamal"*

To the tune of a very famous folk tune '*bera pako baromasa*'. The song remained in my head and I can and do still sing it 41 years later! This trip was instrumental in changing my world view and pushed me towards doing my Ph.D in environmental toxicology and then into the Narmada Bachao Andolan a decade later.

Indeed, some of the young people on that trip have gone on to become activists and academics who work on environmental issues. We understood by first-hand interaction what Bahugunaji was trying to tell the world.

Thank you, Bahugunaji, for transforming the life of a 17-year-old boy. Those 15 days were life transforming for a lot of us. For me it opened up a new way of thinking about the world. Thank you, Bahugunaji! ■

Rahul Ram is a founder-member of Indian Ocean

TRIBUTES

DINESH MOHAN

The good listener

DUNU ROY

ON May 21, an early Friday morning with the rain clouds skittering away across blue skies, Prof. Dinesh Mohan died in hospital, deeply mourned by family, friends, colleagues, and students. Much has been written about his expertise in injury prevention and safety, and his international stature as a much sought after (and provocative) speaker. There is, however, a lesser known area of his work that has not been much discussed.

Shortly after his return from the US he signed the Statement on Scientific Temper in 1980 that spelled out why science had to analyze and expose the barriers that stood in the way of a rational solution to societal problems. But within two years it was obvious that he had also understood that these barriers were primarily erected against the poor. So he co-founded the Sanchal Foundation in 1982 with the objective to 'promote, foster, aid and assist research for the extension of knowledge' but with the clear mention that this knowledge had to be for the advancement, better education, working and living conditions, and health of poor people.

Two years later political riots erupted in Delhi, killing hundreds of Sikhs, and he became part of the Nagarik Ekta Manch that extended whatever help they could. But to explore the social barriers that led to the riots he also became a member of the People's Union for Civil Liberties-People's Union for Democratic Rights (PUCL-PUDR) team led by Prof. Rajni Kothari and advocate Gobind Mukhoty, that went deep into the colonies of Delhi and the villages of Punjab to come out with the searing report, "Who are the Guilty?" The report contained the essence of scores of interviews with the families of those who had been murdered to document who had done the murdering.

Two years later, he was invited by the eminent orthopaedic surgeon, Dr P.K. Sethi, to do an analysis of the artificial limb that Dr Sethi had developed. Dinesh visited the workshop in Jaipur and was deeply impressed by how 'ordinary people' were able to make limbs, train amputees, share their misfortune and encourage one another, and participate in the excitement of teaching others how to walk and giving them hope in coping with the world. But what seems to have struck home was Dr. Sethi's counsel, "We have stopped being good listeners and have forgotten the art of communication with our patients, an art which plays such an important role in the equation for recovery."

This act of listening prompted him to reconsider how science could actually be created by ordinary people and led to the founding of the People's Science Institute in 1988, of which



Photo: Civil Society/Lakshman Anand

Dr Ravi Chopra later became the first director. Then he and his colleagues went back to the villages of Haryana and Punjab to listen to those who drove the tractors, ploughed the fields, sprayed the pesticides, harvested the crops, threshed the fodder, and winnowed the grain. That, in turn, culminated in the two landmark reports on "Pesticides and Physical Disability" and "Safety of Agricultural Implements".

Once a scientist becomes sensitive enough to begin listening, however, the learning cannot stop at the boundaries of his or her scientific discipline. Which is why Dinesh moved further afield to contribute to the report on "India's Kashmir War", the formation of the Pakistan-India Peoples' Forum for Peace and Democracy, the setting up of the Permanent People's Tribunal on Industrial Hazards and Human Rights (which examined the Bhopal gas leak), and an analysis of the Godhra train burning—none of which had much to do with biomechanical engineering, or traffic injuries, but sharpened the balance between science and society.

In 1997, appalled by the paucity of research in his chosen field, he formally initiated the Transportation Research and Injury Prevention Programme (TRIPP) at IIT Delhi. By a strange coincidence, the interdisciplinary nature of this programme seemed to match very well with the coming together of several groups in the city representing the transported and the injured to form the Sajha Manch. There were people who were being summarily evicted from the slums; there were those whose unauthorized colonies were being targetted with displacement; there were workers whose livelihood was at stake as

thousands of factories were closed down; vendors, hawkers, rickshaws, autos that were being moved off the roads; the shift from diesel to CNG: all being done for 'cleaning' the environment, but obviously for the purpose of 'cleansing' the city before the Commonwealth Games of 2010.

Dinesh was invited to meetings of the Manch and listened very carefully to what was being said by those whom he called 'vulnerable road users' and then stepped in to subtly press TRIPP into action. Sandeep Gandhi was roped in to digitally map the slums and unauthorized colonies; Geetam Tiwari and her students began studying how cycle paths would benefit this class of road users, and what was the role of hawkers and vendors in the service infrastructure; TRIPP involved the Manch in a study of the Delhi Development Authority's differential norms with respect to water, sanitation, and transport use; Dinesh himself led a study of the needs of auto-rickshaw drivers; the idea of the Bus Rapid Transport corridor began evolving; Sudipto Mukherjee was persuaded to develop a capnograph for measuring the energy expenditure of workers; and collectively they contributed to the Manch's critiques of the Delhi Master Plan, Commonwealth Games, the National Urban Renewal Mission, the Metro, and the Smart City.

As TRIPP evolves from a programme into a centre, it would be well to remember that the foundations of good science are based on listening to, and in collaboration with, the people who lie on the other side of the social barrier. ■

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An oxygen plant is inaugurated and staff of the Chinchpada Christian Hospital line up for pictures

Blessed is the rural hospital

Good doctors show how to improve care in villages

Civil Society News
Gurugram

IT's a dreary morning in May. The news from all over the country is of deaths, cremations and patients trying to find beds in hospitals. In sharp contrast, at Chinchpada, a small village in Maharashtra, a thanksgiving is being held.

The occasion is the installation of an oxygen plant at the Chinchpada Christian Hospital, which will greatly enhance its ability to provide treatment to COVID-19 patients of the area.

We are invited to the inauguration and rush through our morning in Gurugram to show up at Chinchpada on Zoom at 7.55 am sharp. A distance of 1,076 km separates us, but technology and the virus have brought villages and cities closer than ever before.

Music, prayers and balloons set the mood for the occasion. The inauguration is presided over (also on Zoom) by the District Collector, Rajendra Bharud. He is famous for having ensured that Nandurbar district, in which Chinchpada is located, hasn't suffered from a shortage of oxygen. He foresaw what was coming and acted in good time.

Bharud is himself a Bhil tribal from the area. He was raised by his mother in poverty, but went on to

study medicine and then join the Indian Administrative Service (IAS). He is brisk and businesslike, but without the airs of officialdom or so it seems to us. From the few minutes that we observe him, we get the feeling his heart is invested here in this backward region.

As the brutal second wave of the pandemic spreads in rural areas, and fear mounts of a third wave, there is growing concern over how people in far-off villages like Chinchpada will find treatment. Also, if the virus continues to go unchecked in villages, cities can hardly hope to be safe from further rounds of infection. Everyone is finally connected.

The timing of surges will vary from one part of the country to another distant part. We can already see that happening as we talk to physicians in different locations. What is that going to mean in terms of transmission of the virus and mutations? No one really knows.

The situation is grim and full of foreboding. Dealing with a pandemic like this one requires an extensive and effective healthcare system that creates awareness, treats patients quickly and vaccinates people where they live.

But years of neglect by successive governments have resulted in the Indian public healthcare system

not functioning in large swathes of the country. Now, with the pandemic here, there is no time to set things right.

The whole system can't be improved overnight, but it can be energized in parts. Even in rural areas people will find facilities in the government system that do work, particularly in states like Tamil Nadu and Kerala where investments have been made over time.

Then there will also be facilities in the voluntary sector, such as the Chinchpada Christian Hospital, with good medical professionals who have moved far out of big cities to provide healthcare to people in remote locations.

The pandemic, for all the stress it is causing, is also the time to begin envisioning a better system by learning from what works during this crisis. Perhaps then, going forward, it will be possible to serve the healthcare requirements of a billion people in everyday conditions and during emergencies. There is a growing burden of diseases that have to be dealt with and this certainly won't be the last virus that will visit us.

With its 50 beds and a team of well-trained doctors and nurses, the Chinchpada Christian Hospital is really a model of the values and standards that should imbue public healthcare. The hospital is

affordable and accessible and provides high quality medical treatment. It is driven by the spirit of service.

It is also closely linked to the local community, which in the case of Chinchpada and its neighbourhood consists mostly of tribal people with limited means. It has taken healthcare out of the hospital and into homes and villages, making primary care an everyday thing for which people are as much responsible as the doctors who treat them.

Over time, the hospital has engendered local confidence in its services. A patient, no matter how poor, can walk in, ask for a doctor and actually find one. As a result, from the first wave itself people infected with the virus have turned to it in growing numbers.

The hospital functions as a trust under the larger umbrella of the Emmanuel Hospital Association. The oxygen plant has been funded with a donation of ₹28 lakh made by Azim Premji Philanthropic Initiatives.

But it is not on donations alone that the hospital survives. It has found its own financial viability by balancing user charges and costs, particularly by purchasing generics and moderating what its doctors get paid.

The OPD charge is a modest ₹20. A stay of four to five days in the hospital works out to an average cost of ₹5,600. The hospital had 25,000 patients last year of which 4,000 were in-patients.

Established by missionaries in 1942, the Chinchpada Christian Hospital has had ups and downs. Its current reputation has been built since 2014 by Dr Deepak Singh, a paediatric surgeon, and Dr Ashita Singh, a physician.

They are husband and wife with advanced degrees from the Christian Medical College in Vellore and Ludhiana. The team consists of the two of them as surgeon and physician, an anaesthetist, a dentist and 25 nurses and medical attendants.

GROWING DEMAND

With the pandemic, demands on the hospital's facilities have multiplied. Not least among them is the requirement for more oxygen for which the oxygen plant was needed, especially if a third wave of the virus were to happen.

"We now have enough oxygen for 67 patients at a time. This includes 10 ICU beds. We hope the third wave doesn't come but we are preparing for it with another 10 ICU beds and 30 oxygen beds," says Dr Deepak Singh.

"The oxygen requirement in the district went up very significantly during the second wave," he explains. "Even our small hospital went from using 10 cylinders a day to 26 to 28 jumbo cylinders in a day to provide high-flow oxygen to 57 patients at the peak."

During the surge, the cost of a cylinder went up from ₹12,500 to ₹20,000. The charge for refilling a cylinder went from ₹300 per cylinder to ₹500 and then ₹1,000 in the second week of April. Transporting cylinders from Surat meant an additional cost of ₹4,000.

Dr Singh recalls how difficult it was to balance demand and supply. A moderately infected patient needed between five and 10 litres per minute of oxygen. A severely affected patient needed 10 to 15 litres per minute.



Dr Deepak Singh and Dr Ashita Singh at the Chinchpada Christian Hospital. It has a modest exterior but (below) a patient receives advanced treatment



"We rationed oxygen by keeping lower targets of oxygen saturation between 92 and 94 percent. This allowed us to give oxygen to more people at lower rates of flow," he says.

Now the new oxygen plant has been connected to the cylinder manifold. If at any time the pressure in the plant drops, 35 reserve cylinders take over.

PRIMARY CARE

The pandemic has underlined the need for taking healthcare to the doorsteps of patients so that they don't end up flooding hospitals.

The Chinchpada hospital provides primary services, but it is really a secondary level facility that does general surgeries, handles deliveries and treats a whole lot of diseases.

It coordinates with the local government-run primary health centre and district centre. They connect with each other as the need arises.

India's healthcare system is actually designed to have a structure that begins with primary and community centres, above which come district hospitals and then tertiary facilities.

The problem is that the system doesn't function in the absence of investments in people and infrastructure. There is confused policymaking and lack of administrative will. A perfectly good design for a system lies in disuse.

One piece of learning from the pandemic is that voluntary initiatives should be better integrated with the government system — both to bolster it and to raise standards.

LAST-MILE DELIVERY

Dr Pavitra Mohan in Udaipur, in Rajasthan, says that there is no substitute for a primary care approach which is close to communities and built with their participation. It should be evidence-

based and address social realities, he says.

Dr Mohan, a paediatrician, and his colleagues set up Basic Healthcare Services (BHS), a non-governmental organization, eight years ago because they felt there was a problem with delivery of health services to last-mile communities.

Between 2005 and 2012 there were several policy changes taking place at the national level and in the states with which they were involved, but the benefits were not really reaching people.

They set out to know more about it in a hands-on way by setting up, under BHS, six AMRIT Clinics in the catchment of two or three panchayats with a population of 12,000 to 15,000 each. These are all between 20 km and 70 km from Udaipur city, where Dr Mohan is based.

There has been interesting learning from their initiative. For instance, there is the realization that it is difficult for doctors to live and work in last-mile communities.

“Doctors are required for clinical care, but they are not best suited to take care of the many conditions that exist. A bulk of the clinical care can be delivered by nurses who are from tribal communities,” he says.

The nurses have qualifications as General Nurse and Midwife (GNM) or Auxiliary Nurse and Midwife (ANM) or have a B.Sc. in nursing. There are also community health workers and volunteers.

In this way the doctor at an AMRIT Clinic needs to visit the clinic once a week and for the rest of the time is available 24x7 for consultation, leaving the nurse to feel empowered and responsible for patients.

“There is a set of diagnostics and the most commonly used drugs — about 280 to 300 of them — which are available within the clinic. We use technology judiciously for diagnostics and wherever required for teleconsultation, etc. But we believe that technology can only enable and not replace the human touch and these skills still require skilled and empathetic providers at the front end,” explains Dr Mohan.

AMRIT Clinics are located in community-owned buildings taken on lease by BHS. There is a tie-up with a hospital for cases which require a higher level of attention. “Referrals are escorted and supported,” says Dr Mohan.

BHS also runs a PHC in partnership with the government of Rajasthan, which covers a population of 25,000 in order to ‘integrate’ the learning at the AMRIT Clinics with what the system offers.

Says Dr Mohan: “We realized that there is a huge untapped potential within the public system. It can do wonders with some support and strengthening.”

“We believe that nurses, when supported and enabled with technology and training, can deliver the bulk of care. Social beliefs also change. But it does require more patience than one often has for influencing behaviour,” he says.

It is similarly important that healthcare be seen in conjunction with employment. To this end, BHS works closely with Aajeevika Bureau, an NGO that addresses the needs of workers in the unorganized sector, in particular those given to migration.

MIDWIVES IN CHARGE

Dr Sharad Iyengar, paediatrician and community medicine specialist, similarly believes that there is scope to improve the system. It can be reenergized



KC Patty's angels: Dr Rajkumar Ramasamy (standing second from left) and Dr Mary Ramasamy (kneeling left) with members of their team at the KC Patty CF Health Centre



Home visit: Nurses with a BP machine visit an elderly patient at home

by engaging with it. Solutions lie in breaking with stereotypes.

Dr Iyengar is the chief executive of ARTH, which stands for action, research and training for health. Like Dr Mohan, he is based in Udaipur and ARTH's work is also in southern Rajasthan. In the past, Dr Iyengar and Dr Mohan have worked together though currently their outfits are distinct from each other.

Dr Iyengar's focus has been on preventing maternal deaths during delivery. He has trained nurse-midwives to play leadership roles during deliveries by undertaking life-saving medical

procedures. They also counsel women on their reproductive and sexual health.

Dr Iyengar was prompted to start ARTH when a 1998 survey showed that most deliveries in Rajasthan were at home and deaths were common.

He began by training just two nurse-midwives. But over the years there have been 14,587 deliveries handled at ARTH's two rural centres and 93 percent of them have been handled successfully by midwives. The remaining seven percent were referred to hospitals for complications which were identified at the clinics.

Nurse-midwives are in residence at ARTH's



Follow-up: Dr Ramasamy and team members follow up on twins with health issues in the village. Going to people is as important as their coming to the clinic for treatment



Outreach: Voluntary health workers play a crucial role. Here they are seen on training day

centres with their families and are available round the clock. In the role given to them, they are meant to substantially replace doctors who are available on call for emergencies.

“Women receive care as per World Health Organization (WHO) and government guidelines,” says Dr Iyengar. “It is proven that midwives with training can handle 80 percent of maternal and newborn complications.”

The ARTH model takes quality care to the women who need it. The midwives receive a high level of trust within the communities with whom they engage. By empowering the midwives, ARTH helps

them acquire an identity of their own and over time they play leadership roles. The scientific practices they stand for become what the community begins to espouse.

A big part of the problem with reforming public healthcare is that entrenched interests, often doctors themselves, don't want to let go, says Dr Iyengar.

But fresh thinking is needed to suit different contexts. It also brings gains when they are needed most. For instance, during the pandemic, government services have been deployed for dealing with the virus. There have been lockdowns to contend with. Pregnant women have nowhere to go

for check-ups and deliveries.

“But ARTH's centres functioned without a break during this time,” says Dr Iyengar. “Between March 2020 and March 2021, midwives attended 1,025 deliveries.”

TRUST MATTERS

Building trust in the system is key to improving it, says Dr Mohan. Training and empowering frontline workers like ASHAs is therefore important. Users need to know the system to be dependable and caring. They should be active participants in its success as well.

For Dr Mohan basic healthcare is what matters. The pandemic is proof that well-functioning primary and community health centres would have created awareness and led to the treatment of mild and moderate coronavirus cases without them having to show up at hospitals.

Some of this has happened in Rajasthan. During the pandemic it is at the PHC and community health centre levels in Rajasthan that COVID-19 awareness and treatment of mild and moderate patients is being done. But it is not enough.

“We have been advocating oxygen and concentrator supplies to PHCs. We have ensured availability at our clinics,” says Dr Mohan.

“In Rajasthan, it is doable to handle the surge of COVID-19 cases at the primary level. There are the buildings and the equipment and the staff,” says Dr Iyengar.

The problem is a long-term one of establishing competencies and conditioning the system to be sensitive and responsive when the need arises.

LOCAL AWARENESS

In the tiny village of KC Patty in Tamil Nadu, a long way from Udaipur, Dr Rajkumar Ramasamy voices similar concerns over an ill-prepared primary healthcare system and laments the problems with a top-down approach.

KC Patty is tucked away behind reserve forests in the foothills of the Western Ghats. There are tribal hamlets scattered around. Dindigul is the nearest city, some six km away. The town of Oddanchatram is 60 km away. Madurai is at a yet greater distance.

So, it is a pretty far-off place that we are looking at, but the virus has arrived and the local people are confused. They don't know what is happening to them. It is especially daunting if health officials turn up in personal protective equipment (PPE) suits.

KC Patty's problems are an example of the complexity of delivering healthcare in India. The village and its neighbourhood has seen its own surges in the virus, which has arrived through traders coming to KC Patty and local people travelling out to markets. Townspeople have also been buying land in the area and during the pandemic have tried relocating to escape the virus. Instead, they have brought it along with them.

Tribal people have behavioural patterns of their own that tend to help the virus. They live close to each other in clusters and gather together for events. They have no understanding of mask-wearing and COVID-19 appropriate behaviour.

In fact, the problems here are not too dissimilar from those in urban areas except that the setting is vastly different and in the absence of communication there is no awareness. The tribal people are innocent.

Dr Rajkumar Ramasamy and his wife, Mary, run the KC Patty CF Primary Health Centre. It is a small voluntary effort which they have nurtured over two decades. Initially they would travel to KC Patty from Oddanchatram, where they were at the Christian Fellowship Hospital. Over time they based themselves in the village.

The Ramasamys are well-qualified. Rajkumar studied medicine at Cambridge and went on to become a Fellow of the Royal College of Physicians (FRCP). Mary is a gynaecologist trained at the Christian Medical College in Vellore.

Their health centre caters to a community of about 15,000 of whom around 6,000 come to the centre. The Ramasamys work on the principle that it is as important to reach patients where they are as it is to bring them to a facility.

They have at their centre a team of 12 who have been sourced from the local community and trained to be health workers and attendants. Being local, they connect with people and give them the confidence to seek treatment.

But it is not easy dealing with a deadly virus during a pandemic. When he spoke to the Ramasamys in end-April, they said that at least two deaths had occurred, one member of their team had been infected and another seemed to be infected.

Asked how many cases there were in the area, Dr Ramasamy says it is impossible to tell because there is no testing. In the absence of communication and a big enough primary care outreach, people don't come forward to report a fever.

"There is this top-handed approach which I think scares people," he says. "The local structures, like the panchayat and panchayat members, weren't sufficiently involved."

Though this is Tamil Nadu, with all its superior systems, in KC Patty there is no testing to speak of. To get a test done, a patient has to go to Dindigul or Oddanchatram, which inevitably means a bus ride and the possibility of infecting others.

There are also no facilities in the village for administering oxygen or treating cases that grow serious and need to be put in a hospital with life-saving capacities.

"We check the oxygen saturation. And if they're okay, and it's early symptoms only, then we treat them and manage them here. It is when the oxygen saturation falls that we have a problem," explains Dr Mary Ramasamy.

"The patients who died had oxygen saturation that had dropped and so we had to call the government's 108 number to come and take them to the government hospital," she says.

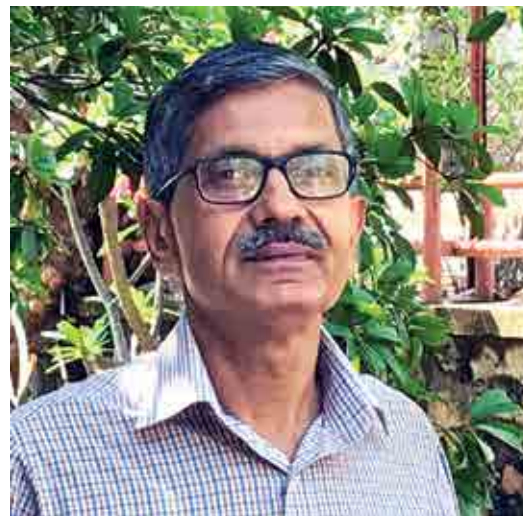
Rajkumar adds: "It is standard protocol, what Mary is stressing on. The dilemma occurs because people don't want to go anywhere. And then they are also often unable to go somewhere else."

It is not as though getting to Dindigul, which is the nearest city, is a solution either. Patients with low saturation sent there are asked to wait in a queue and given oxygen for a few minutes every hour, the Ramasamys tell us.

They say that the learning from the COVID-19 experience should be that primary healthcare services need to be strengthened. It is also important that secondary hospitals need to be better staffed and equipped with oxygen, beds and testing facilities. In this way primary health centres would have somewhere to readily send serious patients



Dr Sanjeeth Peter and his improved oxygen mask: 'A heart surgeon is essentially a plumber'



Dr Sharad Iyengar: 'Nurse-midwives can handle most deliveries themselves'



Dr Pavitra Mohan: 'There is a need to reach the last-mile communities'

and there would be no delay in attending to them. Lives would be saved.

Dr Rajkumar Ramasamy elaborates: "When the virus started, so much of the discussion was driven by the tertiary sector or highly specialized hospitals, or corporate health providers in cities. They were asking for ventilators and such things. There was very little stress on primary care when in reality that's where the battle really needs to be fought and won."

He believes things could have been different if doctors at the primary health centre level were professionally trained in family medicine and ASHAs were empowered and given the resources to serve meaningfully in their role as frontline workers.

"We should have the ASHAs and the panchayat members having discussions with the people in villages about this new virus, what are the symptoms, what we should worry about, and how you should use common sense to deal with it," he says.

If that had been the approach, ASHAs would have been able to identify fevers and primary health centres would have had the facilities to conduct tests for COVID-19.

POLICY FAILURE

Well-qualified and talented doctors are needed to bolster primary healthcare and rural services in particular.

Rural outposts proffer good experience for young doctors. Dr Ashita Singh tells us that she first went to Chinchpada as an intern in 1998. The idea that young doctors and those who don't make it in cities go to rural areas is a short-sighted one.

One reason for the lack of good doctors in rural areas is the failure of national policy. The government does little to improve conditions in its hospitals. It doesn't provide the facilities that doctors need in rural areas. Living conditions are horrible and children can't get a decent education.

The government also encourages a culture of super specialty medicine when what is needed and is in short supply is just dependable basic care.

Simultaneously, corporate hospitals flourish and lure talent in their direction. Medicine is increasingly studied to earn money and not to serve humanity. Medical education (and so many colleges are run by politicians) has been tailored to meet the commercial needs of this market.

When skilled doctors with advanced degrees go

to rural areas there is inescapably the feeling of being excluded from the cutting edge of the profession — at least the way it is now structured.

Dr Iyengar talks of some in the profession being dismissive of the work done by a doctor like him as though it is peripheral and the result of not having succeeded in some mainstream capacity.

But where good doctors commit themselves to making a difference, they end up being inventive and impactful in ways that can hardly be imagined. They improve the lives of people. It is by choice that they serve far from the limelight and their satisfaction is in helping people who might not have otherwise got quality care.

Dr Mohan and Dr Iyengar have the qualifications to practise anywhere in the country. But they have shown through their efforts the difference midwifery and locally trained nurses can make to the health of women in the poor villages of southern Rajasthan.

Similarly, the Singhs at Chinchpada have made many things possible because of their training and skills. Dr Deepak Singh is a paediatric surgeon, with post-doctoral qualification, but he operates on a variety of cases. Some are simple general surgeries

Where good doctors commit themselves to making a difference, they are inventive and impactful. They serve by choice and far from the limelight improve the lives of people.

like a hernia and an appendix removal. Others have been more challenging such as reconstructing a bladder for a girl and giving her continence. He also does minimally invasive laparoscopic surgeries.

Dr Ashita Singh recalls the couple's early days in Chinchpada: "When we came to Chinchpada, the hospital was closed and we had to struggle to get the infrastructure going. There were days when Deepak would sit at the breakfast table and wonder what he was doing here as a paediatric surgeon."

"You know, there are different ways of looking at cutting edge. There's barely any paediatric surgery that actually comes here. But because of his paediatric surgery expertise, there are many simple things that get done to a very high standard," she says. "And if you look at it, that actually results in life as against death, that results in people having a better outcome. What are we here for? We are here for people," she explains.

Her degree in general medicine and training in palliative care has resulted in a palliative care programme for Chinchpada. It is tough to find palliative care in big cities, but Chinchpada has it thanks to the Singhs practising there.

Some 400 people have received palliative care at home in Chinchpada since 2016. The programme has also helped with the treatment of TB, which is a big local problem. A TB patient requires hand-holding. Palliative care arrangements will also be



Nurses at the AMRIT Clinics in Rajasthan (above and below) are trained and empowered to deal with patients



Peter, who took only 10 minutes to figure out what was wrong with the design of the original Non Re-breathable Mask (NRBM) when used under the stressful circumstances of the pandemic.

Even as innumerable patients died for want of oxygen in big cities during the second wave, many rural hospitals had already found their own solutions.

It was partly due to the focus and dedication of doctors running such establishments and also because of having to live up to challenges over the years.

At the Makunda Hospital in Assam, close to the border with Tripura, there was a time when oxygen cylinders used to arrive by boat. The closest city is Karimganj.

But the hospital dealt with the problem squarely and over the years

installed two oxygen plants, which is something many hospitals in big cities didn't have as they struggled to cope with cases in the second wave.

BACK TO BASICS

Improving healthcare facilities in India will require a return to basics. Experience shows that there is no substitute for a better primary healthcare system. It is important to restore the values of the medical profession and make it more relevant to the realities of a largely poor and uneducated country.

It is necessary to engage more with the voluntary sector so as to learn from its vast and valuable experience and also allow public-spirited doctors to play a bigger role as leaders. A new generation of doctors, nurses and medical attendants should be put in place.

Governments at the centre and in the states have the responsibility for introducing a new order of priorities. The pandemic has shown that years of neglect have proved to be costly. ■



ASHA workers on their rounds

In Kerala frontline is backbone

Vandana Puthuezath
Thiruvananthapuram

VEHICLES scattered left and right as Ushakumari S., surreally perched on her scooter in a personal protective equipment (PPE) suit, drove at top speed through Kollam's streets to get to a hospital.

Riding pillion with her was a COVID-19 patient, Ramla Beevi, who needed her second antigen test done. Ushakumari had got fed up, waiting for an ambulance to ship the patient, and decided to take matters into her own hands.

"It was quite a sight to see people and vehicles on the crowded street make way for my scooter," recalls Ushakumari, who is in her late forties, with a smile.

Elsewhere in Udduki a no less important feat was pulled off with equal urgency. Ambili Chacko of Vandipperiya attended to deliveries within the span of a few hours in the middle of the pandemic with no transport available. One of the deliveries was in a tribal hamlet. Chacko made it a point to show up and two precious lives were safely brought into the world.

Apart from their diligence and public spiritedness, what both women have in common is that they are Accredited Social Health Activists or ASHAs under the National Rural Health Mission (NRHM) launched by Prime Minister Manmohan

Singh in 2005.

ASHAs are meant to create awareness and there is one for every village. States like Kerala which have integrated ASHAs well into the healthcare system have benefited during the COVID-19 pandemic. ASHAs have been on hand to counsel patients, get them to health centres and hospitals, and provide general services like midwifery when the rest of the healthcare system has been overtaken by COVID-19.

Kerala's public healthcare model has been lauded the world over. During the pandemic, health minister K.K. Shailaja led the crusade against the novel coronavirus from the front, putting in place efficient systems for tracking the spread of the virus,

for testing, quarantining and ensuring timely and low-cost medical care. She became a role model and a hero, in India and abroad.

Kerala has an integrated public health system which the state has invested in over the years. Primary health centres (PHCs) and community health centres (CHCs) are linked to secondary hospitals which are connected to general hospitals and medical college hospitals. Private healthcare has been rising in popularity but during the pandemic both have been working together.

What also distinguishes Kerala's healthcare system is compassion and kindly care. Social distancing, masking and quarantine require a gentle touch. And it begins with the ASHA worker ringing your doorbell with a cloth bag on her shoulder and a smile.

Kerala has more than 26,000 ASHA workers. They had a tough time initially when the pandemic first struck. People worried about life in solitude, they were anxious about their near and dear ones. They feared the reaction of people if they came to know they were infected.

So in the early days of the crisis, people would not cooperate with ASHA workers. But as the virus began infecting larger numbers of people, fear of social ostracism began to diminish.

"Initially, we faced resistance and emotional outbursts when we would go to

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A primary health centre in Thiruvananthapuram

Redesigning the hospital for more air, natural light

SANJAY PRAKASH

IF hospitals today seem to be built like boxes which hundreds of people enter with different diseases, it was not always so. Until the early 20th century, natural ventilation and daylight were considered primary architectural provisions for a hospital building, initially provided by Italian Renaissance architects.

By the 1950s, with the advent of antibiotics and improved aseptic practices, the medical establishment started believing that patient health could be maintained regardless of room design. (Some doctors even preferred the total environmental control offered by air-conditioning, central heating, and electric lighting.) Windows were no longer necessary for healthy hospitals, and by the 1960s and 1970s even window-less patient rooms appeared. Efficiency trumped health.

The pandemic has shown us that we should perhaps opt for less congested design. The pendulum is swinging. In 1984, hospital architect Roger Ulrich published an article that had one clear and influential finding: Patients in hospital rooms with windows improved at a faster rate and in greater percentage than those in window-less rooms.

The belief that the physical environment of a hospital could affect the recovery of patients has existed since ancient times. However, it is difficult to support this assumption because randomized controlled trials — although often conducted in medicine — are rarely adopted in architecture. However, this significant improvement in recovery time has lately been established beyond doubt.

Full-spectrum light prophylactically controls viral and bacterial infections and also significantly improves physical working capacity by decreasing heart and pulse rates, lowering systolic blood pressure and increasing oxygen uptake.

Inadequate light has a direct effect on fatigue, disease, insomnia, alcohol addiction, suicide and other psychiatric diseases. Through analyses of a large medical database, it has been demonstrated that patients with beds next to the window had a shorter length of stay than those next to the door.

Spanish philosopher Ivan Illich argued that a major threat to health in the world was modern medicine and that hospitals, in particular, caused more sickness than health. He popularized the word iatrogenesis to describe what he saw as a relentless increase in disease induced by doctors.

Can large hospitals also be naturally ventilated? Well, Singapore has demonstrated a modern example by doing exactly that! Despite its warm and humid climate, the Ng Teng Fong General Hospital has taken advantage of plant scaping and water bodies to produce a cool environment and naturally ventilated wards (see picture on next page). For those of us who tout Singapore as an example of a hyper-modern society that we would like to emulate, this is something to ponder.

Public health system design, however, is not the same as hospital design. Public health consists of a whole network of primary and community health centres that mesh with small and large clinics and hospitals. Good hospitals do not necessarily contribute to good health outcomes: it is the network of centres that creates good health outcomes.

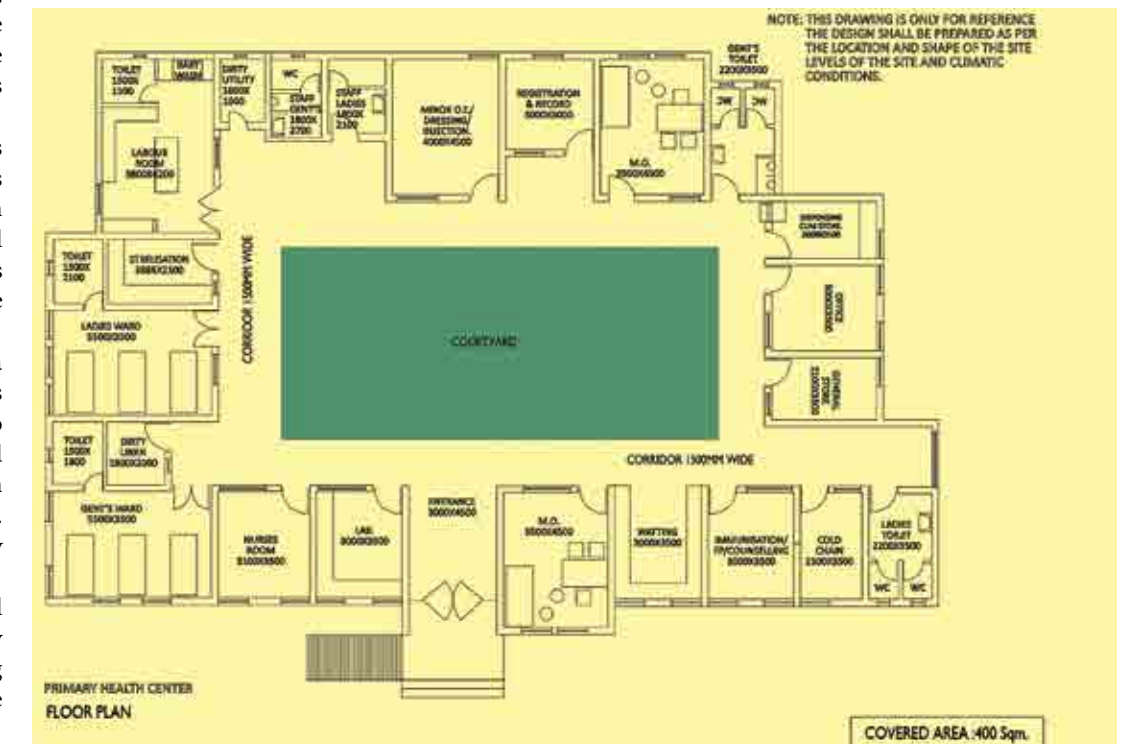
The Indian network of healthcare systems is designed to be organized into

primary, secondary, and tertiary levels. The primary level centres are called sub-centres and Primary Health Centres (PHCs). At the secondary level there are Community Health Centres (CHCs) and smaller sub-district hospitals. Finally, the top level of public care provided by the government is the tertiary level, which consists of medical colleges and district/general hospitals. The number of PHCs, CHCs, sub-centres and district hospitals has increased in the past six years. The specifications are mandated by the Indian Public Health Standards (IPHS), which operates under the National Health Mission. Since not all facilities are up to the standards set by IPHS, this system tends to be only a wishlist rather than a specification. It is still very far from reality.

Assuming that we can deploy the resources to fulfil the shortfall, both in terms of numbers as well as the quality of each such centre, we would need 40,000 PHCs (for rural areas alone) but we have (in rural areas) under 25,000 currently, many of dubious quality. There is a strong case for having smaller and locally accessible hospitals and health facilities — where undoubtedly the patient load would also be less. Given the backlog in hospital facilities, more hospitals/PHCs need to be built quickly.

Also, unfortunately, while this network is designed to be a network of referral centres, there is a tendency to shortcut the process and treat referral institutions as primary centres. Due to our tendency to self-medicate, patients flock to referral facilities directly. In any case the network is conspicuous by its absence and we treat each centre as an independent entity.

At the CHC or PHC, as well as at sub-centres and sub-district hospitals, the



Plan of a redesigned hospital with a courtyard

Full-spectrum light controls viral and bacterial infections and also significantly improves physical working capacity by decreasing heart and pulse rates, lowering systolic blood pressure, and increasing oxygen uptake.

IPHS does not specify air-conditioning (except for specific spaces within the facilities such as blood banks, operation theatres, ICUs, NICUs, post-mortem and heat stroke rooms). IPHS does say that the spaces should be well-lit and ventilated with as much use of natural light and ventilation as possible. It also allows that the layout may vary according to the location and shape of the site, levels of the site and climatic conditions.

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Jobs gone, time to spend



POINT OF VIEW

AMIT BASOLE

THE COVID-19 pandemic is testing our institutions and our society like no other crisis in recent memory. Thus far, the harshest impacts have been borne disproportionately by those who are least in a position to bear a shock of this magnitude. Our response to the second wave (and to any future waves) must reverse this. Although the vaccination drive and the immediate public health crisis loom large, to avoid an even bigger economic crisis as a result of the second wave, policymakers must learn from the first year of COVID and take urgent, substantial steps.

In our new report, "State of Working India 2021: One Year of Covid-19", we document the impact the pandemic has had thus far on jobs, incomes, inequality and poverty. We also examine the effectiveness of policy measures that have been undertaken to offer relief and support. Our main conclusion is that, since the second wave has come on the heels of the cumulative economic burden of last year, an immediate and substantive fiscal support package is needed.

In the first week of May, almost 98 percent of the country was under some form of lockdown, impacting livelihoods immediately. Mobility restrictions lead directly to income losses due to decreased economic activity. In 2020, we find that a 10 percent decline in mobility was associated with a 7.5 percent decline in income. But this average relationship hides the fact that informal workers are far more affected. In April and May last year, the poorest 20 percent of households lost their entire income. In contrast, the richer households suffered losses of less than a quarter of their pre-pandemic incomes. The cumulative loss endured by the bottom 20 percent over an eight-month period (March to October) was ₹15,700, or just over two months of income. As a result, the number of individuals below the proposed national minimum wage threshold increased by 230 million during the pandemic. This amounts to an increase in the income poverty rate by 15 percentage points in rural areas and nearly 20 percentage points in urban areas.

We learn from multiple surveys conducted over the past year that vulnerable households have coped by cutting back on food intake, selling assets and

borrowing informally from friends, relatives, and money-lenders. For example, an alarming 90 percent of respondents in the Azim Premji University COVID Livelihoods Phone Survey reported that households had suffered a reduction in food intake as a result of the lockdown. Even more worryingly, 20 percent reported that food intake had not improved even six months after the lockdown.

But it is not only informal workers who were impacted during the first wave. Nearly half of formal salaried workers moved into informal work in 2020, either as self-employed (30 percent), casual wage (10 percent) or informal salaried (9 percent) workers. Thus, current lockdowns are coming on the back of lost incomes, depleted savings, increased precarity, and indebtedness.

The most recent data from the Centre for Monitoring the Indian Economy (CMIE) show that

card-holders received some PMGKY allocation while 35 percent received only their usual PDS quota. For Jan Dhan, out of those having women-owned Jan Dhan accounts, 60 percent received one or more transfers, around 30 percent did not receive any transfers and 10 percent did not know.

Despite these limitations, it is clear that free rations, cash transfers, additional MGNREGA spending, ex gratia pension payments and other measures do work when implemented properly. We need to bring these back now and expand this list to include more measures. This is important for two reasons — compensating for the losses sustained during the first year and anticipating the impact of the second wave.

The following can be immediately announced — extending free rations under the PDS beyond June, at least till the end of 2021; cash transfer of ₹5,000

for three months to as many vulnerable households as can be reached with the existing digital infrastructure, including but not limited to Jan Dhan accounts (e.g. using MGNREGA job cards, PDS shops, and other systems to deliver cash); expansion of MGNREGA entitlement to 150 days and revising programme wages upwards to state minimum wages and expanding the programme budget to at least ₹1.75 lakh crore; launching a pilot urban employment programme in the worst-hit districts, possibly focused on women workers; and a COVID hardship allowance to 2.5 million anganwadi and ASHA workers of ₹30,000 (₹5,000 per month for six months).

This fiscal stimulus is justified given the magnitude of the crisis. For example, the cash transfer will just about tide over the incomes lost last year by the poorest 10 percent of households, let alone address the second wave impact. Failure to take action now will cause short-term hardship to continue, and may compound the long-term effects, leading to years of lost welfare gains. Lastly, the economic pain of the crisis needs to be fairly distributed. It is worth recalling that even as corporate profits have grown during the pandemic year, there has been a sharp reduction in corporate tax to GDP ratio during the same time. This is a continuation of the trend of the past decade. A large fraction of the proposed fiscal support package can be financed if the corporate tax to GDP ratio is increased from the present level of one percent back to three percent in 2021-22.

It is time to take bold public policy steps so that we emerge from the crisis as a more resilient and fairer society. ■

State of Working India is a publication of the Azim Premji University. The following contributed to the research discussed in this article: Rosa Abraham, Aishwarya Gawali, Mininalini Jha, Surbhi Keskar, Rahul Lahoti, S. Nelson Mandala, and Paaritosh Nath.



Ng Teng Fong General Hospital in Singapore

to associate all hospitals and clinics with black boxes with central air-conditioning and artificial light. This expectation is disastrous for the spread of infectious diseases like COVID-19, of course.

There is also a need to look at supplying oxygen which will be easier to provide in ventilated spaces — in fact, such spaces will tend to require less provision of oxygen.

Now let us look at the temperature setting. The IPHS specifies that the temperature for neonatal care should be maintained at $28^{\circ}\text{C} \pm 2^{\circ}\text{C}$ round the clock, preferably by thermostatic control.

The temperature inside special newborn care units (SNCU) should be set at the level of comfort (22° to 25°C) for the staff so that they can work for long hours, by air-conditioning provided the

neonates are kept warm by warming devices. Unfortunately, once provided, air-conditioning systems are set to deliver temperatures of 22° to 25°C , not $28^{\circ}\text{C} \pm 2^{\circ}\text{C}$, thereby making it impossible to achieve that lower temperature by natural ventilation and light alone.

As acclimatized Indians, we do not complain of the heat as long as temperatures remain under 30°C , so it is possible (but requires research) that all air-conditioning should aim to deliver only 30°C , not (much) lower temperatures. Not only will this save energy use, it will also be much healthier for not causing hospital-induced infections, which is a common occurrence. ■

Sanjay Prakash is principal consultant at SHiFT - Studio for Habitat Futures

her jurisdiction to visit to ensure all home isolation patients are taken care of.

"We go door-to-door. When we are at one end, we may get a call asking us to come to a home at the other end. We attend urgent calls with the fastest response possible. Actually we feel that we get more calls and are busier than even the administrators. Jokes apart, we know the importance of our job. We are the first in the line of defence," says Bindu, an ASHA worker in Thiruvananthapuram.

ASHA workers are paid poorly — around ₹8,000 per month — compared to the work they do. A hike in honorarium of ₹1,000 from March has yet to be implemented. "But when patients express their gratitude with tears in their eyes, it makes it all worthwhile for us. We know we are doing our job and that our contribution isn't a small one," says Aparna from Kozhikode.

The women also have to protect themselves. "There is a constant sense of fear as we work closely with patients and those in quarantine. I enter my home only after having a bath and washing my clothes outside. But we are always ready for the next day with a smile on our faces. We know that reassurance means a lot to those who are sick and alone," says Sini, who is from Kollam.

With their meagre salary ASHA workers don't have much to spare. Despite that, some of them generously bought essentials for people who were poorer than them. They also delivered babies because

many women didn't have money to get to a hospital.

Another notable achievement of ASHA workers is their meticulous collection of data. The success of the state's trace-test-isolate-support strategy owes a lot to them. Senior health officials admit that the ASHA workers played a key role in alerting local bodies and health departments about suspected cases and ensuring home quarantine.

The success of Kerala's health model is also due to its battalion of experienced nurses. The Malayali nursing community is well-known across India's medical circles and globally.

"Nursing is the noble profession I chose for myself, so why would I worry," says Sandhya, who works at the Thrissur Medical College where India's first COVID case was treated. "I experienced the Nipah outbreak too so the PPE suit was not a new thing for me."

Medical services were also buttressed by the efforts of Kudumbashree units — self-help groups of women across the state. Patients confined in PHCs and Covid First Line Treatment Centres (CFLTCs) during quarantine particularly thank them. They cooked hundreds of meals for them.

P.A. Kishor was in a CFLTC and says, "I missed home terribly. I hated being alone. But I didn't miss home food. I got breakfast, lunch and dinner with all the flavour of home." Hundreds of women toiled to bring that touch of special caring to patients like him. ■

Continued from page 33

Unfortunately, these documents provide sample layouts for various levels of facility, and these tend to become the standardized design used by government agencies and replicated all over the country.

Can these same designs be naturally lit and cross-ventilated? The answer is a simple yes. SHiFT, an architects' office, has worked out how, for a single-storey centre, cross-ventilation can be achieved either with a depression of the corridor ceiling and providing ventilators, or, for a four percent extra area, reworking the layout so as to become singly loaded around a courtyard, thereby making it much better for patients (see drawing on previous page).

Though the IPHS specifications seem to emphasize infrastructure, the government is not in the way of providing small and well-lit naturally ventilated facilities.

The IPHS asks for the location of a health centre to be central and accessible with an all-weather road, water supply and a proper boundary, but there is no mention of central air-conditioning. It is only sought for larger facilities such as a sub-district/sub-divisional hospital.

Even here it says that good natural light and a pleasant environment would also be of great help to both patients and staff. Of special interest is the stipulation on ventilation, which states that this may be achieved by either naturally or by mechanical exhaust of air.

Unfortunately, due to the difficulty of designing well-lit and ventilated spaces, most architects design spaces to be centrally air-conditioned (a lazy way to design), especially in the private sector (where air-conditioning is associated with being able to charge a higher fee).

This malaise has grown so bad that we have come

In Kerala frontline is backbone

Continued from page 32

put up information stickers telling people about COVID-19 patients or quarantined residents. We tried to calm them down and carry on with our duties. We used to walk a lot to visit houses and to provide medicines and essentials," says Priya, an ASHA worker in Thiruvananthapuram.

"As the pandemic went on and normal life stood at a standstill, we started to receive more support. People warmed to us and started to appreciate our efforts," she says.

Antony, a COVID-19 patient in Vattiyurkavu, a neighbourhood in Thiruvananthapuram, fondly remembers the ASHA worker of his area.

"I had no major symptoms and was generally healthy, so I was advised to quarantine in my house. I can't find words to thank Thankam, the ASHA worker of my area," he recalls. "She not only ensured my supply of medicines, she called me many times to enquire about my health. The way she reassured my worried wife and comforted my young children who were really anxious because they couldn't see me, she really was a blessing."

Thankam merely smiles at all the compliments. She says she is happy to have done her job well. She has no time to lose. She still has many houses under

Narasimha Rao's legacy



THE birth centenary of former Prime Minister P.V. Narasimha Rao will be observed on June 28, 2021. The government of Narasimha Rao's home state of Telangana has demanded that he be conferred the nation's highest honour, Bharat Ratna, posthumously. It remains to be seen if Prime Minister Narendra Modi or President Ram Nath Kovind, whose prerogative it is to select a nominee for the Bharat Ratna, will now do the former prime minister that honour.

Given the fact that a Congress party-led government, that was in office for an entire decade after Narasimha Rao's death in December 2004, chose not to so honour one of their own, the Bharatiya Janata Party (BJP) can well argue that there is no need for it to do so now. The case for Narasimha Rao being conferred the Bharat Ratna is very strong. Apart from the trivial argument that if former Tamil Nadu Chief Minister M.G. Ramachandran and Prime Minister Rajiv Gandhi could be conferred that honour then why not Rao, the stronger argument is based on Rao's legacy.

As I have summarized in my book, *1991: How Narasimha Rao Made History* (Rupa, 2016), India owes it to Rao for not only pulling the economy out of its worst-ever post-Independence crisis with the initiatives that he, and his finance minister, Manmohan Singh, took in 1991 but for also giving a new direction to India's foreign policy in the context of the end of the Cold War and the collapse of India's most powerful post-War ally, the Soviet Union.

It is no exaggeration to suggest that Prime Minister Narasimha Rao laid the foundation of what may be termed 'post-Nehruvian' economic and foreign policy. What is more, no successor in that high office has, over the past three decades, reversed any of his historic initiatives in both realms of policy.

Narasimha Rao's biographer, Vinay Sitapati, has also claimed in his authoritative account of the former PM's life, *The Half Lion* (2016), that it was Rao who had made all the necessary preparations for India's nuclear tests of 1998 and the credit for India's status as a nuclear weapons power should go to him. Taken together, these three achievements on the economic, foreign policy and national security fronts are adequate to qualify

Narasimha Rao for a Bharat Ratna.

The only two arguments made against this claim are that, (a) Rao's reputation was besmirched by allegations of corruption, with he being the only former PM to have had to appear in a court of law to defend his actions in public life and (b) that he was responsible for not preventing the demolition of the Babri Masjid in Ayodhya in December 1992.

The purely cynical reply to those objections would be that public figures with other sins have been honoured with a Bharat Ratna so why raise moral arguments only in Rao's case. The more objective response would be to underline the fact that he was absolved of the allegations made against him in a court of law and that the 1992 decision of the central government not to interfere in the



Rao laid the foundation of what may be termed post-Nehruvian economic and foreign policy. No successor has reversed any of his historic initiatives.

discharge of its duties by a duly elected state government, in Uttar Pradesh, was a unanimous decision of the entire Union cabinet and not just the PM. Both these arguments are factually valid, even if some insist that they are morally weak.

When historians look back at the last decade of the 20th century they will no doubt point to the destruction of the Babri Masjid as an important milestone in the unfortunate history of communal tension on the Indian subcontinent. However, it remains to be seen how they will compare this event with the communal violence that followed India's partition and continued through the post-Independence period across the subcontinent,

including the killing of Hindus and Muslims in dastardly incidents in Delhi, Mumbai, Gujarat and so on.

On the other hand, no historian is likely to challenge the now widely held view that Narasimha Rao's tenure marked a turning point in India's rise as a post-colonial economy and polity and that Rao's policies laid the foundation for India's subsequent rise. A rise that has been disrupted only recently during the tenure of Prime Minister Narendra Modi. Narasimha Rao launched a new phase in Indian history with policies that two of his important successors, Atal Bihari Vajpayee and Manmohan Singh, took forward during their tenures.

Political scientists may make a further point about Narasimha Rao's legacy. During the long years of the prime ministerial tenures of Indira Gandhi and Rajiv Gandhi (1966-89) the Indian polity had become used to a centralized form of governance with political power residing increasingly within a small coterie based in what is these days popularly called "Lutyens' Delhi". Narasimha Rao practised a more consensual form of governance that also respected India's federal institutions. Unlike Indira and Rajiv, Rao maintained good relations with opposition political leaders and state chief ministers of different political parties. He had excellent political and personal relations with an opposition leader like Vajpayee as he did with state chief ministers of non-Congress parties like Jyoti Basu and N. Chandrababu Naidu.

Rao's style of consensual politics was continued by Vajpayee and Singh. Both led coalition governments and so were required to take partners along, but their style was also inclusive and consensual. Indian polity had become used to governance with a softer touch through this era, from 1991 to 2014. The return of a single-party government with an assertive leader who, like Indira Gandhi, has chosen to centralize all power within the office of the prime minister has, therefore, been jarring. Many even within the BJP yearn now for Vajpayee's more easygoing and friendly style of leadership.

When the nation celebrates Rao's centenary this June-end, many will recall his contribution to economic policy and, perhaps, foreign policy. However, it is useful to also recall his contribution to a new style of functioning of the Prime Minister's Office. The imperious PMO of the Indira-Rajiv era gave way to the consensual leadership style of turn-of-century politics. At a time when once again there is widespread concern about centralization of power and authoritarian politics one must pay special tribute to Narasimha Rao's civilizing legacy. ■

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Small tech, big benefits



TECHNOLOGY. The word conjures up near-magic, which creates gadgets and means for enriching and transforming our lives. Inevitably, it is also seen as something that is complex, esoteric and difficult: space and nuclear technology, micro-chips and electronics, artificial intelligence and machine learning. The typical manifestation is in impressive forms like an aeroplane, ship, rocket, nuclear plant, computer or smartphone. In intangible form, it also provides results of searches or detailed information almost instantaneously, at the click of a key.

Increasingly, tech has moved from the factory and the office to home and its penetration into society has rapidly accelerated. Radio, television and the conventional telephone took decades to become reasonably commonplace, as did refrigerators. Vacuum cleaners and washing machines got a big boost after the lockdown, but are yet only in a minuscule proportion of Indian homes.

In contrast, the cell phone is everywhere: certainly, it is the device owned by the maximum number of people. Though a complex piece of electronics, compressing a tremendous amount of functionalities into such a small device, it is very user-friendly, with even minimally-literate people able to access its multiple applications. To that extent, in addition to its size, one might call it "small" tech.

There are already well-known and commonly visible uses of the cell phone that provide very substantial benefits: in daily life plus in earning livelihoods. Home entrepreneurs and the self-employed, street vendors, service providers, micro-enterprises: all derive concrete business benefits from the use of apps on cell phones. A previous edition of *Tech Tales* covered this (see *Civil Society*, March 2021).

In the sphere of health, tech in general is playing an increasingly important role. On the one hand, there are large and complex technologies (CT scanners, heart-lung life support machines, ICU systems) based on electronics and mechanical engineering, with a foundation of physics. On the other, there are rapid advances in cutting-edge genomics and life sciences, which are creating new cures and vaccines against dreaded diseases. Computers and AI/ML are helping to drastically

reduce the time to develop and validate these, as best exemplified by the extraordinary speed at which vaccines for COVID were developed and actually deployed: a year instead of a decade.

These are successes of "large" tech, emphasizing the need for major investment in R&D and associated facilities that are sophisticated and expensive. However, small tech too has a major role. Personal protective equipment (PPE) and ventilators were developed and mass-produced in the country in double-quick time thanks to innovative entrepreneurs and the existing capabilities of industry. Simple-to-use oximeters have become a household item. A group of engineers created beds out of cardboard, which

is about half the time. Like the cell phone, it is based on advanced tech (and high science), but is simple at the front end, with the result being indicated merely by the change of colour on a paper: literally, a litmus test for COVID! Very appropriately, it has been named Feluda, after Satyajit Ray's popular detective.

Another innovator has created a device (called Dozee) that turns a normal bed into a step-down ICU one, through contact-less remote patient monitoring of key parameters. It can also be used at home, and connected to a monitoring centre. Backed by an AI engine for alert generation, it has already been deployed in hospitals and is estimated to have saved hundreds of lives, even as it has freed up the time of hard-pressed nursing staff. There are already 3,000 Dozee beds operating. This may not be "small" technology, but is well-suited for use in rural areas, which are always short of medical staff.

Simpler uses of tech can make a big difference to health outcomes, especially in rural and poorly-served areas. Just an SMS reminder to take regular medication, or for an inoculation, can save lives. Of course, this requires a database of people on medication, when the next dose for each one is due and the phone number (presuming they have access to a phone). Such data can be easily collected and digitized. Doing it directly on a smartphone or tablet computer is ideal, and ANM or ASHA workers can be easily trained to do so — as they are, in some areas.

Telemedicine has long been spoken of and piloted, but it has — as a necessity — taken off amidst the COVID lockdowns. It can range from a complex, simulated clinic for the patient, to a WhatsApp call from home to the doctor. New patient-to-doctor remote consultation services were rolled out by the government in April 2020, as part of eSanjeevani. Currently, 40,000 patients are using this daily and over three million have benefitted. By creating a database of registered doctors and medical facilities, and user-approved access to digitized health records of patients, the National Digital Health Mission will enhance the capabilities of many such initiatives.

In all these cases, the complexities and high tech are in back-end. The front end is simple, small or — more correctly — user-friendly technology (uf tech). For India, with our poor health infrastructure and acute shortages of medical professionals (both amplified in rural areas), there is no getting away from investing more resources, effort and political attention on health care. In the interim, if not permanently, the magic bullet is uf tech. ■

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Dozee turns a normal bed into an ICU one through remote patient monitoring

PPE and ventilators were developed and mass-produced in the country in double-quick time thanks to innovative entrepreneurs.

were cheaper and easier to deploy than conventional beds, helping to add thousands of hospital beds at a critical time.

Given the terrible crisis of oxygen shortage that we have been through, it is heartening to learn about a doctor in Nadiad, a small town in Gujarat, who has innovatively re-designed the oxygen mask to cut consumption by as much as 50 percent. Dr. Sanjeeth Peter (see elsewhere in this issue) has done this using existing products, his knowledge and innovation: small tech that can save so many lives!

A Council of Scientific and Industrial Research (CSIR) laboratory, working with the Tata group, has devised a test for COVID that is far cheaper than the standard RT-PCR one and provides results

Towards holistic care



**HERE
& NOW**

DARSHAN SHANKAR

IN the world of music today it would be considered weird, perhaps sacrilegious, for any group of professional musicians or individual musicians to insist that only one cultural genre of music was genuine and to demand therefore that all other forms of music be barred from performance.

In the world of knowledge, however, this kind of weirdness is existent and the COVID-19 pandemic is proving a prime example.

Because of the spread and magnitude of the pandemic and the fact that to date there is no evidence-based antiviral treatment specifically to tackle COVID-19, a rational policy ought to have been to seek involvement from every possible credible source of public health service. Certainly it should have included legally recognized systems of AYUSH healthcare, particularly for prevention and management of mild and moderate COVID-19 conditions.

AYUSH practitioners should have been invited and pressed to contribute from day one. But the reality is that they have been kept out on the specious grounds that they do not have the competence to undertake antiviral management of COVID-19. Today, almost 17 months since COVID-19's first surge, large sections of the community who survived the disease are facing post-COVID-19 syndromes.

In the wake of the second wave, which is yet to peak, alongside the inevitable post-COVID aftermath, it is perhaps necessary to review how well we have been employing the country's health resources. On the one hand, our mainstream health system is stretched to a breaking point and, on the other, other legal systems of healthcare available in the country are grossly under-utilized.

It is undoubtedly true that AYUSH knowledge systems cannot design antiviral therapy. But let's take note of the facts. Long before the advent of the germ theory and alongside its evolving advances, even today dozens of health conditions described in Ayurveda by specific names and aetiology which correspond in biomedicine to the set of 'infectious' diseases like diarrhoea, herpes zoster, urinary tract infection, mycosis of lungs, gangrenous wounds and fevers, are being treated clinically by

AYUSH systems without the use of conventional antibiotics.

The diagnosis and treatments for these conditions are designed within the framework of their own humoral theories. This fact is evident from an analysis of health-seeking behaviour and real life data being generated in thousands of AYUSH clinics and hospitals throughout the country.

Dr Narendra Pendse and Dr Prasan Shankar, physicians in our university hospital, have been handling patients who voluntarily approach us with mild, moderate COVID and for post-COVID problems, mostly by teleconsultations as well as occasionally through in-person consultation.

Typically, we have been able to deal with COVID



symptoms like fever, cough, loose motions, vomiting and headaches. Clients recover without side effects in four to 14 days, depending on intensity. Similarly, in the case of clients with post-COVID symptoms like persistent cough, fatigue, anosmia, loss of appetite and impaired digestion, Ayurvedic management has been able to bring them to normalcy within two to four weeks. Patients with neurological complaints do take longer to recover.

What the clinical performance of Ayurveda management of so-called infections tells us is that while it is fully justified to treat a disease and its symptoms labelled as infectious like COVID with appropriate antivirals in Western biomedicine, it is irrational to insist that another system of medicine also manage those diseases with antivirals.

Carrying on with the music analogy, it's like directing accomplished musicians in different cultural traditions of music to perform similarly to a (politically) dominant mainstream. Ayurveda has its own systemic theory and clinical practices to treat respiratory, febrile and metabolic symptoms. It has its own vast armoury of herbal and herbo-mineral formulations—over 400,000 of them—documented in CSIR's flagship database called the

Traditional Knowledge Digital Library (TKDL).

Instead, Ayurveda is discredited. Data from largescale multicentric randomised clinical trials (RCTs) is demanded from AYUSH systems when it's well known that such data is the product of public investment in clinical research and such investments in AYUSH are negligible. That's like asking great cooks in ethnic communities to produce a Michelin award to certify their competence when their skills are evident from the millions who consume those ethnic delicacies with satisfaction on a daily basis.

Today the need to revisit our COVID national management strategy has become imperative in the wake of rising infection rates and post-COVID

problems experienced by survivors, like chronic fatigue, shortness of breath, chest pain, COVID fog, loss of smell and cognitive impairment, dizziness, tinnitus, anxiety, depression, insomnia, joint pains, persistent cough, reduced appetite and secondary lung infections. These post-COVID symptoms affect thousands of citizens across all social strata and they face a huge dilemma because mainstream medicine has no solutions. Such health conditions no longer have any viral target because they are systemic disturbances and need holistic intervention. The economically underprivileged populations are particularly vulnerable.

While safety and effectiveness should remain a central concern in employing an integrative management strategy, this concern can be addressed. The clinical track record of AYUSH and, of course, its legal status should inspire enough confidence in policy to urgently employ its services. The bogey of evidence from RCTs must be buried because we already know it does not exist even for biomedical management.

Instead, one should draw strength from real-life clinical practice. AYUSH is already serving millions of citizens on the ground. The feedback from the Ministry of AYUSH's Sanjeevani app, recently launched to upload citizens' experiences on safety and effectiveness of AYUSH interventions, indicates a very favourable public response.

In public interest and particularly in the wake of the second wave which some epidemiological models predict may give rise to further waves, it is important to recalibrate the national COVID management strategy and urgently adopt integrative healthcare for prevention, for home management of mild symptoms and, of course, for post-COVID healthcare of citizens. ■

Prof Darshan Shankar is Vice Chancellor of the University of Trans-Disciplinary Health Sciences and Technology and Founder-Trustee of the Foundation for Revitalisation of Local Health Traditions (FRLHT)

Waking up in the mountains



**VIEW
FROM
THE TOP**

P.D. RAI

THE Himalayas are the roof of the world and for centuries remained highly inaccessible. Today, with modern technology and climate change, we have overcome natural barriers and made access to these remote, high-altitude regions easy.

But this access is the reason the deadly novel coronavirus has spread all over the Himalayas. Humans are its principal vectors. With mutations and new variants that are more transmissible and virulent, the scenario is changing for the worse in these revered mountains.

Uttarakhand is battered beyond recognition in the wake of the second wave. It has the lowest recovery rate (source: covid19india.org). The Kumbh Mela congregation in Haridwar ended up being a super spreader event. We have lost so many friends there and counting. I have never before written so many condolence messages in the space of a month.

Sikkim is another state where news of deaths on a daily basis is overwhelming. Fatalities crossed last year's highs. The state's positivity rate, at over 30 percent, was at one point the second highest in the country. One in three persons tested turned out to be positive. The recovery rate was the second lowest after Uttarakhand, at below 70 percent. And cases are still rising.

For such a small population, of about 700,000, this is ridiculous. We have ourselves to blame. Opening up tourism and lowering surveillance meant importing a very virulent form of the virus directly into our midst — with tragic results. And that we have not managed our overall healthcare well also shows up in the high fatality rate.

The scenario is the same in other Northeast states, especially Arunachal Pradesh and Mizoram. Somehow, like the rest of the country, we were caught napping. Special COVID facilities and centres opened during the 2020 first wave were dismantled instead of being beefed up, knowing full well that another wave was in the offing. It was quite evident that it was coming; our scientific advisers were saying so at the beginning of this year.

However, this is not a time to wallow in blame. Accountability will be sought and fixed after we have overcome the pandemic and resumed a

semblance of our usual lives. For now we are all in it together. No one is safe until everyone is safe and perhaps fully vaccinated.

As the pandemic exerts a grip on hill cities like Shillong, Gangtok, Shimla, Dehradun and others, the key factor to keep in mind is that it is difficult to traverse mountain terrain. Even if there are roads, one has to crawl along in a Jeep-like vehicle at 20 kmph. One cannot call for an ambulance like in cities in the plains. It is akin to a very rural pocket in UP or MP. This is because road building can cost upwards of 150 percent more than in the plains in Uttarakhand.

In Sikkim it would take a person, on average, half an hour to reach a Primary Health Centre (PHC), two hours to reach a district hospital and about four hours to get to a central COVID hospital in Gangtok.



Sikkim has a network of primary health care centres like this one

This is the greatest problem in saving lives. It has to be resolved using state machinery which includes plenty of vehicles. More empowerment of our local bodies and panchayats is the right way to address the rising cases in rural areas of the mountain states.

It is clear we have to have ample supplies of oxygen and the means to administer it to those in need. If we can ensure this along with medicines then we will save many lives. It must also be made available in far-flung rural health centres. Many mountain states like Sikkim have very good PHCs. They must be leveraged.

A recent article in the popular *Shillong Times* newspaper quotes a study by a US university which is tracking COVID-19 progress and states that the present wave in India is moving eastward and will hit the Northeastern states hard in a few weeks' time. The Northeast is going to be the next hotspot. This, in part, will be due to the increased events in

Assam where over 4,000 cases are being reported daily.

So we need to be prepared with those few but vital things: medicines, hospital beds, oxygen and ventilators. Trained medical staff too, of course. This will require planning and good implementation; unfortunately, both are in short supply now but state governments have to wake up. This is a disaster scenario, where is the Sendai Framework playbook?

Finally, we need to complete vaccinating the entire population in all the mountain states on a war footing. This is eminently possible as mountain states have less population density. A seemingly innocuous question recently put to me by a friend was, "Bhutan has been able to get all its citizens vaccinated in such a short time, why can't Sikkim do it?" This question will haunt us for many decades. There are only a handful of people who have not lost someone close.

Sikkim could have argued positively for a special programme to understand vaccination efficacy in a mountain population. We could easily have negotiated with the central government for 15 lakh vaccines. It could have been driven as a pilot study. Moreover, the present state government is in alliance with the government at the centre.

The present government is applying central government guidelines blindly. It is hardly being creative about how we can handle the situation locally. Panchayats and other local bodies have been bypassed and disempowered. The programme is being handled by bureaucrats who are clueless and one mistake is leading to another. The high fatality rate is a result of this situation.

The Sikkim Democratic Front (SDF) party has been proffering suggestions continuously. As a responsible opposition party, we are bringing the plight of the people to the notice of the authorities. Recently, we have started to coordinate with other opposition parties to take the programme to the grassroots.

We are helping our own doctors to do outreach programmes, helping with availability of medicines, PPE kits and oxygen related resources. We are collecting valuable ground-level data. We are learning about the failure to anticipate this disaster because planning did not take place and factors peculiar to this mountain state were not thought of.

Rural India and the mountain states were taken to be resilient and reasonably removed from the pandemic. But we have anthropogenically, through lack of foresight and imaginative governance, ushered in this devastation. ■

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Tamil's defiant new breed Intensely personal films ignore the box-office

SAIBAL CHATTERJEE

ONE of the more exciting developments in the contemporary independent cinema space in India is unfolding outside the pale of the commercially thriving Tamil movie industry. A new breed of filmmakers in Chennai and other parts of the state are consciously and resolutely moving away from standard storytelling praxis and crafting intensely personal films that abjure norms laid down by market forces.

Not that making these films is easy — not as yet, at any rate, given the paucity of funding available for offbeat cinema in Tamil Nadu — but that hasn't stopped the rebels from soldiering on. It is no longer just one or two of them fighting a losing battle. With more and more boundary-pushing filmmakers jumping into the fray, it is beginning to assume the form of a full-fledged movement.

When Suseenthiran's *Azhagarsamiyin Kuthirai* (Azhagarsami's Horse) played in the Contemporary World Cinema section of the Toronto International Film Festival (TIFF) in 2011, it was only the second Tamil film ever to feature in TIFF's official selection after Mani Ratnam's *Kannathil Muthamittal* (Peck on the Cheek), 2002.

In the 10 years since then, Tamil alternative cinema has witnessed a massive upsurge even as the mainstream industry has continued to churn out big, crowd-pleasing, star-driven movies, many of which have also been critically acclaimed for their intrinsic cinematic qualities.

In 2014, M. Manikandan's *Kaaka Muttai* (Crow Eggs), jointly produced by actor Dhanush and writer-director Vetrimaaran, made the TIFF cut. In 2015, engineer-turned-filmmaker Hari Viswanath's *Radiopetti* (Radio Set) made history by winning the audience award at the Busan International Film Festival.

And then came the big one. Vetrimaaran himself made *Visaranai* (Interrogation), a hard-hitting expose of police atrocities. The film premiered in the prestigious Orizzonti section of the Venice Film Festival in 2015 and won the Amnesty International Italia Award for its focus on human rights violations.

In 2017, cinematographer-turned-director Chezhian's *To Let* earned accolades wherever it was screened. Written, directed and filmed by him and produced by his wife, Prema, the film centred on the family of an assistant film director who is given a 30-day notice to vacate his rented house.

Coimbatore-based Arun Karthick has made two films so far — *Sivapuranam* (2015) and *Nasir* (2019). Both premiered at the International Film Festival of Rotterdam (IFFR). In fact, *Nasir*, about a small-town



Nasir is about a salesman whose quiet life is shaken by religious bigotry

The trend culminated with P.S. Vinothraj's *Koozhangal*, a bruising, realistic film set in a drought-stricken Tamil Nadu village, winning the Tiger Award, IFFR's top prize, this year.

garment store salesman whose quiet, routine-driven life is upended by the tide of religious bigotry rising around him, received IFFR's Hubert Bals Fund in 2018 and thus became an Indo-Dutch co-production. It screened in the festival's Tiger Competition in 2019 and won the NETPAC Prize for the best Asian feature film in the IFFR programme.

While Vetrimaaran has continued to make his brand of angry, action-packed, sure-handed dramas revolving around crime and societal inequities (*Vada Chennai*, *Asuran*) and the likes of Pa. Ranjith and Mari Selvaraj deliver films of quality within the mainstream industry, other Tamil filmmakers have picked up the Visaranai baton and continued the golden run of the Tamil indies.

The trend has culminated in first-time director P.S. Vinothraj's *Koozhangal* (Pebbles), a bruising, uncompromisingly realistic film set in a drought-stricken Tamil Nadu village, winning the Tiger

Award, IFFR's top prize, early this year. Not only is it the sole Tamil film to win the award, it is also just the second Indian film (after Sanal Kumar Sasidharan's Malayalam-language *Sexy Durga*, which won in 2017).

Says self-taught filmmaker Vijay Jayapal, who has two critically acclaimed films (*Revelations*, *Nirvana Inn*) behind him: "We never had a robust indie movement. But that has been changing in the last few years. A lot of new, emerging filmmakers with a unique sensibility, propelled by an increasing exposure to world arthouse cinema, are showing the intent to break away from the commercial mould and reach out to a global audience through film festivals."

Balaji Vembu Chelli, who has just completed his first film, the low-budget, understated but exceptionally well-crafted *Nilanadukkam* (The

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A still from *Koozhangal*, a film against the backdrop of drought



Nilanadukkam is a commentary on mass media's insensitivity



Maadathy was made through crowd-funding and contributions by small producers

Tremor), says: "The transition from analog to digital has democratized the way films are made. It's a change that has liberated filmmakers, making the process more personal, daring, intimate, and independent from the shackles of the mainstream."

Poet and filmmaker Leena Manimekalai, whose latest film *Maadathy: An Unfair Tale* has gone where no Tamil film has ever gone, into the midst of an 'unseeable' caste group in remote villages of south Tamil Nadu, agrees that advancing technology has been a boon for independent filmmakers. "Cheap cameras, sound recording equipment and editing tools have enabled a generation to imagine the possibility of independent expression outside the star-driven, capitalistic, heterosexual male-dominant, feudal, casteist industry," she asserts.

Jayapal adds: "It's still early days, but a lot of Tamil films have started playing in prestigious film festivals worldwide. This is inspiring more and more filmmakers to enter this space and a new ecosystem is slowly beginning to evolve and now alternative films can be conceived, made and taken to places where they can thrive."

Jayapal's *Revelations* premiered at the 2016 Busan International Film Festival. He funded the film, which examines desire, infidelity, guilt and

redemption while shunning conventional tics in probing complex relationships, with his own money (thanks to savings from the corporate career that he had before he became a filmmaker) and some financial help from his family.

For *Nirvana Inn*, he had five private investors on board. Yet, in the aftermath of the shoot, he struggled to complete the film until Busan's Asian Cinema Fund gave him a post-production grant. "We still have to scramble and run from pillar to post to make indie films. This has been the case with all independent filmmakers I know in Tamil Nadu and across India," says Jayapal.

Indeed, sourcing funds is a huge issue for filmmakers not interested in producing 'saleable' films. "Funding is a great challenge in the Tamil industry for any film that does not conform to the rules of the market... I guess this is a problem that obtains everywhere in India. We don't have institutional funding or government grants, unlike Europe," says Jayapal.

Talking about *Nilanadukkam*, a commentary on the mass media's insensitive journalistic practices and society's blasé attitude towards unsustainable development, Balaji bemoans: "It was difficult to get the film off the ground. People were sceptical and

unsupportive about a film that was far removed from mainstream Tamil cinema."

He adds: "There was no funding available within the Tamil industry. The lack of a tradition of alternative/independent cinema here made it difficult to find backers. I decided to go ahead and produce the film myself. We shot with a minimal crew, comprising friends and batchmates from film school."

Whether she is making a documentary feature like *White Van Stories* (about enforced disappearances in Sri Lanka), a docu-fiction film like *Sengadal* (The Dead Sea) or *Maadathy*, Manimekalai, on her part, has to take recourse to unconventional means of funding. "I make my films mostly through crowdfunding, small individual producers who are mainly friends/people in my small circle and international grants," she says.

"I also cross-subsidize myself as I work as a line producer or executive producer for international TV channels or productions... I make films like how writers run little magazines in the serious literature space," says Manimekalai.

Once a film is completed, does life become any easier? Not at all, the filmmakers say. "We had completely ruled out the possibility of a theatrical release when we set out to make *Nilanadukkam* since the runtime (70 minutes) and the nature of the film did not fit into the distribution and exhibition model here," reveals Balaji.

"The only route," he adds, "was to take the film to festivals and then to a streaming platform. But now that, too, has become difficult under the current circumstances. So, we are looking at new and alternative models right now and hope to take the film to as many people as possible."

The pandemic has played spoilsport with *Maadathy*, too. Says Manimekalai: "I spent a lot of time in post-production for *Maadathy* just with the dream of theatrically releasing it... I had a plan to take a totally independent, crowdfunded route in partnership with theatre chains like PVR. But the pandemic scuttled all that. The film got quarantined along with me."

It is a tough battle, but these filmmakers aren't giving up the fight. As Jayapal says, "These new filmmakers are a brave and uncompromising lot. They are ready to go through with the extreme struggle of making pure, honest cinema." ■



Borderlands is a sensitive amalgam of personal narratives

THE DIVIDING LINE

Borderlands explores the separation of minds

SAIBAL CHATTERJEE

THE lines that cleave the lives of the six protagonists of Samarth Mahajan's 67-minute documentary *Borderlands* are as much physical as they are psychological. The place that each of these people calls home is located in close proximity to a national border. But this isn't the only reality that defines them. Their identity itself is in a haze. They sit on the edge of a sharp divide between who they are and who they want to be, or could have been but for historical forces way beyond their control.

Films about borders more often than not focus on larger geopolitical issues and address the themes of military conflict, infiltration, terrorism and patriotic fervour, a little bit of which is on full display in the pre-dusk retreat ceremony at Wagah where a part of the film has been shot.

In 2017, Mahajan, a mechanical engineering graduate from IIT Kharagpur, made the National Award-winning hour-long documentary *The Unreserved*, which examines the lives and struggles of working-class people who travel in general compartments of Indian trains. The film bore testimony to the filmmaker's empathetic eye for human minutiae.

With *Borderlands*, made possible by the participation of over 550 crowd-funders from about 10 nations, Mahajan provides evidence yet again of that quality. The film had its World Premiere at DOK.fest Munchen (May 5-23), where it played in the Horizonte competition. It is also due to be available online during the New York Indian Film Festival (June 4-13).

The various borders that *Borderlands* touches — India-Pakistan, India-Bangladesh, India-Nepal, India-Myanmar — are obviously clearly marked on land. But they also serve as separators in societal terms as well as in minds and hearts. The film

probes an accumulation of the effects of these multiple divisions, which pull people in different directions, to deliver a succinct, incisive commentary on lives lived in the shadow of fences and check-posts.

Borderlands, a sensitive amalgam of personal narratives, turns its gaze inwards and looks at the dynamics of separation from 'home' and family. Among the individuals that it zeroes in on is the filmmaker's homemaker-mother. This part of the film provides an intimate portrait of a woman and her relationship with the role she plays within the family.

The odd one out in *Borderlands* is an Imphal-



Six protagonists tell their stories in the film

Mahajan tells one story that is his own — it features his mother, Rekha, who was born close to the Indo-Pak border.

based filmmaker Surjakanta, the only man among the six protagonists. He discusses Manipuri history in the context of the kingdom's merger with the Indian Union in the late 1940s and the long-term repercussions the accession had on its people even as he explains why it is essential to use cinema to tell "our stories".

Mahajan tells one story that is his own — it features his mother, Rekha, in the lead role. She was born not very far from the India-Pakistan border. She was married into a family that also lived near the line that separates the two nations. But she had never seen the Wagah border, a few kilometres away, until Mahajan decided to film her and delve into her life and her innermost feelings. This is personal storytelling at its best and most candid.

That is not to say that Mahajan's gentle, even-handed approach to the task of drawing the other characters out of their shells is any less effective. Another older woman who has pride of place in *Borderlands* is Dhauli, who lives in Nargaon, West Bengal, within a stone's throw from the India-Bangladesh border demarcated by a high barbed-wire fence. It was many years ago that she left her home across the border and accompanied her husband to India.

Dhauli has never gone back. But she pines for her parents and siblings despite being acutely aware of the distance that the border fence has created between her and her family. Life goes on, the pain lingers.

Rekha and Dhauli do not conceal their anguish. Teaching was the former's passion but she had to devote herself wholly to the task of being a full-time wife and mother. She laments the monotony of her life. In one passage of the film, she also reminisces about living in fear during the years of Punjab militancy.

Dhauli, on her part, complains that she felt caged in when a fence was erected between India and Bangladesh. She says she hasn't managed to reconcile herself to missing the birth of a younger sister in Bangladesh. I could not even take her in my arms, says Dhauli. Borders do not respect emotions.

Life has been even more painful for Noor, a young girl trafficked from Bangladesh. She now lives in a Kolkata shelter home, where she hopes to rebuild her life. The film is focused on the faces of the characters when they speak, recording every glint, every grimace, every flash of emotion, but, given the nature of her story, Noor is seen only from the back. Still in her teens, the girl has seen more than her share of turmoil — betrayal, violence, love, separation — but she clings to the belief that she has a future.

In Birgunj, Nepal, another girl, Kavita, works at a border check-post and keeps an eye out for young victims of attempted trafficking. Both are impressively spirited girls, operating on two opposite sides of a criminal trade that exploits vulnerable women and porous borders.

The sixth story is that of Deepa, who lives in a Pakistani migrant settlement in Jodhpur. She has to make huge adjustments in order to fit into a new environment. She aspires to be a nurse. In Pakistan, the medium of education was Urdu and Sindhi. In India, the girl has to learn to read and write Hindi to complete her studies. She must soldier on, like the rest, across the many degrees of separation enforced by a journey across a border. ■

On a docu hunt? Check out 9 of the best festivals

SAIBAL CHATTERJEE

THE documentary film can educate, inspire and captivate. Across the world this genre of film-making continues to rise in popularity. Despite the pandemic, documentary film festivals are taking place, mostly online, so everybody can watch and be part of. Here are nine of the best documentary film festivals happening around the globe.

IDFA AMSTERDAM

The International Documentary Film Festival Amsterdam, the world's premier event of its kind, screens hundreds of films and hosts a number of Q&As over a period of 12 days. The event has been held annually since 1988. In addition to a clutch of competitive sections, the festival includes several non-competitive sections, including Masters, which has films by the greats of documentary cinema, and Panorama, made up of new films that address urgent social and political themes. IDFA Amsterdam is currently headed by the Homs-born, Berlin-based Syrian filmmaker and human rights defender, Orwa Nyrabia. The 2021 edition of the festival is scheduled from November 17 to 28.

HOT DOCS, TORONTO

North America's largest and most prestigious showcase of non-fiction cinema, the Hot Docs Canadian International Documentary Festival, is held every year in its primary home of Ted Rogers Cinema, Toronto. The 11-day festival screens carefully curated films from across the world each spring. Launched in 1993 by the Documentary Organisation of Canada, Hot Docs broke away from the founding outfit and became a separate entity in 1996. The festival's mandate is to showcase and promote the best in documentary filmmaking coming out of Canada and from the rest of the world. The festival line-up includes Canadian and international competitions, besides many themed programmes. The latest edition of Hot Docs was held online from April 29 to May 9.

VISIONS DU REEL, NYON

The well-regarded Visions du Reel (Visions of Reality) festival is held annually in the Swiss town of Nyon. It was founded in 1969 as a platform for Swiss documentaries and difficult-to-access films from the Eastern Bloc. After the fall of the Iron Curtain, Visions du Reel reinvented itself as a broad-based festival of films encompassing the entire world. The weeklong event, a part of Doc Alliance, a creative partnership between seven major European film festivals, adopted its current name in 1995. The 52nd edition of the festival, presented as a hybrid event, was held from April 15 to 25 this year.

CPH:DOX, COPENHAGEN

Yet another member of the Doc Alliance, CPH:DOX, Copenhagen International Documentary Film Festival, is one of the biggest events of its kind in the world. Founded in 2003, the festival has been, for nearly two decades, introducing Danish audiences to documentaries from within the country and from across the world. It lays particular emphasis on experimental cinema and promotes films that push the boundaries of the medium in terms of both technique and substance. Held in a hybrid format, this year's CPH:DOX ran from April 21 to May 12, with the final week of the festival devoted to in-person screenings in Danish theatres, which reopened on May 6.

CINEMA DU REEL, PARIS

Founded in 1978, the Cinema du Reel (Cinema of the Real) festival screens upwards of 200 documentary titles every year at the Pompidou



Discussions at the Copenhagen International Documentary Film Festival

Centre in Paris. Several other movie theatres in the French capital city partner with the festival, regarded as one of the most important events on the city's cultural calendar. Now in its 43rd year, Cinema du Reel is a competitive festival that highlights documentary titles which challenge the traditional parameters of the non-fiction filmmaking form. The festival has an international competition section as well as an eclectic French selection. The latest Cinema du Reel took place online between March 12 and 21, 2021.

DOK LEIPZIG

Founded in 1955, the International Leipzig Festival for Documentary and Animated Film is one of the oldest documentary film festivals in the world. It programmes films that favour innovative approaches over mere information dissemination. Like Visions du Reel and CPH:DOX, the German festival is part of the European Doc Alliance. In 1995, DOK Leipzig added to its programme a competition for animated films. One of the primary

goals of the festival is to promote "the values of peace, tolerance, human dignity and freedom of expression". In 2021, the weeklong festival is scheduled from October 25 to 31. The submission deadline for films is July 1, 2021.

YAMAGATA INTERNATIONAL DOCUMENTARY FILM FESTIVAL

One of Asia's finest documentary film festivals, the biennial Yamagata event was first held in 1989. The Grand Prize of the festival, given to the best film in the international competition, is named after documentary cinema pioneer Robert Flaherty and his wife and collaborator Frances Flaherty. Apart from the international competition, Yamagata has sections called New Asian Currents and Perspectives Japan, among others. Its award for the best Asian film honours the memory of the Japanese documentary filmmaker Shinsuke Ogawa, who founded the festival and steered it until his death in 1992. Thanks to its global profile, the Yamagata festival is one of the most sought-after destinations for documentary filmmakers. The festival is due to be held this year from October 7 to 14.

DOK.FESTMUNCHEN

The International Documentary Film Festival Munich, Dok.festMunchen in short, is organized annually in Munich. It was founded in 1985 by the Munich Documentary Filmmakers' Association. It was focused initially on mould-breaking artistic documentaries before it widened its scope to include a range of non-fiction films with an eye on rivalling the top documentary festivals of the world. Last year, due to the pandemic, DOK.festMunchen was held exclusively online from May 6 to 24. Part of the proceeds went to its partner cinemas. The 2021 edition ran for 18 days from May 5 to 23, once again entirely online.

SHEFFIELD DOC/FEST

An international film and arts festival of global importance, Sheffield Doc/Fest is held "with a mission to spark imaginations and empower our capacity for change by celebrating, championing and debating documentary film and art as a collective form of engagement". It celebrates both established names in the sphere of documentary film and new, emerging voices that articulate truths about the world we live in. Sheffield Doc/Fest classifies itself as "an internationalist and inclusive festival" and presents competitions and retrospective programmes from around the world with the purpose of providing its audience and the filmmakers it invites an opportunity to view contemporary realities through diverse prisms. ■



Founders of Käse, Anuradha Krishnamoorthy and Namrata Sundaresan: 'We decided on the ethical sourcing of milk'

More to cheese than ever before

You can go ethical in Chennai

SURMAYI KHATANA

IF you are looking for interesting cheese to buy, you had better first know what you are getting into. The variety these days is mind-boggling. For an idea of how nuanced it gets, drop in, like we did, at Nature's Soul, a small organic food store at Defence Colony in south Delhi. Or just check out Nature's Soul on the internet or Google for cheese in India to connect with several similar stores and websites. You will feel overwhelmed while trying to make a choice.

These days there are more brands of cheese on offer than you could possibly know about. And they are sourced from producers all across India — each cheese maker's story is an interesting entrepreneurial journey full of as much character and flair as the cheese.

Clearly a quiet cheese revolution has been taking

place, shaping new markets and discovering customers. It has got a lot to do with changing tastes in a smaller and connected world. Long gone are the days when in India you waited for a tin of Kraft's cheddar to turn up or a tough-to-open tin of Amul cheese was all that you could get.

Fresh homemade paneer strung up overnight and ready to eat next morning will perhaps remain in a class of its own. But who has the time? Plus, you are missing out on a lot of the action if you don't bone up on feta, gouda, mozzarella, edam, emmental and parmesan and the endless innovations in using them.

Cheese comes to India from all over the world and so there are many imported brands to choose from. But it is the cheeses made in India that are interesting and they come from places as far removed from each other as the Himalayan states and the deep south. You should discover the

artisanal creativity with which they are crafted by Indian producers.

Many such cheese producers are small businesses driven by a passion for quality and sustainability. So, try them out as much for the inventive cheese as their evolved values.

Vegetarian cheese is firmly in with the use of plant-based enzymes for curdling milk instead of rennet taken from the stomachs of young calves. Also in, but not necessarily common, is the sourcing of milk from small dairies with indigenous species of cows.

Likewise, natural breeding gets better marks than artificial insemination. There is also an attempt to be inclusive with animals and thanks to such sensitive entrepreneurship, cheese from the milk of camel and goat has been making it to shelves.

Are these just fringe efforts by individuals having

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some public-spirited fun? Not entirely. Take the example of Käse, which is a brand launched in 2016 from Chennai. Since then, its sales have gone up from 100 kg of cheese a month to 700 to 800 kg and it's a continuously upward graph.

Brands like Käse begin small and with focus, but in a networked world get noticed. Customers, shops and producers discover each other. Numbers increase, but it is essentially a standalone mantra. Want to buy Käse cheese, go to Nature's Soul, Krishi Cress, Tall Tree and more such outlets. Or just go online.

Käse has begun shipping nationwide since January. But it is local loyalties that matter most both in building identity and moving stock quickly. So, as of now, we are told, 70 percent of Käse's market is in Chennai and Bengaluru while 30 percent is elsewhere in India.

STARTING OFF

Käse was started by Namrata Sundaresan and Anuradha Krishnamoorthy when they were wondering how they could help train young women with disabilities.

Sundaresan suggested that cheesemaking would be a good skill to impart. She had had her first brush with cheesemaking during a farm stay in Coonoor. She now has formal training in cheesemaking.

Käse began with finding a local *doodhwala* (milkman) and experimenting with basic kinds of cheese. Initially two girls with hearing impairment were trained. They made feta and mozzarella cheese for friends and family, who strongly approved.

As word spread, in the mail came an invitation to a farmers' market for which logo, packaging and a website were quickly put together in a day's time. Käse acquired the identity it has today. By 2017, Sundaresan and Krishnamoorthy had registered Kirke Cheese Pvt Ltd and their little effort became a company.

Within a few months, they had a retail presence using a chain of organic stores. Everything was happening in Chennai and their own Käse store in the city remains the hub of their business.

LOCAL AND ETHICAL

It is a business which underlines the need for being strongly local right from accessing milk and working with local micro-dairies, to recycling useful byproducts from the production process.

"We realized that the dairy industry can be unstructured and unethical because of how commercial dairying is done. Ethically sourcing milk for our cheese was one of the first things we decided," says Sundaresan.

Since only a small percentage of the milk is used to make cheese, it leaves behind whey as a by-product. For Käse, being a sustainable operation means providing this by-product to Blue Cross for their animals. They also occasionally send a healthy broth rich in proteins made from the whey to local orphanages to provide nutrition for children. As a long-term goal, they hope to create an ecosystem of producing cheese on farms with the communities themselves, as by-products can then go back into the farm in many ways.

Käse offers 35 different kinds of cheese. This



Käse offers 35 different kinds of cheese. This includes a smoked mozzarella with sun-dried tomatoes and rosemary in their aged cheeses and a variety of feta in their fresh cheeses priced between ₹300 to ₹500 for 150g.

includes a smoked mozzarella with sun-dried tomatoes and rosemary in their aged cheeses and a variety of feta in their fresh cheeses priced between ₹300 to ₹500 for 150g.

CHEESE KIT

Käse wants to be a one-stop shop for everything related to cheese. So, it also offers a cheesemaking kit. The kit is complete with a mould, cheesecloth, a detailed instruction manual and rennet.

"The challenge with cheesemaking at home is that rennet, which is one of the most important components of coagulating milk, is not available for one to buy in small quantities," says Sundaresan, who hopes to provide individuals at home with an opportunity to experiment with fresh cheese like feta, mozzarella, cream cheese, or ricotta through the kit. Priced at ₹3,000 it makes for a great gift.

Most of Käse's workforce is made up of young women with disabilities. They are trained not only in making cheese but also given transferable skills needed to run a small business such as accounting, packaging, inventory management, labelling etc. Women with visual disabilities learn to take customer support calls.

"These are exceptionally smart women in their early 20s. One of the challenges is that the families of the girls do not want them to 'work in a kitchen'. It is not looked at favourably. So, they are trained in cheesemaking along with accounting, printing, packaging and keeping inventory," Sundaresan explains.

Another challenge is that some of the trained

women, once they get married, do not continue to work with Käse, yet having transferable skills enables them to have the option of re-entering the workforce later in life.

ONLINE COURSE

If you have always wanted to learn more about tasting and making cheese, but have not been able to travel or find the time for it, you can take Sundaresan's three-day Online Cheese Course with the Academy of Cheese for ₹18,000. You can learn the process of making cheese, maturing and preserving along with presentation and regulation of cheese. For the cheese-tasting lesson, 15 different types of cheese would arrive at your doorstep anywhere in India.

Krishnamoorthy's experience is with social enterprises. Sundaresan has been a business consultant, but as a foodie she has pursued cheesemaking as a hobby. She travels to learn methods of cheesemaking and tries to adapt them to local resources in her cheese studio in Chennai.

She has learnt traditional cheddar making at the Westcombe Dairy in Somerset. She has been a student of David Asher, a legend in natural cheese-making and she has completed a course at the New America School of Farmstead at Vermont. Sundaresan also helps individuals who wish to set up their own artisanal cheese-making business.

Käse comes out of this happy mix of expertise, passion and social concern that Sundaresan and Krishnamoorthy stand for. In so many ways, the cheese is as original as Käse's founders. ■

Back to basics at meal time

CIVIL SOCIETY REVIEWS

WHEN environmentalist Vandana Shiva started Navdanya Café in Delhi in early 2000 or thereabouts, the wholesome menu and organic values were a novelty. The café evoked curiosity. Those were still the days of burgers, fries and fizzy drinks. White rice and Green Revolution wheat were staples in middle-class households and ghee had been taken off kitchen shelves because it was believed to cause heart disease.

Shiva was promoting a reversal, a return to roots. She was asking India to go back to a food culture which she emphasized was healthy, tasty and would conserve India's biodiversity. For long an activist for organic food, she had decided that just talking wouldn't do. She chose to demonstrate how good the Indian diet could be. Her café, airy and simple, sold Delhi's thinking crowd the idea of consuming food that was organic and ethnic.

There was jaggery instead of sugar in your *shikanji*, *poha* made with brown rice instead of white, *bajra* roti laden with ghee, *ragi idlis*, *sattu paranthas*, *paneer* in amaranth gravy and desserts like *jhangora kheer*. The shelves were laden with organic farm produce sourced from small farmers.

At her eatery in Dilli Haat, middle-class women pored over her menu and then exclaimed with relief: "Oh, this is *kuttu ka atta*. We eat that during our Navratri fast." Many items were from traditional recipes: "See, this is what my *naani* used to cook."

Over the years the ideas of the Slow Food Movement, espoused by Shiva and numerous environmental activists, are now accepted as the healthiest way to eat. Cooking organic, locally grown and freshly made food is seen as good for your body, your mind and for conserving India's amazing biodiversity. Consumer tastes too have evolved.

Many more stores promote organic foods. There is Whole Foods, Nature's Basket and 24 Mantra, to name a few. Products are sourced from farmer-producer companies and earnest NGOs working in remote areas.

Fab India's Fab Cafes have, in many ways, perfected the Navdanya model. Stylishly simple décor, an inventive menu and nice service, the cafes attract the chatterati and the well-heeled middle class. The food is regional and contemporary. The cafés' tagline, 'Eat Well, Feel Good', typifies the current thinking in food circles. From Ladakhi thukpa to Indian street food, biryanis, pizzas, desserts and drinks, it's all been revamped to be healthy and flavourful.

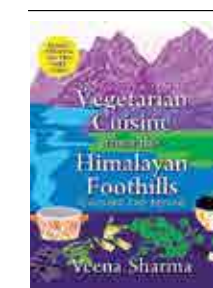
Ayurvedic cooking, which sees food as being key to a balanced metabolism and the equivalent of medicine, and the kitchen as an amazing pharmacy, is also trendy.

Regional cooking is gaining national prominence for being wholesome and life-giving. *Vegetarian Cuisine from the Himalayan Foothills*, a book by Veena Sharma, fits into this trend. She used to head the Swahili Service of the External Division of All India Radio and set up the Prajna Foundation, which works in Delhi's slums.

Sharma moved to a small apartment in Rishikesh where, as she strolled through bazaars, she discovered local grains, greens, nuts and fruits that were being slowly forgotten. There were spices, cereals, lentils and leafy vegetables which she hadn't seen before.

She set to work in her kitchen, melding local produce to come up with interesting dishes. The results from her experiments make up her homely cookbook.

"Seeds, lentils, and herbs like hemp, flax, unhulled local sesame, *tor*, *kulath* or *gehet*,



Vegetarian Cuisine from the Himalayan Foothills; Veena Sharma; Niyogi Books; ₹750



Veena Sharma on a journey of food discovery

bhatt, *Harsilke rajma*, *jakhiya*, *farani*, *chora*, and many others called out to be brought into my kitchen. I slowly began to realize their special benefits for the body, which in turn is deeply connected to the mind," she writes. The recipes follow Ayurvedic principles and try to achieve a balance of taste and nutrition.

Each chapter is devoted to a specific food group. There are recipes on legumes, seeds and herbs, the coconut, a section on vegan dishes, soups, chutneys and foods that soothe. There is a special chapter on Rishikesh's street food, stuff that pilgrims pick up and eat on the go. Shah also discovers a '*dard maar*' leaf which, to her amazement, alleviates a friend's swollen ankle.

The recipes don't need a plethora of ingredients and are easy to rustle up. Try your hand at horse gram kebab, or cook with bamboo shoots and amaranth leaves. Learn how to make a vegan paneer, finger millet *kadhi* or an Indian gooseberry chutney. Round off with a barnyard millet pudding. The book has pictures so you can see what the dishes should look like. Food needs to look appetizing too.

Sharma's cookbook is also a journey into the bazaars and farmers' markets of Rishikesh. With her you can wander through a world teeming with variety — the kind that is the basis of creative cooking and memorable meals. ■

RECIPE

Horse Gram Kebab

Soak overnight kulath/gehet daal half cup/ Split Bengal gram (chana daal) half cup.

Boil both the daals separately with salt (to taste) since the daals have different cooking times. Start with just enough water and add water, if needed, till the daals are soft and can be easily pressed between the fingers.

Roughly mash the daals together using a potato masher or fingers or just a ladle. The mash will be coarse and there may even be some stray grains left intact.

Add freshly chopped coriander 6 tbsp,

ginger 2 tbsp, chopped green chilli 1 tbsp, coriander (dhania) powder 1 tsp, cumin (jeera) powder 1 tsp, mango powder (amchoor) 1 tsp, black salt (kala namak) 1 tsp, dates 5 (soaked in warm water for 1-2 hours, then chopped coarsely). Optional: Raisins 1 tbsp, cream 2 tbsp.

Mix well. Make flattened rounds, the size of aloo tikkis about 2 inches in diameter.

Press both sides into a tray of unhulled sesame seeds or sprinkle the seeds on them and press gently on each side. (White sesame seeds can also be used.)

Cook in a non-stick pan with minimal sunflower oil, flip when one side looks golden and crisp.

Serve with a chutney of your choice.

The goodness of nut milk

SURMAYI KHATANA

IF you are lactose intolerant, have dietary restrictions or are just vegan by choice, chances are you are looking out for non-dairy milk and can't find it. So, we did some searching for you and this is what we came up with online.

But first, for the uninitiated, non-dairy is what you get from plants and nuts. It could be extracted from almonds, cashews, soy or oats, among other options.

There is actually a growing variety of non-dairy milk in India and though you will get it in shops, the best place to look is really the internet because small producers ensure quality and freshness.

Often called 'Mylk', replacing the 'i' with a 'y', it puts a 'why' on the manner in which one consumes dairy.

We decided to test the market by buying almond milk from SAIN, a small producer in Gurugram who delivers quickly within the National Capital Region (NCR).

Fresh almond milk arrived at my door in sleek black packaging and glass bottles with SAIN stamped on the side. 'Cacao Story', the chocolate and hazelnut almond milk, rivals fancy milkshakes at coffee shops, with the benefit of having no added sugars and a boost of magnesium.

SAIN's journey began in a non-dairy milk aisle, when founder Sheena Jain could only find very limited options for plant or nut-based milk. Concerned about the health impacts and unethical nature of dairy milk, for "purely selfish reasons, I did not want to feed that to my children," so in 2017 SAIN was set up by Sheena and Tarun, her husband.

The great thing with SAIN is that you can customize your order. With a diverse range of options in nut milks, they offer milk made from oats, coconut, macadamia, hazelnut, and cashew. But they specialize in almond milk.

"With COVID it has been tricky. We are producing and delivering three days a week instead of daily and we have limited staff coming in," says Sheena.

Yet, a silver lining has been the support of their customers who have called and messaged and fitted themselves into the new SAIN schedule.

Sheena says, "We have had a pretty good response. We feel very fortunate that the customers who started out with us are still with us."

In almond milk they offer a variety of flavours apart from their unflavoured original milk. Uniquely called 'stories', the almond milk includes the Cardamom Story with a strong flavour profile, a kick of caffeine in the Kaffecino Story and there is also the Vanillin Story and the Cacao Story, which we went for. Each has a rich, creamy taste and comes in a 210-ml bottle.

SAIN prides itself on 'fresh' almond milk. "The milk is manufactured and delivered on the same day," says Sheena. One can place orders through



Sheena and Tarun Jain



WhatsApp, like we did ours, and be greeted with an enthusiastic and cheerful voice, ready to get your milk delivered in a hassle-free manner to your doorstep.

As with any innovative business, communication and information are important and extremely tricky. "People would sometimes think it is 'badam milk', or dairy milk with almonds in it and not milk made from almonds," explains Sheena, recounting her visit to an organic market in Gurugram in the initial days of her business.

Informing people about the benefits of almond milk in terms of the protein it provides and how it differs from (or is similar to) dairy milk has been a challenge. "Communication is an ongoing journey," she says.

The almonds are well-soaked to combat the hot weather of Delhi-NCR. Most of the milk production is done mechanically, avoiding touch, especially due to COVID.

"The product that comes out of our unit is something that will come to my home as well for my children," says Sheena.

A large percentage of Indians are lactose intolerant, which in a dairy-heavy country leaves individuals with very few mainstream options.

Ravi Kumar, co-founder of Bevrly, realized the need for and potential of alternative milks like oat milk while searching for options for his lactose intolerant nephew. He got together with Pradeep Sanker and Avinish Jain to create an oat milk brand.

"We source our oats from Australia. We soak the oats for an hour and the enzymification process follows. After that the grinding of oats takes place," explains Sanker.

With the founders themselves functioning out of the three cities of Chennai, Delhi and Gurugram, Bevrly delivers vanilla-cinnamon and choco-

hazelnut oat milks pan-India. They also offer cold-brew coffees in a variety of flavours.

One can place orders online on their website. The oat milk company is glad to have consolidated a loyal consumer base in two years of functioning. "Almost 75 percent of our customers are repeat customers," says Sanker.

An outfit from Bengaluru called Goodmylk offers cashew and oat 'mylk', with the aim of making plant-based dairy accessible and affordable. Set up by Abhay Rangan, a vegan activist, Goodmylk started from his mother Veena's kitchen. She would make peanut curd that Abhay would deliver.

They now include vegan alternatives to paneer, butter and mayo. Their cashew and oat mylks come in an unsweetened original form, a sweetened variety and a chocolate flavour. And they deliver in different cities across India.

There are imported options too, like walnut and hazelnut in a rice base from Borges, which is a company with a hundred years behind it. You can find it on Big Basket or Vegan Dukan.

But if you want our advice, go for the products from the smaller outfits, preferably in your own city. They are produced with passion and care and can be customized to your taste. ■

A stunning Ahom legacy

Secret tunnels, manmade lakes, palaces, temples

SUSHEELA NAIR

AS we rambled through Sibsagar, the heartland of the Ahom kingdom in Assam, we felt as though we were in a town in Rajasthan, so similar was the brick façade. It did not resemble an Assamese town though it was ruled by the Ahom kings for nearly 600 years till the British annexed the region in 1826.

Originally a Burmese Shan tribe, the Ahoms are believed to have repulsed 17 Mughal invasions, including one by Aurangzeb in the mid-17th century. It is said that the Ahoms had sought the help of the British to ward off an attack by the Burmese. Instead, the British took over their territory.

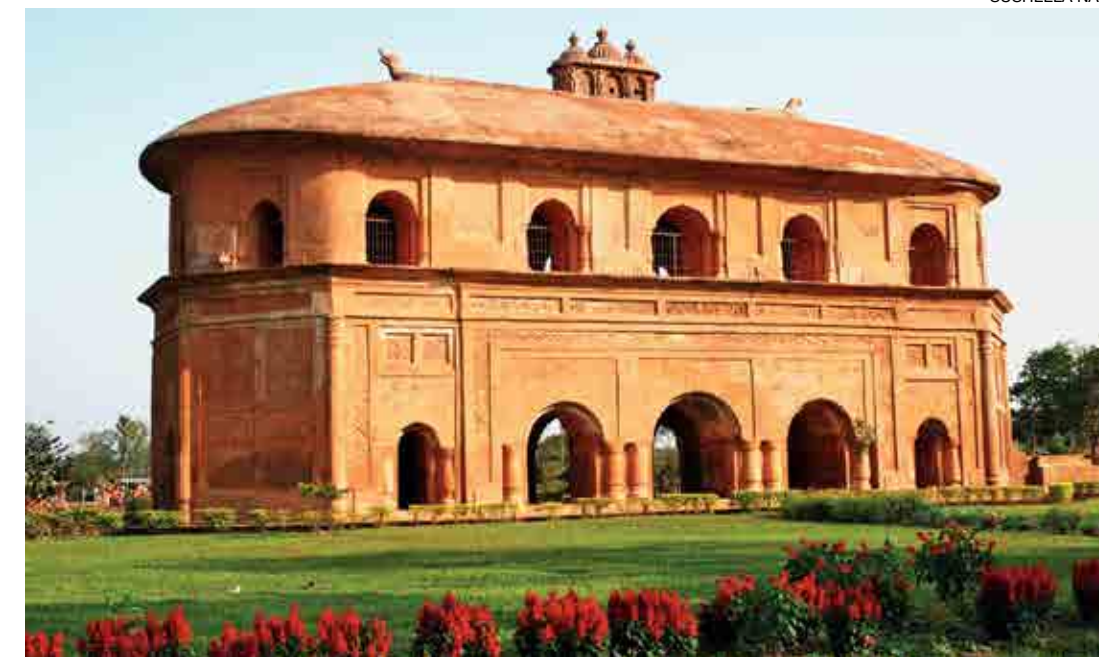
The Ahom rulers departed, leaving the town studded with stunning monuments, temples and man-made lakes that are a glorious reminder of the region's unique history.

Those structures stand testimony to the excellent architectural skills and craftsmanship of that era. As a tribe engaged in constant skirmishes, it is interesting to note the architectural programmes of the Ahoms. They had their own techniques of making very thin but hard bricks and preparing durable plaster with materials such as molasses, sticky rice, eggs, fish, lime and resin for construction. It is amazing how the Ahom kings built earthquake-proof structures more than 400 years ago, cemented by a paste of rice and eggs. The kings had obviously taken all precautions in this earthquake-prone region!

We started our sightseeing trip with the 129-acre Sibsagar Tank, after which the old Rangpur town was rechristened. Besides Sibsagar Tank, King Shiva Singha and his wife, Queen Madambika, had built three temples — Shivadol, Devidol and Vishnudol. The water level in the tank is always higher than the level of the surrounding town — an engineering marvel!

The most striking temple in Sibsagar is the Shivadol temple, built beside the tranquil Sibsagar Tank in 1733. The highlight of this temple is its gold-plated apex, 1.5 m high, accompanied by four smaller *shikharas* with tridents. It is one of the tallest Shiva temples in the country, rising 37 m. The temple walls are stark red brick with the trident as the lone symbol.

Shivadol is believed to have one of the highest domes among all Shiva temples in the country. It is built in the *dwaikuta* style which consists of two cells, a '*garbha griha*' and a '*mandapa*'. Above the *garbha griha* rises a *shikara* with fluted vertical lines. Devidol or the Devi temple is similar. An unusual feature of the Vishnudol, dedicated to



Rang Ghar, the royal amphitheatre from the Ahom days



Shivadol on the banks of the Sibsagar Tank

Vishnu, is the Shiva lingam in its sanctum sanctorum.

About 6 km from Sibsagar Tank is a seven-storied palace known as the Talatal Ghar or the palace with underground cellars. It has two secret tunnels leading to the Karang Ghar or the Gargaon Palace, 13 km east of Sibsagar. This enabled the Ahom kings to give their enemies the slip. The floors above the ground are called 'Karang Ghar' and that underground 'Talatal Ghar'. The Talatal Ghar is connected by two tunnel pathways to the Dikhow river, presumably to bring water to the palace, and the Gargaon Palace, respectively.

Equally interesting is a set of temples built in an earlier period during the reign of Rudra Singha (1696-1713). Located on the shore of the Joysagar lake, spread over 318 acres on the edge of Sibsagar town, are four temples — Joydol, Shividol, Devidol and Ghanshyam, dedicated to Lord Krishna.

The most well-known of these is Joydol. It has the typical Ahom architectural stamp — a dome culminating in an apex supported by circular spirals with diminishing circumference. The walls of the temple have interesting frescoes — of dancing maidens, of animals and of courtly life though not as rivetting as the sculptures in Khajuraho. Gaurisagar is yet another pond worth visiting. It

was constructed by Queen Phuleswari. The 150-acre pond has three temples alongside, dedicated to Gauri, Shiva and Vishnu.

About 13 km east of Sibsagar lies the Gargaon Palace built by the 15th Ahom king, Suklenmung, in 1540. The original building was destroyed later and the present structure was built by King Rajeshwari Singha around 1762. Rising tier upon tier like an immense, square birthday cake, this brick palace is set on a grassy mound and is surrounded by vast open spaces.

Yet another impressive landmark of Sibsagar is the *dargah* of Ajan at the confluence of the Dikhow and Brahmaputra rivers. The *dargah* is known as Hoccaguri Chapori and is visited by Hindus and Muslims alike. Ajan, whose name is derived from *azan* or prayer, originally came from Baghdad. He was blinded by the then ruler who suspected Ajan of being a Mughal spy. But Ajan stayed on in Sibsagar, learnt the local language, steeped himself in religion, and composed songs which are sung to this day.

We culminated our one-day trip with a visit to Rang Ghar, the royal amphitheatre from the Ahom days and a signature structure of Assam. It looked like a colosseum. The two-storied oval-shaped pavilion was built by King Pramatta Singha, son of Rudra Singha. Ahom royalty viewed elephant and buffalo fights from this vantage point. It is surrounded by a wide meadow, where the commoners gathered. Perhaps one of the earliest pavilions of outdoor stadia in India, it is 10 m high, 11 m wide and 27 m long. The base of the monument has a series of arched entrances and atop the roof is a decorative pair of carved stone crocodiles. Having viewed temples, palaces, monuments and man-made lakes, we returned wonderstruck by Sibsagar's archaeological wonders. ■

FACT FILE

How to reach: By Rail, road, air — Jorhat- 58 kms
Where to stay: Hotel Villa, Hotel Brahmaputra

Tracking monks and pilgrims

CIVIL SOCIETY REVIEWS

THERE was a time when monks and wanderers travelled seamlessly from India to a swathe of territory across Central Asia and East Asia. No passport, no visa. They took with them the message of Gautama Buddha. Over the years an indelible Buddhist philosophy, art, architecture and culture took root which till date is incredibly Indian at its core.

We know that such journeys began from the time of Emperor Ashoka and ended with the destruction of Nalanda, the most revered university of those days. Travellers and pilgrims like Hiuen Tsang and Fa Hien came to India and wrote extensive travelogues. What was the impact of this intermingling of minds? Why did Buddhism spread so deep into the heart of East Asia?

Deepankar Aron, an Indian Revenue Service officer, answers some of these questions. He set off on a series of journeys along many of the routes travellers and monks trod in those years. He visited Mongolia, China, Taiwan, Korea, Japan, to explore their historic ties with India. His book, *On the trail of Buddha*, is startling because it reveals the extent to which those links continue to be robust, even in communist China. Many of the Buddhist sites he visits are World Heritage sites.

Aron illustrates his travelogue with eye-catching pictures so the reader gets an idea of the places he describes. His travelogue is also anecdotal and includes his meetings with local people, the bustling bazaars of Kashgar, the serenity of Japan's gardens, the rhythmic beating of drums and chanting at the monasteries of South Korea and Taiwan.

Everywhere Aron goes Buddhism is revered and respected. He sees art, architecture, paintings inspired by the Buddha. There are Buddhist temples atop hills, rock-cut temples, temples cut into mountain sides, caves with paintings like Ajanta and Ellora, grottoes, even a hanging temple on a sheer cliff. Every country has astonishingly massive statues of Lord Buddha in different positions: standing, sitting and reclining. Or etched into high cliffs with an array of Bodhisattvas. The most spectacular one seems to be the Dafo, 'the world's largest rock-cut Buddha', in Leishan.

Aron's book is full of revelations. Here's one: the White Horse Monastery in Luoyang, built 2,000 years ago, is regarded as the birthplace of Buddhism in China. In AD 67, he writes, Chinese Emperor Han Mingdi dreamed of a golden angel flying in front of his palace. He asked Fu Yi, his consultant on divine matters, to interpret his dream. Fu Yi told him about Lord Buddha in the 'west'. A caravan was sent to learn more about Lord Buddha and they returned with two Indian monks, Kasyapa Matanga and Dharmaratna. The Temple of White Horse was built for them: they had come on white horses down the Silk Route.



A reclining statue of Gautama Buddha



On the trail of Buddha
Deepankar Aron
Niyogi Books
₹1995



The two monks did remarkable work. They translated Buddhist scriptures from Sanskrit to Chinese, bringing out the *Sutra of 42 Chapters*, a treatise on Theravada Buddhism. Other compilations followed. Luoyang with its 1,300 Buddhist temples, became a centre of Buddhism and its many versions, spreading into Korea, Japan and southeast Asia. The two monks, interred in the temple, are deeply revered by pilgrims.

Here's a second revelation. Another monk, Bodhidharma, known as Tamo in China, came from Kanchipuram in South India to the Shaolin Temple. He is considered the founding father of Zen Buddhism and the Shaolin martial tradition of kung fu which probably originated from kalaripayattu, Kerala's ancient martial tradition.

Aron set off on a series of journeys along routes that travellers and monks trod in the old days to track Buddhism.

There are many more such stories.

But what happened to the redoubtable Hiuen Tsang or Xuanzang? He returned from Nalanda with Buddhist scriptures in Sanskrit written on leaves. He set himself up at the Wild Goose Pagoda in Xian and started a Sutra Translation Institute. He got 350 monks to translate almost 1,335 volumes of 74 Buddhist *sutras*, the magnum opus of Chinese Buddhist literature.

It was this immersive body of profound philosophy, collated by Indian monks and Hiuen Tsang, along with the patronage it received from royalty, that helped the spread of Buddhism. When Nalanda was razed all its manuscripts were burnt. If you want to see some of those ancient writings, travel to the Wild Goose Pagoda.

The practice of Buddhism continues to flower in South Korea, Taiwan and Japan. In China, it seems mainly the older generation continues to follow the path of Lord Buddha.

There is the imprint of the Indian monk across East Asia, apparent in the use of Indian names: a lovely Deer Park in Japan and mountains named Gayasan in South Korea. Nara has as many as eight World Heritage sites devoted to Buddhism, and a 16-metre bronze statue of Buddha. The three monkeys which Gandhi often cited are actually from the temple of Toshu-gu in Japan. The best of ancient India lives on in East Asia. ■

RANDOM SHELF HELP

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



Transformational Leadership in Banking / Edited by Anil K. Khandelwal / SAGE / ₹995

The writer, Anil K. Khandelwal, offers a roadmap on inspirational leadership which can convert adversity into opportunity. Through a series of articles, case studies and interviews, this book offers a way forward for leadership that can transform Indian public sector banks.

Despite their many achievements, public sector banks continue to face serious challenges, such as increasing non-performing assets, depleting market share and low market capitalization. But today's world of competition and digitalization requires new business models. This book argues for a fundamental shift in the structure and process of governance, including board-level autonomy, CEOs' tenure and compensation, people processing, talent development and building a leadership pipeline, to make public sector banks resilient, strong and future-proof.



Voices from the Lost Horizon: Stories and Songs of the Great Andamanese / Anvita Abbi / Niyogi Books / ₹995

Voices from the Lost Horizon is a collection of folk tales and songs of the Great Andamanese people, an ancient tribe on the verge of extinction. These stories and songs represent the first-ever collection rendered to Professor Anvita Abbi and her team by the Great Andamanese who live in the Andaman Islands.

The Great Andaman, Little Andaman, and North Sentinel Islands have been home for millennia to four tribes: the Great Andamanese, the Onges, the Jarawas, and the Sentinelese. Their languages are known by the same names as the tribes. 'Great Andamanese' is a generic term representing 10 languages among a family of languages that were once spoken by 10 different tribes living in the north, south and middle of the Great Andaman Islands. These languages were mutually intelligible, like a link in a chain.

However, today Great Andamanese is a moribund language of the only-

surviving pre-Neolithic tribe, taking its last breath. When a language is on the verge of extinction, its history, culture, ecological base, knowledge of local biodiversity, ethno-linguistic practices, and the identity of its community are gravely endangered.

This is what prompted Abbi to conduct research and bring to light the lost oral heritage of the vanishing world of the Great Andamanese.

During her studies in 2003-04, she identified a new language family of India—the Great Andamanese, which was corroborated in 2005 by population geneticists. Her pioneering work was recognized by the Government of India and she was awarded the Padma Shri in 2013.

The compilation includes audio and video recordings of the stories and songs of the Great Andamanese to retain the originality and orality of the narratives.



Untranquil Recollections: Nation Building in Post-Liberation Bangladesh / Rehman Sobhan / SAGE / ₹595

Rehman Sobhan, chairman of the Centre for Policy Dialogue, was directly associated with Bangladesh's epic liberation struggle. In this memoir, he provides an insightful, first-hand account of the challenges the newly created nation faced in the early years of its existence. The book captures the unique problems of reconstructing Bangladesh's war-devastated economy while building institutions from the grassroots for a nation which for 24 years had been run by a highly centralized colonial-style governance system.

As a member of Bangladesh's Planning Commission, Sobhan was uniquely placed to address both reconstruction and the political challenges of building institutions, formulating economic policies and overseeing their implementation.



Raising a Humanist: Conscious Parenting in an Increasingly Fragmented World / Manisha Pathak-Shelat & Kiran Bhatia / SAGE / ₹495

Bold and provocative at times, this book helps parents raise a child who is a humanist. After all, change begins at home. The world is immensely

divided and broken. We have lost the art of having conversations with those who are different from us. While we cannot change the world, we can take small remedial steps starting with our homes and communities.

The authors, who are communication scholars with vast experience of working with parents, teachers and youth, engage the reader in a conversation to leave a lasting impression on you, your children, and our world.

Using critical questions, pragmatic tips and interesting anecdotes, they touch upon the deep divisive issues of our society and suggest fascinating ways to use art, technology and media to provide our children with a nurturing community. This could be an essential guide to improving school curricula as well.



Growing up Jewish in India / Ori Z. Soltes / Niyogi Books ₹1,500

Growing Up Jewish in India is a historical account of the primary Jewish communities of India, their synagogues and unique Indian Jewish customs. The author, Ori Z. Soltes, teaches art history, theology, philosophy and political history at Georgetown University in Washington, D.C. He is former Director of the B'nai B'rith Klutznick National Jewish Museum in Cincinnati, Ohio.

His book is an investigation of Jewish India but it also traces how Jews arrived in the vast Indian subcontinent at different times from different places and inhabited dispersed locations in India. They ultimately created their own diaspora within the larger Jewish diaspora by relocating to other countries, especially to Israel and the United States.

The text and its rich complement of over 150 images explore how Indian Jews retained their unique characteristics as Jews and also integrated as Indians. The community acquired a synthesis of cultural qualities wherever they resided. Among the outcomes of these developments is the unique art of Siona Benjamin, who grew up in the Bene Israel community of Mumbai and then moved to the US, and whose art reflects Indian and Jewish influences.



Karma Sutras: Leadership and Wisdom in Uncertain Times / Debashis Chatterjee / SAGE / ₹450

Karma Sutras decodes the secrets of effective leadership in these uncertain times. It is a blueprint for your success in your organization and in your personal space. The book contains management mantras from one of India's foremost thought leaders. It will help you navigate the technology-driven culture of 21st century business.

Karma Sutras throws light on the leadership practices needed today and in the near future. It encapsulates the scientific and spiritual truths about organizations, work, self-mastery and the purpose of leadership in an era of constant volatility and uncertainty.

Consisting of short narratives from current issues to motivating stories and relatable quotes, the book caters to aspiring leaders and first-time managers. Finally, Karma Sutras will teach you the art of effective followership. As the author rightly says, "in each follower there is an emerging leader."



Art for Tribal Rituals in South Gujarat / Eberhard Fischer & Haku Shah / Niyogi Books / ₹4,000

In 1969, cultural anthropologist and art historian Eberhard Fischer and well-known artist Haku Shah carried out extensive fieldwork in South Gujarat's tribal belt to understand the art and culture of Adivasi communities. The outcome is this book of 528 pages and 823 photographs.

After an initial survey to locate village shrines, sacred pilgrimage sites, and specialists in rituals and crafts, the two art anthropologists stayed in the field to observe oracle and spirit-healing sessions, a death ceremony and the worship of local deities by village communities.

Fischer and Shah documented their experiences in detailed photographic sequences. They noted what they observed very precisely. An astonishing variety of expressive forms are displayed by their spectacular field photographs, taken half a century ago. ■

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.

PUPPETS AND LAMPSHADES

Interested in quirky puppets? Dalavai Kullayaapa, an artist from Nimmalakunta, a remote village in Anantapur district of Andhra Pradesh, makes and sells bright, attractive puppets fashioned from translucent leather. In the old days such puppets were used to perform Tholu Bommalata, a traditional form of shadow puppetry in Andhra performed by itinerant artistes.

You can buy puppets in sizes ranging from one foot to six feet. The main characters from the epics are available along with a range of animals — tigers, snakes, camels and elephants. The puppets are made from goat leather and natural dyes are used.

Dalavai Kullayaapa, with his brothers and 50 artisans, also produce paintings, lampshades, wall-hangings and even leather jewellery. The vibrant paintings depict scenes from the Ramayana, Mahabharata and Bhagvata Purana.

Contact: Dalavai Kullayaapa—9959309029

Website: www.nimmalakuntaleatherpuppetrycraft.com



KINDLE COVERS

Jaipur Classic, a micro-enterprise in Sanganer, a small town in Jaipur district, offers eye-catching covers for Kindle users. The covers, made of locally sourced cotton or handmade paper, are block printed by hand.

The covers encase and protect your Kindle and make it look like a hardbound book.

They are made by local artisans. The flip and pouch style covers are priced between ₹400 and ₹500, depending on your Kindle model and the style you choose. Jaipur Classic also offers hand-made diaries, covers, paper coasters, lamps, and clothing items. All such products feature the Sanganeri block print in a diversity of prints.

Most products offered by Jaipur Classic are made from recycled or recyclable materials, like wooden or metal framing for their lamps, preserving Earth while supporting local traditional art.

Contact: Kunal Khatri—9983323761 | **Website:** www.loop141.in



BESPOKE ISLAMIC ART

Geom.artry is run by Surbhi Tanwar from the small town of Kaithal in Haryana. A postgrad in mathematics from IIT Mumbai and a former data scientist, she became interested in Islamic art due to its geometrical and symmetrical characteristics. This form of art, with its delicate lines and details, appealed to her interest in both maths and art.

Geom.artry makes commissioned, personalized handmade Islamic art products. Tanwar offers photo frames, paintings and bookmarks. Geom.artry runs operations on Instagram and also sells through etsy online.

You can also phone her directly, discuss the aesthetics of your room, your choice of colours and the type of art you would like to have. Tanwar prides herself on making art a collaborative effort.

Contact: Surbhi Tanwar 8800838809

Website: www.etsy.com/shop/surbhigeartry/



VILLAGE WEAVES AND KAZIRANGA HAAT

Rupjyoti Saikia Gogoi lives in the vicinity of the Kaziranga National Park. For a long time she noted the huge amount of plastic discarded in the park by tourists and decided to do something about it. In 2004 she founded Village Weaves, an enterprise that upcycles plastic waste and converts it into handbags, doormats and table mats.

Plastic waste is integrated with cotton threads on a primitive handloom to weave different products. Gogoi's venture provided a means of livelihood to around 2,000 women. She has skilled 35 villages in her method of weaving plastic and cotton. She also set up a Kaziranga Haat to sell rural products made in Assam. Village Weaves' products come in beautiful colours and patterns and are glossy.

You can post a message on Gogoi's Facebook or you can send her an email if you'd like to buy a product from Village Weaves.

Contact: rupjyoti.saikia5@gmail.com
<https://www.facebook.com/kazirangaHaat/>



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.

LEARNING WITH PLAY AND LIFE SKILLS

PROJECT KHEL
Playgrounds are as important as classrooms for children. Project KHEL works to put together play and learning for thousands of schoolgoing children in India. KHEL works with children 8 to 18 years old, including children of migrant workers, those in shelter homes, and students of government and private schools.

KHEL's modules emphasize gender equality and life skills that help transform children into confident, gender-sensitive and informed citizens. They work to create safe learning spaces for students using the playground. Project KHEL has had a direct impact on 32,920 students.

Volunteer with Project KHEL for a range of activities including documentation, training and fundraising, in part-time or full-time mode. Or contribute to their curriculum programmes by donating.
www.projectkhel.org
contact@projectkhel.org | 0522-272 0784

LIGHT THE LAMP OF LEARNING

LOTUS PETAL FOUNDATION
Lotus Petal Foundation provides free education and nutrition to children living in India's urban slums. They offer free primary and secondary healthcare to children and their families. Lotus Petal also provides professional and vocational career options to children to help them find jobs and live fulfilling lives. The foundation runs a school in Gurugram that imparts free education.

You help provide academic guidance and life skills training to students. Or you can volunteer in their community kitchen and library if you live in or around Gurugram. You can also donate for their campaign of providing meals to daily wage earners by giving ₹500. Or you can sponsor a child's education for ₹6,000.

www.lotuspetalfoundation.org | **support@lotuspetalfoundation.org** | 9818089635

FIGHT SEXUAL ABUSE

RAHI FOUNDATION
RAHI Foundation is a feminist group that works to create a supportive environment for women survivors of incest and child sexual abuse. Established in 1996, RAHI's work includes support and recovery and raising awareness about incest and child sexual abuse. It also builds resources within the country for prevention and intervention. RAHI provides services to adult women survivors based on an informed understanding of psychological trauma. The organization works on building a network of professionals to aid survivors. You can donate to RAHI or volunteer and work with them on women's rights, child rights, mental health, trauma, and sexuality.
www.rahifoundation.org | info@rahifoundation.org | 011-41607055

COLLECT TOYS

THE TOY BANK
Bring a smile to a child's face by donating your old toys. The Toy Bank recycles donated toys and distributes them to underprivileged children. In 15 years The Toy Bank has impacted five lakh children by actively involving them in educational toys and story books.

The Toy Bank has collection centres for toys across Delhi, Haryana, Maharashtra and Uttar Pradesh. Their aim is to enable children to grow up in a holistic manner through toys, games and story books and to bridge the gap between the privileged and underprivileged children.

You can help them by hosting a dropping desk for toys in your city. Or you can assist with documentation, fundraisers and collection drives. libraries and playrooms.
www.toybank.in | info@toybank.in
011-2378 2233/2020

SERVE UP SURPLUS FOOD

THE ROBIN HOOD ARMY
If you can spare three hours per week, you can help feed the hungry. The Robin Hood Army is a volunteer group that procures surplus food from restaurants and communities and serves it to the less fortunate. The organization has served 66.9 million people across 225 cities since its inception in 2014.

The Robin Hood Army brings food to homeless families, orphanages, patients in public hospitals and old age homes. Apart from volunteering to distribute food, you can also volunteer to provide food. Or help their education project, the Robin Hood Academy, which empowers over 7,000 street children with basic primary education by conducting regular weekend classes.
www.robinhoodarmy.com | info@robinhoodarmy.com | 91-70426 84492

END DOMESTIC VIOLENCE

PROJECT RAAHAT
Project Raahat is an initiative to spread awareness about domestic violence and knowledge about financial independence, legal relief and self-defence. It is a student-run initiative which aims to raise awareness about domestic violence as a public health concern.

They conduct workshops and seminars and 'Literacy Drives' with experts to educate young women about the psychological impact of domestic violence, avenues for legal recourse, and ways of achieving financial independence.

You can volunteer with them to help their initiative, especially if you are a working professional in finance, law or psychology or wish to help them raise awareness.

www.projectraahat.in | projectraahat@gmail.com | 91-6398416938, +91-9810224560

JOIN THE TRASH ECONOMY

GOONJ
Goonj helps provide sustainable solutions to problems in rural infrastructure, water, environment, livelihood, education, health, disaster relief and rehabilitation. Goonj aims at creating a parallel upcycled economy which is 'trash-based'. That means Goonj turns huge quantities of old reusable material into valuable resources for development.

You can donate clothes and other materials to their collection centres. You can also contribute materials to Rahat, their disaster relief initiative for the pandemic, cyclones and floods using the list on their website, or help their efforts monetarily.

You can volunteer with Goonj to help them sort through book donations or work with school students.
www.goonj.org | mail@goonj.org
011-26972351

PLANT POWER

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.

Fringed Flower



Observing intoxicated butterflies flitting from flower to flower is one of the most soothing sights in a garden. Most garden aficionados therefore look for plant species that can attract these fanciful little creatures. One such nectar-yielding species is *Rotala aquatica* Wight, commonly called Fringed Flower. Known as an 'amphibious' herb since it can grow both in shallow water bodies and on land, this slender herb with its creeping stems and rooting usually at lower nodes, bears gorgeous flowers. The fringed flower with semi-succulent, shining, four-angled stems has tiny leaves. Loads of fringed pink flowers are a feast for the eyes especially against sunlight. This flower forms a lovely ground cover holding down soil and gentle marshy slopes. Emerging between little boulders, the species can also be exploited as an alternative to grasses.

Anjani



Anjani in Marathi or *Memecylon umbellatum* Burm.f. is one of the most beautiful trees during flowering. It is a small tree, reaching 25 feet, which blooms twice a year. This tree proves that there is nothing more spectacular than sighting a flowering tree in full bloom. Anjani puts forth dazzling heads of bright blue flowers amidst colourful clusters of flower buds. It definitely creates memorable landscapes. This small tree can be used to create lovely focal points in

smaller spaces. The flower highlights walkways in landscapes when planted on both sides. It is used in our traditional systems of medicine to treat gonorrhoea. It is commonly known as the Delek Air Tree in English, Anjan in Hindi, and Kaaya or Neimaram in Tamil.

Jala Pippali



Phyla nodiflora (L.) Greene, popularly known as Jala Pippali in Ayurveda, is a marshy plant that grows at the edges of water bodies. It is found almost throughout India. Jala Pippali is often grown ornamentally as a ground cover plant. The plant's inflorescence consists of a purple centre encircled by small white-to-pink flowers on the periphery and thus mimics a matchstick. Hence it is often called 'match weed'! Interestingly, this wetland species does not demand much water. It is a perfect choice for any style of garden.

You can grow this plant not only for its beauty but also to harvest 'pippalis' (inflorescences) for their gentle curative properties as a hair tonic. These beautiful inflorescences can be enjoyed almost throughout the year. Jal Pippali can be planted in hanging pots, allowing its stems and flowers to droop and create a splendid look! Common names in India include Bukkan in Hindi, Poduthalai in Tamil, Hole Hippali in Kannada and Ratolia or Vakkan in Marathi.



Gambhari

Gambhari (*Gmelina arborea* Roxb) is popularly known as white teak in English. Gambhari is a handsome, fast-growing, moderately-sized deciduous tree reaching 20 metres in height. This tree is leafless from February to April but is adorned with bunches of lovely flowers, which are large and yellowish-brown, on branched panicles. The flowers produce enormous amounts of nectar, helping in producing high quality honey. Gambhari is native to India. It is found in the sub-Himalayan tracts and in Uttar Pradesh, Punjab, Dehradun, Odisha, West Bengal, Assam, Madhya Pradesh and southern India. The leaf juice is considered a good mouthwash to treat ulcers. The flowers and fruits are beneficial for treating leprosy, anaemia, ulcers and constipation. The flowers are also believed to be aphrodisiacs and are used as a hair tonic too. The plant is known as kumizh in Tamil and Malayalam, shivani in Kannada and gummadi in Telugu.



Scarlet Bauhinia

Flowering vines can add colour and beauty to any untidy spaces or grungy structures or brighten up a trellis. These large vines can also provide privacy and screening if utilized diligently! Scarlet bauhinia or *Bauhinia phoenicea* is one such liana in the wild that can replace many species of exotic and invasive climber species that are extensively used in our gardens! It is endemic to the southern Western Ghats (Karnataka, Kerala and Tamil Nadu). This vine has been assigned red or 'vulnerable' status by the International Union for Conservation of Nature (IUCN).

It is an exuberant, fast-growing climber which climbs up to 20 m. As a heavy climber, it needs strong support and should not be planted with other slender vines. Sprawled on compound walls, it brings an earthy feel to a house. The brightly-coloured, tender leaves with prominent reticulations of veins are particularly eye-catching. The beauty of the scarlet flowers makes this climber iconic to landscapes. This native liana adds fabulous speckling and unusual morphology to gardens, transforming them into tropical bouquets.



Madhavi Latha

Hiptage benghalensis (L.) Kurz, traditionally known as Madhavi Latha, is a perennial evergreen liana. It is native to India. Madhavi Latha has shiny green foliage, white fringed petals and one median yellow petal, creating a wonderful burst of colour.

The flowers bloom abundantly and intermittently throughout the year and emit a mild fragrance too. This climbing species can help cover less attractive spots and is ideal for large spaces as it sprawls all over quickly! Though it is a liana, it can be clipped to form a small tree with very little canopy. White petals with bright yellow petals in the centre contrast with its shiny green backdrop, making it a picturesque climber. Being a dominant species indicating dry areas and a type of salt-tolerant soil, it can be grown in drought-prone areas as well as in coastal climates. Its fruits are samaras with three spreading, papery wings that help seed dispersal on the wind. It is useful in treating cuts and wounds, relieving burning sensations, bronchial complaints, coughs and ulcers. ■

Woh rishton main vishwas, woh vishwas ki mithaas
Har mithaas jo hai khaas...



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Mawana ke saath
**Har
pal
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