

Vol. 1 Issue 4, 2014



# CSR *Mandate*

Enabling Sustainability

**Banka BioLoo -  
Ushering a Mindset Change**

**Wockhardt -  
Creating a Healthier World**

**Dial 108 -  
Save Life & Property**

**Empowering the Global Poor  
the Pro Bono Way**

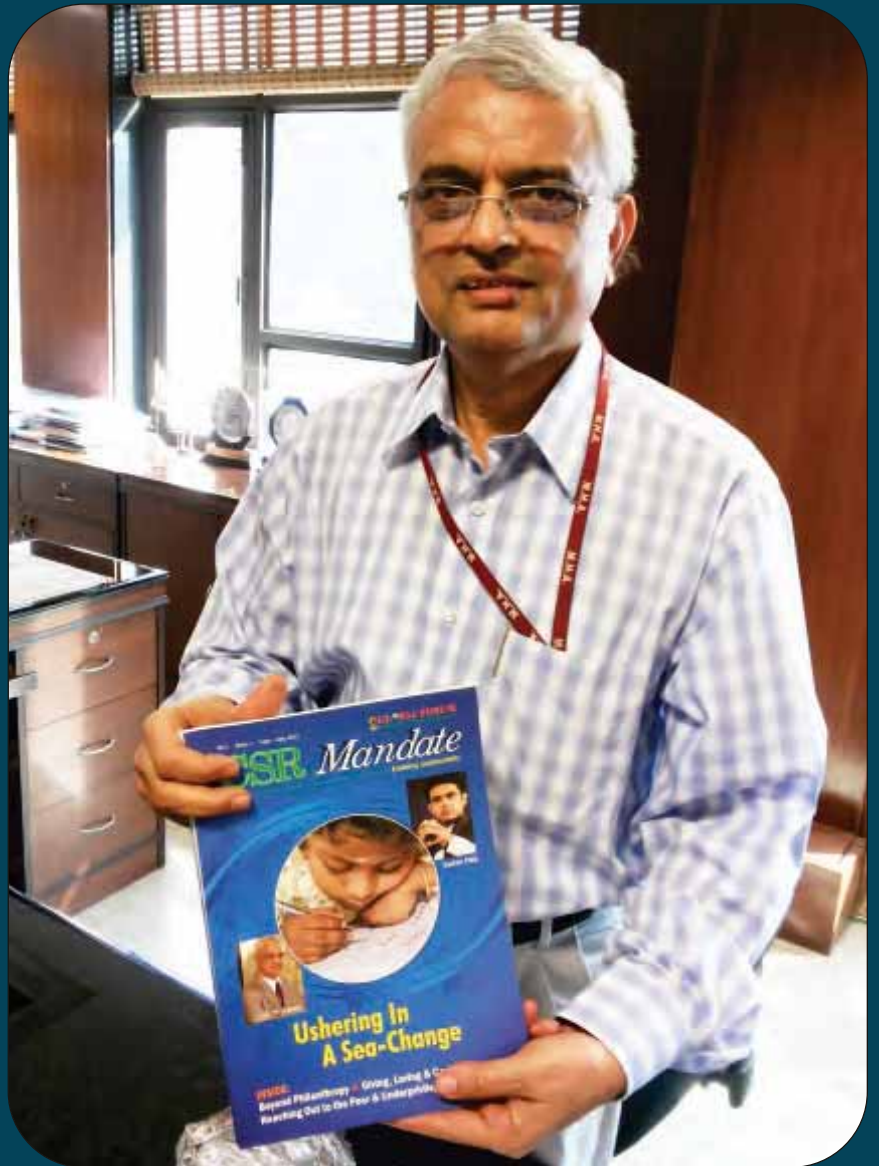
**THE MAN AND THE MISSION -  
TOWARDS BETTER SANITATION**

- Dr. Bindeshwar Pathak

# CSR MANDATE LAUNCHED

**CSR Mandate** is the latest magazine to have come out of Forum for Community Development Foundation (FCD), an initiative of New Media. It was launched in New Delhi by Shri. O.P. Rawat, the then Secretary, Department of Public Enterprises (DPE), Ministry of Heavy Industries, Govt. of India.

New Media's Community Division-Forum for Community Development Foundation is looking forward to a fulfilling and responsible working relationship with all PSUs, Corporates and NGOs as the nation embrace the new Act that will implement CSR initiatives by all stakeholders thus making us socially responsible citizens, contributing and giving back to the society that has given us so much in return.



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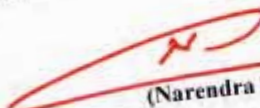
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# MESSAGE

It is a known fact that 21<sup>st</sup> century is the century of Knowledge. Ideas and Innovations are the driving forces of this era. The documentation of trends and practices of good governance is the need of the hour to spread the awareness and implementation.

The endeavor of providing a platform to the thought leaders and decision makers for sharing their vision, goals, inspiring stories and the people they help, deserves sincere appreciation.

I convey my compliments and best wishes to **New Media Communication Private Limited** for its meaningful publications like **CSR Mandate** magazine.

  
(Narendra Modi)

To,  
**Atula Imchen**, Executive Editor,  
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Narendra Modi  
(11th March); Capital City

  
unicef  
unite for children

Congratulations  
on a well thought  
out issue.

Ruchira Gujral  
Corporate Engagement  
and CSR  
United Nations Children's Fund

SEWA Count 40...



स्वाश्रयी महिला सेवा संघ (सेवा)  
Self Employed Women's Association (SEWA)



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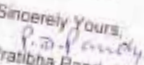
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Dear Atulaben,

Thank you for sending us the article - A Movement of the Women,  
By the Women, For the Women in the 2<sup>nd</sup> issue of CSR Mandate.  
We appreciate very good coverage of SEWA philosophy, activities  
and our reach.

With Regards,

Sincerely Yours,  
  
Pratibha Pandya  
Admn. Officer

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General Secretary: Jyoti Macwan

SEWA is a 501(c)(3) org.  
Founder: Ela R. Bhatt

ISO 9001: 2008 (QMS)



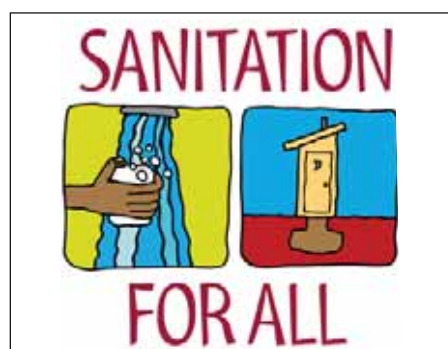
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CSR Must Focus on Empowering  
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**Published by:**

New Media Communication Pvt. Ltd, New Media House,  
1 Akbar Villa, Marol Maroshi Road, Andheri (E), Mumbai- 400059

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# F oreword



The general election results are out and India has said in clear and unambiguous terms that it wants to be counted among the best nations of the world. There is also hope that India will accelerate its trajectory of growth. However, this cannot be achieved by a country where people are largely hungry and sick, with no proper nutrition and sanitation to sustain them. A majority of the people just eke out a living with hardly any scope to earn decent wages, let alone dream of prosperity and success.

So, as India prepares to take on the world in terms of economic growth and prosperity, it has become even more imperative for all of us to help build a healthy and a happy India, where majority has access to clean drinking water, nutritious food and proper sanitation. It is only when the basics of good life are met that we can hope our citizens positively participate in every aspect of the country's growth, fulfilling their own hopes and aspirations alongside.

The first and foremost priority is on ensuring a reasonably well-fed India which is by and large healthy, mentally and physically by creating awareness about sanitation and healthcare and evolving a support system for preventive healthcare through direct intervention.

Comprehensive sanitation and healthcare programmes in urban and rural areas benefiting a large underserved community is one of the topmost works on hand for both government and the business communities, as it is a known fact that only healthy and stress-free people help develop a healthy nation.

Yet, unbelievable though it may seem, but even today in rural India, one woman dies every five minutes during childbirth, often due to poor health, unsafe and unhygienic home birth practices and inadequate access to quality healthcare. As the world moves forward with breakneck speed in this information age, a large section of our population in rural and underserved areas still do not have access to decent and most basic primary healthcare.

Mismanagement, inadequate funds and vested interests have played out their role until now and it is time that we put things in the right perspective and make honest and sincere endeavours to make basic primary healthcare services accessible to the underprivileged communities. The aim should not only be to provide certain basic medical treatment facilities but also to create awareness in healthcare and hygiene, but support preventive and promotive healthcare through a chain of activities in a sustainable manner.

In the last few years, some strides have been made by both public and private sectors. We bring some interesting stories of corporate social responsibility in healthcare, sanitation and wellness. We hope our readers will enjoy reading about these interesting and innovative ways to bring healthcare to underprivileged people in India. A lot is yet to be achieved, but we are happy that an emphatic beginning has been made.

A handwritten signature in black ink, appearing to read 'Kamaljit Swaroop', with a long horizontal stroke extending to the right.

**Kamaljit Swaroop**  
Vice Chairperson  
New Media Communication Pvt. Ltd



Dear Reader,

Greetings. While the election results emphasise the fact that Young India is rising and India is Shining, our country continues to throw up many paradoxes; it is a country where, by and large happiness, wealth and good health until now is available to only a few.

In fact, most Indians do not even have access to good nutrition and sanitation, let alone good health. India's streets and lanes in villages and cities are strewn with human faeces, contaminating food, water and the surroundings, spreading diseases that have been long wiped out from most advanced nations of the world.

With regard to the Indian healthcare sector, it suffers from underfunding and understaffing apart from bad governance. Although significant strides have been made since Independence, 70 percent contribution comes from the private sector. India continues to account for 21 percent of the world's burden of disease and 20 percent of the world morbidity and mortality as it shoulders 16 percent of world's population. Only 1-2 percent of what the world spends on health is spent in India. With an increase of 2.5 percent on health in 12th Five-Year Plan, adding up to 6.0 percent GDP, India ranks among the bottom five countries with the lowest public health spending globally.

Krishna Giri (MD) Health & Public Services, Accenture India said, "Our report identifies the importance of shifting from 'infrastructure focus' to 'productivity focus' to generate corresponding improvements in India's healthcare access. This can only be achieved if larger fund allocation for healthcare is accompanied by effective and innovative interventions to improve the existing healthcare ecosystem in order to achieve global standards."

The report throws up three major challenges hampering healthcare sector and the delivery of healthcare services:

Substantial gaps in healthcare infrastructure: Hospital bed density in India at 0.9 per 1,000 population falls hopelessly short of WHO laid guidelines of 3.511 per 1,000 patients. There is a huge inequity in utilization of facilities at the village, district and state levels.

Low healthcare insurance service coverage leading to high out of pocket spending: Nearly 80 percent of spend in India is out-of pocket, due to limited insurance coverage, both personal and government-funded. This translates into limited reach of medical facilities, which is a serious concern, considering that 70 percent of India's population is young and capable of leading a full and productive life for itself and the country.

Medical manpower remains inadequate: India currently has approximately 600,000 doctors and 1.6 million nurses, translating into one doctor for every 1,800 people. The recommended WHO guidelines suggest one doctor for every 600 people. There is also a clear disparity in the manpower present in the rural and urban areas.

Hence, increasing medical staff and infrastructure along with a comprehensive adaptation of Information Technology for success of government run projects is imperative. At the same time corporate sector must come forward to work hand in hand with governments to catapult India among the healthy nations.

As India stands at the cusp of a new dawn, new aspirations, and hopes to be counted among the stronger nations of the world, we bring heartening and thought-provoking stories, opinions and views from India's government and private sectors on how healthcare, sanitation and nutrition is shaping up in the current state of affairs.

Wish you happy reading.

A handwritten signature in black ink, appearing to read 'Archana Sinha'.

**Archana Sinha**  
Editor

# THE ACT & THE IMPACT

*For Companies, CSR, a Win-Win Business Proposition*



**Parul Soni**

**S**ection 135 of the Companies Act 2013 (The Act) will change the way businesses behave, act and do business in India. According to the Act, starting 1 April 2014, every company with a minimum net worth of Rs. 500 crores, turnover of Rs. 1,000 crores or a net profit of at least Rs.5 crores will need to spend at least 2.0% of their average net profits on Corporate Social Responsibility (CSR) activities. These funds can be spent on projects or programs relating to activities specified in Schedule VII of the Act. This mandate will impact about 16,000 companies and it is estimated that Rs. 22,000 crores will be spent on CSR activities. When such a large amount of funding flows into the economy with a focus on CSR activities, it is expected to create substantial impact on the target areas. A discussion on the scale of the impact and some of the areas that will be impacted is as follows:

## **Development of Society**

Such large scale funding of CSR activities by the private sector will go a long way in nation building. As per Schedule VII of Section 135, these funds can be utilized for various activities such as eradicating hunger and poverty, promoting healthcare and sanitation, safe drinking water, gender quality, education, enhancement of vocational skills and livelihoods, ensuring environmental sustainability, etc. This ensures that the funding is channelled for

the most under-developed and underserved section of the society, deprived of basic human necessities. It is assumed that over the years, we will see a lot of improvement in the basic social indicators in areas where companies have proactively initiated CSR activities. CSR will be structured for better impact on society and the economy.

## **New Employment Generation**

As companies incur expenditure on CSR activities, a lot of new employment opportunities will be generated. Planning, implementation, monitoring and reporting of CSR activities will require lots of manpower. Currently, most companies have small teams for managing their CSR activities, but now professional project management staff, administration staff, technical staff and employees with experience in development sector will be required in large numbers. CSR consultants will be required to help about 16,000 companies chalk out their CSR strategies. This spending will have a multiplier effect and a lot of indirect jobs will also be created. New business opportunities will arise in the form of CSR consulting companies, recruitment agencies specializing in developmental sectors and audit agencies amongst others.

## **Funding of Cash-Starved Sectors**

Another feature of the Act is that it also channels funds towards cash-starved



A LARGE AMOUNT OF MONEY SHALL BE SPENT FOR CONDUCTING CSR ACTIVITIES. SO I THINK THE BIGGEST IMPACT THAT THE ACT WILL HAVE ON BUSINESSES IS THAT IT WILL BRING A CERTAIN SHIFT IN ATTITUDE TOWARDS ITS CSR ACTIVITIES. BUSINESSES WILL BE FORCED TO PLAN ABOUT THE IMPACT THAT THEY ARE CREATING THROUGH THEIR CSR ACTIVITIES AND NOT JUST EARMARK AND SPEND CERTAIN AMOUNT OF MONEY FOR CSR

sectors that have found it difficult to raise funds otherwise. Preservation of heritage, arts and culture, encouraging Olympic sports, contribution to armed forces veterans and war widows and technology business incubators are all included in the gambit of CSR activities. Archaeological Survey of India (ASI) has been struggling to carry on its conservation and excavation projects due to shortage of financial resources. Getting private sector companies to partner with the government in preservation of our national heritage is an excellent idea. A successful example of a public-private partnership for restoration of a historic building is that of Humayun's tomb, Delhi. The ASI partnered with the Aga Khan Trust for Culture and Sir Dorabji Tata Trust for the restoration work of the structure. This helped them raise more than \$650,000 for the tomb's garden restoration. With the Act coming into force, I am sure we shall be able to cite many other such examples in the near future.

Technology Business Incubators (TBIs) provide an enabling environment for the growth of innovative start-up companies. By nurturing start-ups, TBIs indirectly facilitate growth of the economy through creation of new jobs and generating income and output. While the government is setting up incubation centres across the country, the private sector joining hands in this initiative could provide immense momentum to this exercise. Incubators established in partnership with the private sector would ensure technology experts from the industry to participate as mentors for the incubators.

#### **Reporting of CSR Activities**

There are strict monitoring and reporting norms for the CSR activities. Unlike earlier, CSR activities and reporting is structured, mandatory, compliance oriented, impact-driven. Moreover, CSR reporting has now become a governance function. A board level CSR committee is required to formulate and recommend the CSR policy of the company and the CSR activities shall be undertaken as per its policy. The Act also mandates that all the activities undertaken for CSR should be reported in the public domain through the company websites. In fact, a format for the reporting is part of the rule. This will facilitate uniformity of reporting and accountability of actions. As a result, last mile impact of these

activities can be studied and measured. This will enable a shift in the focus of the reporting of CSR activities as well as of the corporates from funds spent on CSR to the impact that they have been able to create.

#### **Change in Attitude of Companies**

A large amount of money shall be spent for conducting CSR activities. So I think the biggest impact that the Act will have on businesses is that it will bring a certain shift in attitude towards its CSR activities. The businesses will be forced to plan about the impact that they are creating through their CSR activities and not just earmark and spend certain amount of money for CSR. It is of utmost importance to have a proper planned CSR strategy in place which is executed by a professional and experienced team. Otherwise there are chances of misuse or wastage of precious resources, time and effort.

Thus it can be concluded that the impact of the Act would be far-reaching and across sectors. Through this Act, the government has invited the private sector to participate with it for a sustainable, balanced and inclusive development of the economy and the society. And there is no doubt that the private sector will respond in a praiseworthy manner. Through their CSR interventions, the private sector will be able to make a definitive positive impact on the lives of innumerable individuals, better the quality of lives, and collaborate with the government in various nation-building initiatives. Moreover, this is a great opportunity for companies to develop their own branding as a socially responsible company, attract the best talent, and strengthen relationships with stakeholders. The companies should not look at CSR as an obligation but make it a way of doing business and align their CSR strategy with their business goals. This will result in a win-win situation for everybody – the government, the private sector and the society at large.

**Parul Soni** is Executive Director & Leader - Development Advisory Services, Ernst & Young LLP

Disclaimer: The views expressed above are by the author himself and do not represent Ernst & Young

*Thomson Reuters Foundation Offers Free Legal Service*

# Empowering the Global Poor the Pro Bono Way



**Urvashi Devidayal**

The Thomson Reuters Foundation uses the skills, value, and expertise of Thomson Reuters to trigger change and empower people across the world. The Foundation stands for free, independent journalism, human rights, women's empowerment, and the rule of law. Monique Villa, who has been ranked among the world's 100 Most Influential People in Business Ethics by Ethisphere, took over the Foundation in 2008 and introduced a number of programs that have had a tremendous impact in the social sector.

Among them is Trust Law, a global pro bono service, connecting NGOs and social enterprises with the best law firms around the world. In three years since the launch of the program, Trust Law has generated the equivalent of \$35 million in pro bono legal assistance to organizations across the world. With staff in six countries and fluency in 18 languages, the program connects the world's best lawyers with high-impact social enterprises and extraordinary NGOs. TrustLaw is committed to spreading the practice of pro bono to every country.

In India, Trustlaw has a reach of over 160 NGOs & social enterprises and a rapidly growing list of law firms that are extending

their support to these organizations. Currently, we are working with 55 of the leading law firms and lawyers in the country that are actively picking up projects posted by our service. We have successfully connected over 60 projects in the region working both with domestic organizations as well as international organizations that have requested assistance in India. The projects we have helped on range from everyday legal matters that arise for our NGOs and social enterprises (e.g. general commercial advice, IP, employment issues etc), to large cross-border programmes. The connections to free legal assistance help organisations focus on their mission instead of spending resources on legal expertise.

One of the unique features of TrustLaw is that we ensure credibility and quality by ensuring that someone from our Foundation is involved in each project from start to finish. It starts with a due diligence and reference check during our outreach to pro bono clients. We want to ensure that the organizations that are accessing the network of pro bono lawyers are non-discriminatory and have a vision for social change. The same diligence goes in to checking with the lawyers who are taking



ONE OF THE UNIQUE FEATURES OF TRUSTLAW IS THAT WE ENSURE CREDIBILITY AND QUALITY BY ENSURING THAT SOMEONE FROM OUR FOUNDATION IS INVOLVED IN EACH PROJECT FROM START TO FINISH. IT STARTS WITH A DUE DILIGENCE AND REFERENCE CHECK DURING OUR OUTREACH TO PRO BONO CLIENTS. WE WANT TO ENSURE THAT THE ORGANIZATIONS THAT ARE ACCESSING THE NETWORK OF PRO BONO LAWYERS ARE NON-DISCRIMINATORY AND HAVE A VISION FOR SOCIAL CHANGE. THE SAME DILIGENCE GOES IN TO CHECKING WITH THE LAWYERS WHO ARE TAKING THIS ON BECAUSE THEY BELIEVE IN THE IMPACT OF SUPPORTING ORGANIZATIONS BEYOND JUST MONEY

this on because they believe in the impact of supporting organizations beyond just money. As Kunal Thakore, Partner, Talwar Thakore & Associates, said: "I think most lawyers often wonder how they can give back. Donating money is the easier thing to do, but time and work is definitely a better way to contribute back. The goodwill that we see in the legal community will have a tremendous impact."

Considering that India is expected to be one of the fifth largest economies by 2020, the scale of the humanitarian and social challenges that face our population of a billion plus people is tremendous. One of the key solutions of overcoming extreme poverty and reducing equality gaps is education. "There are approximately 320 million children in the country and only about 10 to 12 percent of these children end up going to college. Around 50 percent of them drop out of 5th grade and almost 4.0 percent don't even go into primary school which is a huge problem in the country", says Meghna Rakshit, Director of Communications, Teach for India. TrustLaw helped connect Teach for India with Mayer Brown International, a leading law firm in the US to help them set up a 501c organization. This would allow them to access funding from both NRI (Non-Resident Indians) and forward thinking Americans who understand that the scale of the issue goes beyond borders.

On a domestic front, J Sagar Associates, one of India's top firms worked on various projects through us. One project of note was with Nuru Energy, an energy generation enterprise that has developed a pedal-powered energy generator operated by micro-entrepreneurs across India to provide energy for rural communities and income to the entrepreneurs, in a country where half a billion people still have no access to electricity. Nuru Energy needed to adapt an existing shareholder agreement to support Nuru's expansion in India. TrustLaw has also been able to assist Nuru Energy in Mauritius, United States, Kenya, and the Netherlands. There is an increasing trend of social enterprises expanding their reach beyond India to other countries in Asia and increasingly towards Africa. "Being bootstrapped and in startup phases, social enterprises can really use the expertise of law firms to understand country specific dynamics and the nuances of working within

a country's legal framework when they are looking to expand to new countries", commented Meenakshi Kishore, who manages the Sankalp Forum in India.

Another great project we have worked on with SaveLife Foundation is to help connect them with Dechert, a US based law firm, coordinating a cross border legal analysis on the Good Samaritan Laws in other countries. India has the highest number of road accident deaths in the world, and so-called 'Good Samaritan Laws' have historically encouraged bystanders to assist those injured on the road without fear of being sued or prosecuted. SaveLIFE Foundation will use the comparative research to advocate for effective 'Good Samaritan' legislation in India.

For TrustLaw, India has become one of the fastest growing regions and we expect the program to expand not only in the major metros but beyond to Tier 2 cities that are seeing a rise in social enterprises and active social sector organizations. Further, as we start reaching out to our neighboring countries, we see the region as an active pro bono community.

**Urvashi Devidayal** currently works for the Thomson Reuters Foundation managing the working to the TrustLaw Connect program for South Asia. She is reaching out to the beneficiaries - NGO's, charities, social enterprises and social businesses to join the network. Along with this, Urvashi is also reaching out to the major law firms, lawyers and corporate counsels in this region to offer their pro bono support to these organizations. Urvashi has over 10 years of work experience in the US, UK and India, including over four years at the Climate Group, which she helped set up in India. Urvashi has a degree in Economics from Ohio Wesleyan University. She is also the current President of the American Alumni Association (a 40 year old charitable organization), and is on the Advisory Board of Kranti (an NGO working to empower daughters of sex workers). She is based in Mumbai, India.

To find out more about the program and how you can participate, please contact **Urvashi Devidayal** - [Urvashi.devidayal@thomsonreuters.com](mailto:Urvashi.devidayal@thomsonreuters.com)/02 6180 7086.

Their website is [www.trust.org](http://www.trust.org)

# INNOVATIVE MODELS

Aim to Help Firms Create & Retain Workforce



**Bally Sappal**

The impending challenge for India is to address the former Indian Prime Minister's ambitious target of skilling 500 million citizens by 2022. Could recent CSR policy changes in India provide a solution to solving India's labour market challenges and provide a global workforce? This article provides a potential model for companies to create and retain the workforce they need.

## **India's Labour Market Challenges**

The world population is rapidly ageing. By 2020 the global population aged 65 and above is expected to reach 1.3 billion – almost doubling from 530 million in 2010, indicating a potential global shortage of 47 million working people. According to a study by the Boston Consulting Group for the PHD Chamber of Commerce & Industry, it is anticipated that by 2020, India could lead the world's workforce numbers and have a surplus of 56 million people to meet this shortfall.

India's businesses struggle to meet growing labour demands, due to low levels of employability and critical skills amongst its citizens who often have inadequate formal skills training and restricted access to education. This is supported by a recent McKinsey report. Employers therefore experience high attrition rates, increased hiring costs and loss of productivity.



WITH A MOVE AWAY FROM DONATIONS AND A PROJECT FOCUS, THE ACT ALLOWS ENGAGEMENT WITH EXTERNAL AGENCIES INCLUDING FOUNDATIONS, OTHER COMPANIES AND NGOS. TREMENDOUS OPPORTUNITIES, THEREFORE, EXIST FOR COMPANIES IN INDIA TO MEET THEIR LABOUR MARKET NEEDS AND DEVELOP INNOVATIVE CROSS SECTOR COLLABORATIONS WITH CHARITIES AND TRAINING PROVIDERS TO LEAD EMPLOYABILITY PROGRAMMES.

With an estimated 8.0 percent projected growth rate until 2022, a skilled labour force is crucial to India's future development to meet global and national labour market needs.

### **The Companies Act 2013**

Could the recent Companies Act 2013 in India, form part of the solution to these labour market challenges? The new bill requires companies above a certain size to spend at least 2.0 percent of a three-year average annual profit for CSR activities. Ernst & Young estimates the law will cover 3,000 companies and \$2 billion of annual expenditures on CSR activities.

The Bill's activities include eradicating hunger and poverty; promotion of education; women empowerment; environmental sustainability; employment enhancing vocational skills or contributions to government set-up funds.

With a move away from donations and a project focus, the Act allows engagement with external agencies including foundations, other companies and NGOs. Tremendous opportunities, therefore, exist for companies in India to meet their labour market needs and develop innovative cross sector collaborations with charities and training providers to lead employability programmes.

### **Potential Models for Companies**

Thagath, an innovative model developed as a result of the Common Purpose, Dishaa initiative provides an employer led solution to bridge the gap between education and employment. This builds on successful UK models such as the Activity Agreement Pilot, which supported thousands of young people into learning and work. Thagath aims to be funded by employers through CSR policy requirements to work with local education and training providers and charities to enable youth access to employment and provide bespoke skilled, job-ready employees by:

1. Recruiting and assessing young people's personal and social development needs
2. Providing individualized support including coaching and careers guidance
3. Rewarding progress and success with incentives and financial support
4. Offering bespoke skills and training packages (i.e. literacy, numeracy, IT, skills training, mentoring and work experience)

### **5. Direct Entry to Employment**

The time is ripe for innovative models such as Thagath to be developed and replicated by businesses to attract, develop and retain a skilled diverse workforce to meet their local and global labour market needs. Complementary existing government programmes include the National Skills Development Corporation, which incorporates a public private sector approach to build India's workforce and the STAR (Standard Training Assessment and Reward) voucher scheme launched in August 2013 to support one million young people to gain a vocational skill.

Manipal City and Guilds and CEO John Yates see the opportunities generated from the Company Act 2013 as a catalyst to shake up the area of skills development. This could provide huge benefits for those at the bottom of the pyramid, business development opportunities for the skills development industry and employers by meeting labour market needs and demonstrating their social impact in local communities.

The exciting challenge is now for businesses to work collaboratively to develop cross-sector partnerships to work more innovatively to meet their labour needs and CSR requirements.

**Bally Sappal** is a consultant specialising in corporate social responsibility and cross sector partnerships. She has initiated cross-sector collaborations for The Big Lottery Fund in the UK involving multinational corporates, charities, funders and academics aimed at increasing their collective social impact. She has authored several publications and national articles on Corporate Social Responsibility and cross-sector collaboration. She has also developed social enterprise models using CSR policies in India to address global labour market challenges.

Bally sits on the Board of Trustees of homeless charity Connections at St Martin's in the Field, and acts as Secretary to Odanadi UK, advising on anti-trafficking initiatives. As Programme Manager at Odanadi she facilitated the first high profile anti-trafficking state network in Karnataka, India in 2011 across 26 NGOs.

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# Turning Sulabh *into a Synonym for* SANITATION

*Dr. Bindeshwar Pathak, Founder - Sulabh International Social Service Organisation*



*He is Renaissance Man, Humanist, Social Scientist, Engineer, Administrator, Institution Builder, Philosopher, Social Reformer, Missionary. These are but a few adjectives to describe Dr. Bindeshwar Pathak, Founder - Sulabh International Social Service Organisation. The icon of sanitation and social reform, Dr. Pathak has made a difference to the lives of millions in India and in other countries by freeing them from social prejudices and discrimination. His love for the downtrodden- the scavengers, the untouchables, the widows and the people who are not given a second thought by most - these are his heartbeat. This love is expressed through his lifelong fight for their acceptance into mainstream society. He is born to help the helpless. An internationally-acclaimed expert on sanitation, to him goes the credit of implementing the low-cost toilet technology - Sulabh Shauchalaya System. A relentless campaigner against open defecation and for the eradication of the manual scavenging system, Dr. Pathak is the recipient of many national and international honours. In an interview with CSR Mandate, the Father of the Indian Sanitation Movement, talks about the incidents that have provided him his ultimate life-long mission. Excerpts.*

**What inspired you to dedicate your career to social reform and upliftment of underprivileged sections of society?**

The incidents which occurred and the experiences I underwent in my formative years sowed the seeds of my decision to

dedicate my career to social reform aimed at improvement of the living conditions of the underprivileged.

I spent my childhood in a joint family in a village. There was hardly a house in the village with a household toilet. This necessitated us to go out to the nearby fields



to answer the call of nature. The difficulty was more for women who had to get up at the break of dawn or after sunset to go to the field and defecate in the open. My mother and aunts had to do this and it was indeed a daily humiliation for them.

Added to this practice was the prevalence of caste-oriented social practices like untouchability. I belong to an orthodox Brahmin family. An untouchable would do our household chores. It was general belief that bad luck befalls on a person who touches an untouchable. My curiosity, overcoming the ingrained fear of facing the consequence professed by the said belief, prompted me to touch the untouchable to see what exactly would happen to me if I did so. Unfortunately, when I did so, my grandmother saw it and raised a ruckus. Much to my chagrin, I was subjected to a cleansing ritual by being administered cow's urine, mixed with dung, and sand mixed with holy Ganges water. I stood humiliated. The incident left a permanent mark on my mind.

Later, I joined Gandhi Centenary Celebration Committee and was assigned to work in its cell dealing with liberation of the scavengers, a community of untouchables, who manually clean human excreta. I went to live in a colony of untouchables in the town of Bettiah in the district of Champaran in Bihar. The purpose was to familiarize myself with their lifestyle. Two incidents occurred there which greatly influenced my decision to devote myself to uplift this section of society.

As I was out for a morning walk one day, I heard a woman's cry emanating from a shanty. It was a young bride who was forced by her in-laws and husband to take up scavenging. My intervention on her behalf was met with questions on her very survival and supporting herself financially. Scavenging was the only option, according to her in-laws, as she was an untouchable. I felt defeated as I could not give them a solution. The second incident was when a young boy was gored by a bull. The crowd, which had come to rescue the boy, withdrew upon learning that the boy was from the scavenger colony. The boy died while being taken by some of us to the hospital.

These incidents disturbed me and reinforced in me the conviction that I should dedicate my career to uplift the scavengers, eradicate untouchability and eliminate

defecation in the open as much as possible.

**How did Sulabh International Social Service Organisation come into force? How was the technology of two-pit pour-flush toilet, Sulabh Shauchalaya System developed? To what extent has this technology been disseminated globally?**

To deal with the problems mentioned above, I studied the problems and found that these existed and had roots in the Pauranic period and had found approving mention in ancient texts. For example, in a Puran, it is stated that one should defecate as far away from one's house as the distance covered by an arrow at the point of its fall. Scavenging arose because of need for privacy during defecation felt by the feudal lords and the rich. Scavenging had the sanction of the royalty and the nobility during the Mughal period. It continued during the period of the British rule. It was however left to Mahatma Gandhi to first draw attention to the problems of the scavengers, untouchability and open defecation. Various committees were formed which made in-depth study of the problems but they did not come up with a solution to eliminate the practice of scavenging.

I came up with a solution for this problem by inventing the two-pit; pour-flush onsite compost forming toilet technology. I installed the first two-pit technology based toilets in the compound of the Arrah Municipality office. In 1970 I formed Sulabh Shauchalaya Sansthan subsequently changing it to Sulabh International. It is now known as Sulabh International Social Service Organisation. We were seven when we first started. We are now touching 50,000 members.

My study in preparation for this technology led me to a WHO publication, "Excreta Disposal for Rural Areas in Small Communities" by Wagner and Lanoix. I reasoned that if the technology worked in a particular area with certain parameters then logically it should work in another similarly circumstanced area with mutatis mutandi applicability. It was an instant success which is evident from the fact that by now, Sulabh has built nearly 1.3 million Sulabh design based toilets in households and nearly 55 million more by other agencies. The main



I CAME UP WITH A SOLUTION FOR THIS PROBLEM BY INVENTING THE TWO-PIT; POUR-FLUSH ONSITE COMPOST FORMING TOILET TECHNOLOGY. I INSTALLED THE FIRST TWO-PIT TECHNOLOGY BASED TOILETS IN THE COMPOUND OF THE ARRAH MUNICIPALITY OFFICE. IN 1970 I FORMED SULABH SHAUCHALAYA SANSTHAN SUBSEQUENTLY CHANGING IT TO SULABH INTERNATIONAL. IT IS NOW KNOWN AS SULABH INTERNATIONAL SOCIAL SERVICE ORGANISATION. WE WERE SEVEN WHEN WE FIRST STARTED. WE ARE NOW TOUCHING 50,000 MEMBERS

reason for such large scale dissemination is because it is technically appropriate, cost-effective, easy implementation with locally available material and culturally acceptable. It has unique onsite human waste disposal mechanism and is durable.

Globally, the technology has spread to various countries of Africa. Representatives from 14 countries viz., Ethiopia, Mozambique, Uganda, Cameroon, Burkina Faso, Kenya, Nigeria, Senegal, Ghana, Zambia, Tanzania, Cote d' Ivorie, Mali and Rwanda have received training (at Sulabh) to build Sulabh design-based toilets in their respective countries.

I also invented another technology called Human Excreta-based Biogas Plant linked to public toilets and attached with Sulabh Effluent Treatment device is in operation in more than 200 of nearly 8,000 public toilets maintained by us. Biogas plant linking allows toilet effluent to flow into it under gravity. The effluent then passes through the processes of sedimentation, filtration, aeration, being passed over charcoal and under UV rays reducing BOD to much less than the accepted level of 30 mg/l; in fact much less than even 10mg/l. The treated effluent can be released in any water body without causing pollution besides possessing good nutrients. The methane gas released from human waste can be utilized for lighting mantle lamps, street lighting cooking and

warming oneself during winters. This technology is best suited for high rise buildings like hospitals, hotels etc. in areas where sewerage has not been laid.

Public toilets linked biogas plants with attached Sulabh Effluent Treatment (SET) device have been built in Kabul, Afghanistan. Our technology has also been successfully implemented in Vietnam, Bangladesh, China and Indonesia; and other countries too have displayed interest in implementing Sulabh design-based individual household technology and methodology of running and maintaining public toilets.

**What is your assessment of adequate sanitation and hygiene for under privileged and marginalized sections of society in India?**

Sanitation facilities for the under-privileged and marginalized sections of society are inadequate and there is little consciousness about hygiene.

The primary reasons for this are lack of awareness and lack of education and funds.

In the rural areas the practice of defecating in the open is widely prevalent. This is due to absence of household toilets. The only way out is to educate people about the necessity and importance of toilets. In addition, there should be adequate funding through Gram Panchayats in areas covered



IN URBAN AREAS, THERE IS WOEFUL INADEQUACY OF TOILETS IN THE SLUM AREAS. EVEN IF PEOPLE HAVE MONEY TO BUILD A TOILET, LACK OF SPACE IS A BIG HINDRANCE. A SOLUTION CAN BE CONSTRUCTION OF PUBLIC TOILETS RUN ON PAY-AND-USE BASIS. FUNDING CAN BE DONE BY THE GOVERNMENT OR CONSTRUCTION BEING UNDERTAKEN UNDER BUILT OPERATE TRANSFER (BOT) SYSTEM. VIABILITY IN RUNNING A PAY-AND-USE BASED PUBLIC TOILET COMPLEX IS ANOTHER LIMITING FACTOR. THIS CAN BE OVERCOME BY IMPLEMENTING CROSS-SUBSIDIZATION SYSTEM WHERE SURPLUS FROM AN ECONOMICALLY VIABLE TOILET CAN MEET GOOD THE REVENUE SHORTFALL IN AND OF AN UNVIABLE TOILET COMPLEX. ANOTHER IMPORTANT STEP CAN BE ALLOWING FREE USE OF A TOILET COMPLEX TO CHILDREN AND THE INDIGENTS

by them and through local bodies where notified area committees or municipalities exist. Nirmal Gram Yojna has been a successful tool setting right the deficiencies. Publicity and involving high-profile people have also contributed to spread of awareness.

In urban areas, there is woeful inadequacy of toilets in the slum areas. Even if people have money to build a toilet, lack of space is a big hindrance. A solution can be construction of public toilets run on pay-and-use basis. Funding can be done by the government or construction being undertaken under Built Operate Transfer (BOT) system. Viability in running a pay-and-use based public toilet complex is another limiting factor. This can be overcome by implementing cross-subsidization system where surplus from an economically viable toilet can meet good the revenue shortfall in and of an unviable toilet complex. Another important step can be allowing free use of a toilet complex to children and the indigents.

**Tell us about the Sulabh International Academy of Environmental Sanitation. What is the focus of its curriculum, and about its international student community?**

This Academy is a Registered Society from 1993. It is engaged in the development of:

- > New and sustainable technologies and their implementation
- > Demonstration and dissemination of information to bring socio-economic reforms
- > Capacity building and knowledge management in environmental sanitation
- > Promotion of projects and consultancy services in the fields of environment, water conservation and wastewater treatment, sewerage, storm water drainage, safe sanitation and waste management, etc.
- > Providing housekeeping services for office buildings, roads, housing colonies etc.

The curriculum focuses on:

- > Curriculum development, documentation and networking.
- > Formulation, monitoring and implementation of projects relating to environmental sanitation with focus on water, sanitation, health and hygiene.
- > Capacity building and training for both national and international professionals including civil servants, policy makers,

officials of central, state and local governments, academic institutions including schools, private sectors, NGO's, CBO's, grass roots workers and user communities in the villages etc.

UN-HABITAT and has made significant contribution in bridging the sanitation gaps existing in various regions. It has worked in South Asia and Africa. It has sent its experts to several countries as part of UN-HABITAT Missions.

Internship training was organized by the Academy for 200 students from different Indian universities and 138 students from different countries viz. Japan, USA, UK Germany, France, Nepal, Bangladesh, Thailand, Zambia, Uganda, Cameroon, Ghana, Nigeria, etc. To this was added exclusive on-site training for stakeholders to enable them to conduct programme appraisal under Yamuna Action Plan.

Training was organized for people of Hirmithla village under CSR programme and for the people of Moradabad village under the project funded by World Vision. Harmithla village under CSR initiative has been made an open defecation-free village.

Under the guidance of the Academy, the towns of Alwar and Tonk have been made scavenger-free towns.

Under 'Nirmal Bharat Abhiyan', an orientation programme on sanitation was organized in five blocks of Morigaon district in Assam. Masons have been trained in toilet construction in many villages in Assam.

**What kind of policy initiatives from the government would improve community health and sanitation facilities in rural India?**

The following policy initiatives appear to be necessary.

1. There should be adequate funding.
2. There should be a focal ministry responsible for sanitation and funds required for the purpose of creating sanitation facilities should be routed only through a focal ministry rather than through different ministries/sources.
3. Commercial banks should be directed to extend loan facility for construction of sanitation facilities. The loans should be on soft term basis.
4. It should be made mandatory that while sanctioning house plans, authorities



must ensure that they provide for toilets. Even in grant of funds for construction of tenements, it should be ensured that before release of the final installment of loan/grant, a toilet stands constructed in the house.

5. In construction of public toilets it should be ensured that construction and subsequent maintenance responsibilities are vested in one and the same body and there is no division of responsibility between the two activities.

#### **What Best Practices earned Sulabh various recognitions, awards, and grants from society at large?**

I was conferred one of the highest civilian awards, 'Padma Bhushan' in 1991 for my in sanitation development and social service.

His Holiness Pope John Paul II gave audience to me at the time of conferment of the International St. Francis Prize for Environment (Canticle of all Creatures) in 1992. In June 1996, Sulabh technology was declared one of the Global Urban Best Practices by United Nations Centre for Human Settlements (UNCHS) at Habitat II Conference held at Istanbul. The UN-Habitat and Dubai Municipality conferred the 2000 Dubai International Award for the 'Cost- Effective and Appropriate

Sanitation System' for improving the environment on Sulabh. I was conferred the Global 500 Roll of Honour Award by the United Nations Environment Programme (UNEP) on World Environment Day, June 5, 2003 at Beirut, Lebanon. On World Habitat Day- October 6, 2003, I was awarded the United Nations Human Settlements Programme (UN-Habitat) Scroll of Honour Award for my pioneering work in this field. The 2nd Annual IREO Renewable Energy Award was presented to Sulabh at the United Nations in June, 2009. I was nominated as Laureate for the 2009 Stockholm Water Prize in August 2009 during the World Water Week and the "Legend of Planet Award" by the Vice-President of the French Senate, during the Founding Congress World Green Games at Paris, France on June 4, 2013.

#### **Please share your experiences in the social upliftment and economic development of India's scavenger community. What major challenges remain in eradicating the social stigma borne by the scavenger community in India?**

The invention of two-pit pour-flush compost forming toilet technology, as mentioned, enabled Sulabh to relieve the scavengers from their humiliating work.

Scavengers earned Rs. 200-300 a month, barely enough to meet even their basic requirements. They even lost this pittance wage when relieved from this work. The problem of finding an alternative arose. Sulabh came up with a solution by initiating a training programme. During the training period they were given a stipend which now averages to Rs. 3,500/- per month per person. The training is in market oriented trades





viz. food processing, cutting and tailoring, embroidery, beauty care, bag making. A training centre named 'Nai Disha' was established at Alwar in 2003.

Sulabh helps trainees in marketing their products. Once nexus with the market is established, a scavenger essays on his own and starts earning approximately Rs. 2,000 to 3,000 a month. Articles made by them are marketed locally or under arrangement made with hotels or through purchase centres.



But, economic reliance to an extent as detailed above is not enough to eliminate social discrimination and the climate of social separateness which scavengers continue to feel. This in turn necessitated undertaking steps to enhance their social status and social integration by doing away with social barriers between scavengers – the untouchables on the one hand and the other members of the social main stream. In 1998, I arranged for scavengers to be taken to temples which had till then, allowed entry only to people of upper and intermediate

castes. The priests were resisting our entry but I persuaded them and they allowed us to enter. After this visit to the temple, the then Prime Minister, Rajiv Gandhi and the President of India, R. Venkataraman, granted our group an audience and appreciated the courageous action of the socially discriminated scavengers.

I went a step further in Alwar. They not only visited the temple but also arrangements were made that they worship and made offerings along with the local priests. They had meals together with the upper class people. Erstwhile scavengers found entry into the households of the very people they had once worked as scavengers. Social interaction became a common sight between them. It is a sea-change from the social stigma and discrimination faced by the scavengers; when people feared even their shadow; when a scavenger had to announce his arrival or his presence by stamping his staff on the ground or wearing a bell around his neck. Leftovers and even their wages were dropped into their hands from a height. Their children's playmates were pigs and pups. They cleaned the toilets with their hands and scraped, with their nails the excreta which stuck to the bucket toilets. They suffered inhalation of unbearable stench mitigated by chewing strong smelling tobacco. It was my invention of the two-pit system and my efforts to integrate the scavengers into the mainstream of society which rehabilitated them and gave them new freedom and economic reliance.

### **What is the future roadmap for Sulabh?**

Roadmap is firstly, to provide toilets to as many people as possible in the country. Secondly, spread the movement to the SAARC countries and the developing countries of South East Asia and Africa.

### **How best can India's corporate sector spend at least a part of this CSR budget towards promoting the goal of community health and sanitation?**

I can give you an illustration:

Community health and sanitation can best be achieved by spending some money on educating a girl child about the importance by observing practices of elementary





**ABSENCE OF SANITATION IS A SOURCE OF NUMEROUS DISEASES WHICH LEADS TO ENERVATION AND LOSS OF MAN-DAYS THAT CAN BE UTILIZED IN PRODUCTIVE ACTIVITIES FOR WHICH PURPOSE OBSERVANCE OF HYGIENIC TOILET PRACTICES IS NECESSARY. THERE SHOULD BE AVAILABILITY OF SANITARY TOILETS, ESPECIALLY SO AT WORK PLACES, FACTORY PREMISES, AT THE LABOURERS' QUARTERS, TRUCK YARDS ETC.**

hygiene. It is the girl child who is the seed of future motherhood. Community health in a big way begins with commencement of the stage of motherhood when provided with adequate nutrition, vaccination and subsequently, the infant mortality aspect being taken care of by preventive measures through vaccination etc. Educating people about parenthood is equally necessary. All this lays foundations of good health in future.

The other aspect is sanitation. Absence of sanitation is a source of numerous diseases which leads to enervation and loss of man-days that can be utilized in productive activities for which purpose observance of hygienic toilet practices is necessary. There should be availability of sanitary toilets, especially so at work places, factory premises, at the labourers' quarters, truck-yards etc. Through CSR, independent household toilets and community toilets can be provided side by side with their maintenance or even repair and renovation



of existing toilets along with imparting awareness about need for construction of such toilets; creating awareness about sanitation by undertaking motivation, education, communication, training, designing, estimation, implementation, maintenance and follow-up work and sponsoring agency taking care of resource mobilization, monitoring and supervision. Alongside, CSR can also mean imparting vocational training, providing education through English medium to the students from the disadvantaged community so they do not feel left behind. The efforts, as a part of discharging CSR, may also involve implementing rehabilitation programmes and as Sulabh has done, improving the lot of especial categories like that of the widows from Uttarakhand, Varanasi and Vrindavan. Crèches for child care can also be established.

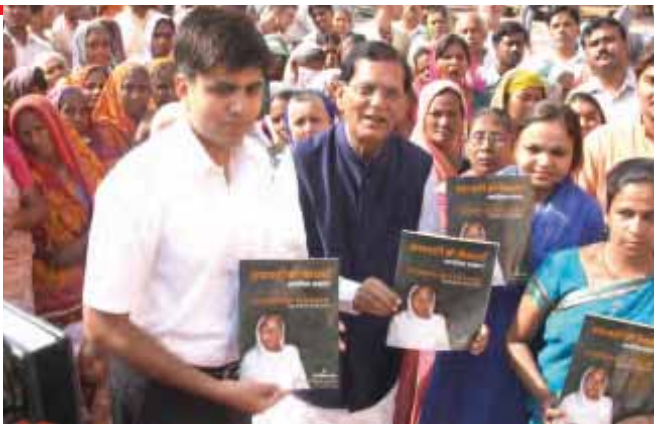
**Do share with us the high points of your distinguished career.**

In 1970, I founded Sulabh Shauchalaya Sansthan, now known as Sulabh International Social Service Organisation.

In 1973, I persuaded a Member of Bihar Legislative Assembly (MLA) to write a letter to the then Prime Minister of India, Mrs. Indira Gandhi, about the situation and liberation of scavengers, requesting her to pay personal attention to the problem. Within a fortnight, a reply from Mrs. Gandhi was received by the MLA stating therein that she was writing to the Chief Minister to give personal attention to this matter. This gave an impetus to sanitation work being given importance by Government of Bihar and Sulabh being provided opportunity to enter the field of sanitation.

In 1974, Sulabh started the work of conversion of bucket toilets into Sulabh ones in Patna. The local self-government department which was considering recognizing Sulabh as a catalytic agent to work between government, local bodies and beneficiaries, cleared my proposal in April 1974.

In 1978, a national seminar was organized by the Government of India, WHO and UNICEF in Patna. It was attended by officials, experts, State Secretaries and Chief Engineers of the Central and respective State Governments. They went on a door to door



I WOULD LIKE BEST TO BE REMEMBERED FOR BRINGING ABOUT REVOLUTION IN THE SANITATION SCENARIO BY MY REVOLUTIONARY INVENTIONS OF THE TWO-PIT TOILET TECHNOLOGY AND EXCRETA-BASED BIOGAS PLANT BEING LINKED TO PUBLIC TOILETS. THE BBC WHILE ACKNOWLEDGING OUR ACHIEVEMENTS, FEATURED SULABH SANITATION TECHNOLOGIES AS ONE OF THE FIVE INVENTIONS OF THE WORLD HAVING GREAT SOCIAL IMPACT



visitation to see the functioning of individual toilets and also public toilets at public places. After seeing these toilets for the first time in India, it was recommended that both the programmes implemented in Bihar should be extended to the other states of India.

In 1979, UNDP came into the picture and for seven years, it evaluated the schemes of low-cost sanitation and the conditions of water pit latrines. It prepared a manual for low-cost sanitation and distributed it amongst the international agencies and to countries of Asia, Africa and Latin America.

Public toilet constructed and maintained by Sulabh in Bhutan. Five public toilets with biogas digesters and also Sulabh effluent treatment plants have been put up at Kabul in the war-torn nation of Afghanistan. An awareness programme was conducted there to make people aware of the advantages of using the toilets. The public toilets are functioning efficiently even during the extreme cold winter.

Sulabh has trained professionals from 14 African countries in 2005 and 2006 in the techniques of construction and maintenance of both types of toilets. Sulabh has started consultancy work in Mozambique, Ethiopia and Bangladesh.

In 2003 and 2006, UNDP in its Human Development Report recommended the use of Sulabh technologies by international agencies and other nations and wrote about the successful functioning and self-sustainability of public toilets in India. UNDP has also prepared a report for Harvard University.

Establishment of training centre 'Nai Disha', where erstwhile scavengers are educated and trained to be economically self-reliant.

Entry of scavengers to the Nathdwara and Vishwanath temples. These events created ripples and was cataclysmic in its effect in the social set-up. It brought about the change in attitude towards scavengers. They gained social recognition and social status. But the event which added glamour to the life of the erstwhile scavengers was their participation in a fashion event when they walked the ramp at the UN headquarters in New York. To crown it all, the Supreme Court asked for my help in taking up the welfare of widows of Vrindavan. This programme is continuing on the lines of the training programme initiated at 'Nai Disha'.

**You are a multifaceted personality with achievements across the spectrum. What do you want to be remembered most for?**

I would like best to be remembered for bringing about revolution in the sanitation scenario by my revolutionary inventions of the two-pit toilet technology and excreta-based biogas plant being linked to public toilets. Even the BBC while acknowledging our achievements, featured Sulabh Sanitation technologies as one of the five inventions of the world having great social impact.

Further, another significant achievement is the rehabilitation of the scavengers which had never been attempted by anyone else, as well as the setting up of the unique experiment at 'Nai Disha' training centre for the rehabilitation of the scavengers.

The other one is when I ensured common worship and dining for the untouchables and others. These practices have led to elimination of social discrimination and untouchability and have helped the scavengers join the social mainstream.

# Banka's Bio-Toilets Usher in Mindset Change, Curb Open Defecation



Namita Banka, Founder-CEO, Banka BioLoo

*Sanitation facilities in India are alarmingly poor with over 600 million people (half of India's population) having no access to toilets. People are forced to defecate in the open. This poses health hazards, raises environmental concerns and leads to water contamination.*

*According to government statistics, 50 percent of the Indian populace does not have a toilet in their homes. Of this, 67 percent are in rural areas. Under the Indian government's "Total Sanitation Mission", the government aims to eliminate the problem of open defecation by 2022.*

## Challenges

Age-old traditions and cultural barriers are a major challenge, primarily in developing countries like India. For instance, many households believe that the "house is like a temple" and anything like a toilet should not be situated in/near the house. They are happy to defecate in the open, away from the house. Apart from this, a toilet is low on the list of priorities for many. Cellphones or television, for that matter, is seen as "more important" than a decent toilet. People are oblivious to or unconcerned about water or environmental pollution due to the fecal matter lying in the open or left on the ground untreated.

## Lack of Sanitation – Economy, Health & Environmental Perspectives

According to the World Bank, inadequate sanitation costs India the equivalent of 6.4 percent of GDP. Most affected are the vulnerable groups. For instance, children account for 88 percent of the diarrhea-related deaths due to water pollution and inadequate sanitation. There is also an important gender dimension since women and girls suffer most, for instance risking sexual assault while defecating. The urban-rural divide is also significant; two-thirds of India's rural population defecates in the open.

In regions where a large percentage of the population does not have adequate sanitation facility or where waste is untreated, sewage flows directly into streams, rivers, lakes and wetlands, thereby affecting ecosystems, fouling the environment and exposing millions to

diseases. In the context of urbanization, domestic waste water, sewage and solid waste improperly discharged presents a variety of concerns and become a breeding ground for communicable disease vectors contributing to air, water and soil pollution. Human excreta have been implicated in the transmission of many infectious diseases including cholera, typhoid, infectious hepatitis, polio, cryptosporidiosis, and ascariasis. Many of India's rivers, including the Ganga, are prey to this.

According to UNICEF, every dollar spent on improving sanitation generates economic benefits (about nine times) that far exceed the required sanitation investments.

## Economic & Financial Losses of Inadequate Sanitation

The World Bank also states that India loses Rs. 24,000 crore annually due to lack of toilets/hygiene. The Indian Ministry of Health and Family Welfare pointed out that more than Rs.120 crores is spent every year on poor sanitation and its resultant illnesses. The rail corrosion costs Indian Railways more than Rs. 350 crore every year. Colossal amounts are being spent on cleaning the major rivers or setting up sewage treatment facilities. For instance, the Ganga river cleaning project is estimated to add a burden of Rs. 4,600 crore on the Indian government. Similarly, Yamuna Action Plan Phase-II has been formulated by Ministry of Environment and Forests, with a project cost of Rs. 387.17 crores. Additionally, laying of Interceptor Sewerage System along Najafgarh, Supplementary and Shahdara Drains in a 59-km-long route has a project cost of Rs. 2411.60 crore.



THE WORLD BANK ALSO STATES THAT INDIA LOSES RS. 24,000 CRORE ANNUALLY DUE TO LACK OF TOILETS/HYGIENE. THE INDIAN MINISTRY OF HEALTH AND FAMILY WELFARE POINTED OUT THAT MORE THAN RS.120 CRORES IS SPENT EVERY YEAR ON POOR SANITATION AND ITS RESULTANT ILLNESSES. THE RAIL CORROSION COSTS INDIAN RAILWAYS MORE THAN RS. 350 CRORE EVERY YEAR. COLOSSAL AMOUNTS ARE BEING SPENT ON CLEANING THE MAJOR RIVERS OR SETTING UP SEWAGE TREATMENT FACILITIES

Such huge burdens could be reduced or made negligible by the massive implementation of bio-digester toilets.

There is no doubt a movement by a number of organizations to raise awareness and do something about this menace of open defecation. Banka Bioloo Pvt. Ltd has been relentlessly pursuing this and wants to make India free from open defecation as effective sanitation prevents diseases and provides health protection to the individual, the community, and society at large.

## ELOO

Banka Bioloo, a women-led organization based in Hyderabad, whose main focus is to deal with the problem of open defecation that takes place every day, has been engaging, promoting and developing innovative environmental friendly products and services for human waste management system. It builds/promotes/manufactures and supply ELOO – The BioDigester toilets. This technology helps in degrading human waste in the most effective manner. This sanitation system can be installed at places where conventional toilets facility cannot be made available. Banka BioLoo uses the bio-digester technology and its various applications to provide eco-friendly sanitation systems and solutions across India, and notably to Indian Railways to transform the night-soil-laden-rail tracks to faecal-matter-free tracks.

Banka Bioloo's offerings include bio-toilets (or bioloos) for families, public and community bio-toilets and bio-toilets for schools and institutions, bio-tanks for Indian Railways, bio-digesters (the bacterial culture) and bio-tanks, and upgrade of septic tanks to bio-tanks. The company also service

bio-toilets. It has also entered into an annual maintenance and operations contracts with different Railway zones. It has a bio-tank manufacturing plant and a bio-digester inoculation facility.

The company is ably led by Namita Banka, Founder and CEO. As a woman, Namita is better able to understand the WaSH (water, sanitation and hygiene/health) needs of her fraternity. She is keen and passionate about improving the lives of the marginalised population, as also the womenfolk who are more susceptible to illnesses, diseases, molestation or rape, while they are attending to nature's call in the open.

With a strong team of highly experienced professionals having done in-depth research and study about the ill-effects of absence of sanitation on the society and the environment, Banka Bioloo has therefore developed a strong understanding and expertise in sanitation and the pain-points of people. This has enabled them to identify, and provide affordable, effective and safe sanitation systems and solutions. The hard-working team tries to reduce costs for the user, making the bio-toilet unit sturdy, training people in the right usage, and striving to bring about behavioural change. Substantial work in sanitation with Railways and DRDO has given them more confidence in developing effective solutions.

## Banka's solutions address the following needs/pain points of the end-user:

Meet the need for basic, easy-to-install and hygienic human waste disposal mechanism in areas with no infrastructural facilities currently.

Address the need for a cheaper and easy-





THE COMPANY IS ABLY LED BY NAMITA BANKA, FOUNDER AND CEO. AS A WOMAN, NAMITA IS BETTER ABLE TO UNDERSTAND THE WASH (WATER, SANITATION AND HYGIENE/HEALTH) NEEDS OF HER FRATERNITY. SHE IS KEEN AND PASSIONATE ABOUT IMPROVING THE LIVES OF THE MARGINALISED POPULATION, AS ALSO THE WOMENFOLK WHO ARE MORE SUSCEPTIBLE TO ILLNESSES, DISEASES, MOLESTATION OR RAPE, WHILE THEY ARE ATTENDING TO NATURE'S CALL IN THE OPEN

to-operate alternative to the traditional waste disposal system.

The bio-toilet system consists of an easy to erect super-structure, a multi-chambered matrixed bio-tank that holds the bacterial culture and allows the treatment of the human waste. The system does not need any external energy for treatment, rather emits pathogen-free effluent water that is good for gardening and similar purposes; and bio-gas that could be used for cooking or heating. The system meets all regulatory and environmentally compliances and enhances the socio-environmental fabric of India.

The bio-digester technology was developed and patented by Defence Research and Development Organisation (DRDO), an Indian government arm, for the defence personnel. The enterprise is pioneering this, in an integrated approach, and taking this effective and innovative sanitation solution to the civil population with varying applications. The bio-digester is a consortium of anaerobic bacteria, which have been screened and gradually adapted to work at temperatures as low as -5°C through the isolation of psychrophilic bacteria from Antarctica/Siachen. These convert the organic waste into water, methane and CO<sub>2</sub>. The anaerobic process inactivates the pathogens responsible for water-borne diseases. Bio-digesters serve as reaction vessels for bio-methanation and provide anaerobic conditions and the required temperature for the bacteria.

**For her contribution towards this cause, DRDO has aptly called Namita Banka the 'Torchbearer of Bio-Toilets'.**

## Indian Sanitation Situation

According to a study done by Banka Biolo, the following are the methods of human waste management or treatment:

**Pit latrine** - collects human waste in a "pit" that has to be periodically emptied. The waste is either treated centrally or dumped in the ground. The former consumes energy in transportation and treatment, whereas the latter contaminates the environment and ground water, leading to diseases and health hazards.

**Septic tank** - retains the human waste, and is also periodically emptied and cleaned. They also emit foul smell and any leakage harms the groundwater.

**Sewage treatment plant** - the other major practice is of hugely built sewage treatment facilities or plants (commonly called STPs). The human waste is transported via sewer lines to the central facility and treated using colossal amount of energy.

**Bio-toilets**, in contrast, treat the human waste at source. There is no need to carry, no spoiling of environment or groundwater, and it does not require any energy or heavy infrastructure. On the contrary, there are other benefits of the biolo. The system leaves pathogen-free water as effluent that can be re-used. For large bio-tanks, methane can be collected and used. These can be installed anywhere, without specification of land type, terrain, distance, etc. The company provides not only a toilet but also "on-site" waste treatment facility. This ensures that the household is not dependent on an external infrastructure for waste transportation and treatment.

The entire concept of biolo is socially and environmentally driven. In India, many of the marginalized sections and the not so



**BANKA BIO-LOO BUILDS, PROMOTES, MANUFACTURES AND SUPPLY ELOO – THE BIODIGESTER TOILETS. THIS TECHNOLOGY HELPS IN DEGRADING HUMAN WASTE IN THE MOST EFFECTIVE MANNER. THIS SANITATION SYSTEM CAN BE INSTALLED AT PLACES WHERE CONVENTIONAL TOILETS FACILITY CANNOT BE MADE AVAILABLE**

better offs (rural and urban) do not have access to sanitation facilities. They defecate out in the open, or in unhygienic conditions. The bioloos are an affordable and durable solution to the challenge of lack of toilets.

For societies striving to meet the Millennium Development Goal - 7; and the Sustainable Development Goals, post-2015, bio-toilets are a fitting solution. India is one of the countries which have not paid sufficient attention to sanitation. Thus, it becomes absolutely necessary to provide and improve basic sanitation.

### **Case Study**

Sitamma stays with her family in Rudraram village, on the outskirts of Hyderabad. Many houses in this small village do not have toilets and family members defecate in the open. In March 2013, some members of the student chapter of Engineers Without Borders (EWB), studying in Gitam University, situated close to Rudraram, decided to “change this”. They got together and decided to undertake a project to help provide sanitation facilities in the village. The Chairman of EWB supported the cause and arranged funds, and EWB partnered with Banka BioLoo, the premier DRDO bio-

digester technology licensee to install bio-toilets. Based on the family composition, their eagerness to be a part of the project, keenness to share a small portion of land for constructing the bio-toilet as well as willingness to contribute a small percentage of the cost, five families were selected. Using a healthy combination of student efforts, work input from family members, sponsored funds and some contribution from the beneficiary families, Banka BioLoo, in partnership with EWB, installed five bio-toilets. These families are healthier than before, have stopped defecating in the open and the womenfolk are the most relieved lot. They do not depend on government or external authorities to collect/transport and treat the waste anymore. The unique technology provides “on-site” treatment of human waste.

The families continue to avail ESEH (Economic, Social, Environmental and Health) benefits for themselves as well the society at large. Available to the user at a very affordable price and enhancing the productivity of the family, apart from easing the burden of waste treatment are the demonstrated economic benefits. Socially impactful, bio-toilet is the sanitation facility available to the user. Removing the stigma of open defecation and providing a sense of security and dignity to the womenfolk, bio-toilet is a great social support and necessity. Environmentally friendly, these bio-toilets nurture the ecosystem. They treat the fecal matter at source without any requirement of energy. In the process, pathogen-free water is released, which is very good for gardening and similar purposes, as also biogas that could be utilized for cooking etc.

Another 20 families will be provided bio-toilets. This student community is keen to develop a 10 km radius around the university as an open defecation free area.

The villagers are still unable to relate health problems to poor sanitation conditions. This will take time but Banka strongly believe that as awareness spreads, people will realize that sound sanitation is crucial to their overall well-being and ecology. Behavioral Change Communication (BCC) will be the tilting and decisive factor in overcoming the many taboos.



# NUDGING PEOPLE TO USE TOILETS, A STEP TOWARDS TOTAL SANITATION



Jayamala Subramaniam

Women feel the need for toilets the most, and are, therefore, the biggest beneficiaries when they are constructed.

Toilets, and the lack of enough of them, are a recurrent topic on prime time news these days. It would have been difficult to imagine such a situation just a couple of years back.

We need to remember that our real goal is not toilets, but sanitation. The former is easier to understand. The latter is much more than just toilets. Sanitation, by the textbook, means the process of keeping

people and places free from dirt and germs and thereby, infection and disease. This is achieved by the safe handling and disposing of human excreta, garbage and other waste. Other requirements include personal hygiene (including hand-washing and menstrual hygiene), clean food and water, storm water management, and more. So toilets are only one step in the long road to complete sanitation. However, evidence suggests that it is one of the most important steps.

Theoretically, one can safely handle



human excreta without building toilets—in some cases, all it takes is a hole in the ground, properly covered, to safely dispose human waste. Conversely, building toilets does not guarantee sanitation; in fact perverse results can happen with inappropriate technology and construction. Case in point being Kerala, where the high groundwater table has resulted in toilet pits contaminating the groundwater. As a nation, we have survived for centuries without toilets. While at work in the fields, agricultural workers do not have access to toilets and this is unlikely to change. They will, therefore, continue to spend their workday in no-toilet zones. The goal of the Nirmal Bharat Abhiyan, the flagship programme in rural sanitation, on which Rs.6,140.2 crore



had been spent through 2011, is an “open defecation-free society”. Getting there quickly will be very difficult from where we stand today.

One of the current projects of Arghyam, a Bangalore-based charitable foundation, is a very close engagement with the Government of Karnataka to generate demand for toilets in villages. Modernity arising from urbanization,



care and protection of women, and comfort of the feeble and ailing are three big reasons why people have built toilets. It appears that targeting communication towards the felt needs of women will yield the highest impact. Women feel the need for toilets the most, and are, therefore, the biggest beneficiaries when they are constructed. However the decision to build, or otherwise, is usually taken by men, who do not seem to have felt a need for toilets, and hence de-prioritize them. How then, do we push this agenda? One idea is to position the building of toilets as an act of male responsibility, a positive



Sustainable sanitation through the eyes of a child

Painting by Narendra Singh, Class X, Manipur

deviance worth emulating. In our study, men found the idea aspirational and desirable. Will the idea of a responsible man building a toilet for his adolescent daughter do the trick as a communication message?

Assuming that the demand is spawned, what happens then? The Nirmal Bharat Abhiyan provides significant money to families as an incentive for building a toilet—upwards of Rs.9,000 per household. But accessing this money is not easy. We have seen many problems on the ground. These range from process ambiguities, lack of adequate administrative capacity, difficulty in accessing seed capital, as well as an insufficient technical appreciation for the type and quality of toilets to be

constructed. It is critical that these supply-side issues be addressed, in parallel with the creation of demand.

Once the toilets are built, getting everyone in the family to use the toilet is quite another ballgame. In a majority of cases, only the women or children use the toilets. Sometimes, no one uses it at all. Open defecation is natural, has no space constraints and is a social norm in most of rural India. Toilets are seen as a “discount” acquisition from a government scheme. There is a lot of disgust associated with a toilet, and more so with one in your own backyard. There is also an initial sense of unfamiliarity that causes anxiety—which way to sit? How long before the pit fills up? All this often means that the behaviour change towards toilet usage does not take off. Our research findings provide a base for thinking about interventions designed to “nudge” people into using the toilet often enough that it becomes a habit. This is where an understanding of human psychology and ways to modify human behaviour can inform public policy and scheme implementation.

Much work has happened and is happening in sanitation. Many models do exist. But sanitation is a complex problem. More research and innovation is needed. Diverse knowledge and expertise of community mobilizers, communication and behavioural professionals, health, financial, technology and process experts—from both the public and private sectors, need to come together, if we are to make substantial progress. Working through this journey is like solving a jigsaw puzzle. Though challenging, it is extremely exciting and engaging. We need more people to join this effort. Knowledge and expertise from both the public and private sectors is needed to solve the sanitation problem.

**Jayamala Subramaniam** is Chief Executive Officer, Arghyam, a foundation focused on domestic water and sanitation



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**... unleashing the full potential of men & machines**

# 'WORLD'S WORST PLACE FOR SANITATION' Needs Urgent Cleansing

*Poor sanitation and community health are critical issues in India today, which need to be addressed urgently. 3S India is a company offering eco-friendly waste management solutions in the country. It is ranked among the top 50 Social Impact Enterprises in India. In an exclusive interview to CSR Mandate, 3S Founder - CEO Rajeev Kher, makes an assessment of the sanitation problem in India and suggests ways to tackle it. Excerpts.*

**Tell us about the milestones achieved by your company since its inception.**

3S India, a brand of Saraplast Pvt Ltd is a unique manufacturing as well as service oriented approach to promote better sanitation, health, hygiene and above all dignity to people. Founded in 1999, as a partnership firm, 3S today is amongst the 50 top Social Impact Enterprises in India which manages and safely disposes millions of litres of liquid waste annually as per the environmental norms and saves more than 100 million litres of fresh water. The company through its services aims to empower more than quarter of a million people annually with dignity and basic access to sanitation.

3S has achieved several milestones since its inception. Some of which are mentioned

below.

> Setting up the manufacturing plant in 2006 is one of the biggest milestones, which helped in improving and maintaining the quality of products and the cost of service.

> Investment by leading impact investment fund "Aavishkar" helped in augmenting existing infrastructure as well as increasing our scale of activities.

> CEO and Founder Rajeev Kher of Saraplast was appointed Director on the Board of Directors of Portable Sanitation Association International (PSAI), in 2010, the first Indian/Asian to be appointed as such.

> Invited by former US President Bill Clinton to attend the Clinton Global Initiative in New York City USA, 2010 – 2011. This gave us a broader view to look at impact business from a global perspective and also

the philanthropic attitude of various people around the world.

### **What is 3S focus and service & product portfolio?**

3S is driven by a vision to make available the basic human right of sanitation and thus better hygiene and longevity a reality in today's world. The company services portable restrooms from the most populated cities to the remotest areas in India.

We manufacture and offer a wide range of portable sanitation solutions which include specialty, mains free restrooms, septic systems, wash stands, urinals and allied cleaning and waste management services in six regions of India. All our products are made from eco-friendly, recyclable materials providing an environmentally safe, comprehensive sanitation and waste management solution to human waste. Our services include installation of toilets/restrooms, cleaning, evacuation, waste disposal and recycling the sewage water.

We essentially provide our services at special events, social and religious gatherings, un-served settlements, labour camps, construction and infrastructure, refineries, slum and communities and for disaster management. We have a wide range of mains free as well as sewer/septic connected products meeting international standards and the requirements of all kinds of needs, be it the Mobiloo - a sturdy single walled unit with a hardy twin sheet door that is available in Indian and Western style toilet tanks, or JOHNNY'S BOX: The Aussie designed indigenously produced doubled walled, award winning combination for luxury events, or SIXER Urinal: a unique design which is mains free and catering to six users at the same time with a patented

flushing mechanism, very popular at large gatherings and at construction sites.

In services, we provide evacuation and cleaning of portable toilets and fixed restrooms using automated cleaning and evacuation systems designed as per international norms and best practices. We also have a micro enterprise modelled community sanitation model in schools and BOP sector.

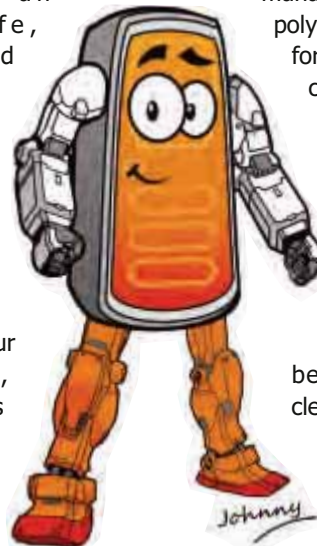
### **How is your company addressing sustainability and green concerns while developing products and services?**

All our products are made from recyclable material and provide environmentally safe and comprehensive sanitation and waste management services. High density polyethylene (HDPE) shells are used for the entire body of the toilet cabin as against fiber glass or FRP which has been commonly used until now. HDPE as against FRP is 100% recyclable and is a modern engineered high quality polymer which after thermoforming using an ergonomic design, each can be very easily and properly cleaned especially in climates like ours.

These toilets follow international norms as followed by German DIN, United States ANSI and British BIS standards. Light weight and durable offers great mobility making them easily transportable from place to place, without much effort. There is minimal repair if regularly maintained and cleaned and gives a long life allowing regular site-to-site movement.

The units are Mains free - which means no sewerage or septic connection is required. Waste is evacuated using high quality, specially designed vacuum suction machines mounted on trucks. Toilets are charged with a bio friendly additive or tablet for odour removal and primary degradation of waste.

The waste is disposed off as per international waste regulation norms into a sewage treatment plant or designated sewer line as indicated by the client and permissible by the relevant local body. A new pilot is





LESS THAN 20% OF INDIANS HAVE ACCESS TO SANITATION. IN RURAL AREAS A MERE 3.0% OF THE POPULATION HAS ACCESS TO SANITATION AND IN URBAN AREAS, MERELY 20% OF THE POPULATION HAS ACCESS TO WATER /FLUSH TOILETS CONNECTED TO SEWAGE SYSTEM

underway where the waste water is being treated to recover water suitable to a level for agriculture and construction too.

A mains connected option is also available where the unit could be hooked onto the sewerage system or septic tank.

### What is your assessment of adequate sanitation and hygiene for under privileged and marginalized sections of society in India?

A survey by Water Aid (international NGO) has ranked India second on the list of the "World's Worst Place for Sanitation". India is one of the fastest growing economies in the world however, less than 20% of Indians have access to sanitation. In rural areas a mere 3.0% of the population has access to sanitation and in urban areas, merely 20% of the population has access to water /flush toilets connected to sewage system. There is an urgent need to change the poor sanitation conditions in each section of society in India. 3S, with its mission to provide better health and hygiene and a dignified life, strives to bring about this change.

The ratio of toilets to people in the marginalised section is quite poor and immediate improvement for this is necessary. Portable toilets could be a key to this problem. It would drastically reduce open defecation and also provide safety and security to female users. If managed professionally, it will also reduce the number of illnesses and diseases that are spreading due to poor sanitation, thus reducing the health bill that the government is spending on at a humongous scale.

### You also offer portable washrooms to migrant workers at construction sites. What is the cost/benefit analysis?

Imparting dignity and providing a healthier approach towards life to the labourers working at the construction sites is important, but proper standard of sanitation at construction sites is a rarely discussed topic. These are the basic requirements to offer a healthy and hygienic surrounding to the labourers and also their families staying at labour camps.

Keeping the sites tidy and clean is very important for protecting health and safety at work. If not controlled properly, these

workers and visitors may face serious health issues which would result in them falling sick and increasing absenteeism and thus reduced productivity and delays in site completion. The restroom offers pride and dignity to the labourers who are tirelessly working to provide proper housing. It directly improves morale and site productivity.

### Tell us about your pilot project of micro enterprise models at the BOP level.

We have executed and are already working on multiple models all over India. Recently we concluded one in Delhi at one of the largest slums there and had some phenomenal results for the viability of a BOP community. The sanitation model is being seen as a great tool for enterprise building and offering dignity and hygiene in the community.

Another few are being run in Pune and Mumbai on labour settlements and unfounded or poorly funded schools meant for the children of the BOP segment. Number of innovative tools using IT and various modern systems and methods are being tried out with the assistance of the MSDF and similar organisations. We also have a new first of its kind project being launched by 3S in Bihar for a fringe village near Patna. It will be the first project in rural India and also the first in Bihar along with the BMGF and PSI.

### Tell us about your patrons and ongoing projects.

Our patrons range from the largest Indian construction companies like L&T, Lavasa, etc., to name a couple of big ones - where we provide restrooms and toilet cleaning services for their labour camps and also for their high rise buildings and infrastructure projects as well.

Large gatherings and religious events like Pandharpur and Alandi also avail our restrooms for the millions of devotees and visitors.

On the event site, we offer our restrooms to event companies like Percept, Scoop, Red Chillies etc.

### How do you rate community and household sanitation facilities in rural India?



THE MAJOR CHALLENGES FOR INDIA IN TERMS OF SANITATION ARE LACK OF EDUCATION, IMPROPER DRAINAGE SYSTEM, POOR WASTE MANAGEMENT SYSTEM, UNAVAILABILITY OF WATER, LAND AND ELECTRICITY. THE CONSTRAINTS FROM THE EXECUTION SIDE THAT WE FACE ARE LACK OF SERVICE PROVIDERS, POLITICAL AND BUDGETARY PRIORITY, STRONG SUPPORT AND COORDINATION FROM GOVERNMENT AUTHORITIES.

We are focussing on urban sanitation and are not aggressively working in the rural areas of India. However, we educate labourers in urban areas who have migrated from rural backgrounds on the importance of sanitation and hygiene through various workshops which we organize at regular intervals. We believe that using our restrooms at work sites also motivates them to have their own clean restrooms at their villages and they voice their opinion for the same even when they go back to the villages.

Focussing on educating women on hygiene and sanitation has been one of our main agendas and our forte and we hold special workshops for this cause. We are tying up with different State Governments to provide our services in Tier II and III cities, along with a solution for fringe villages as well.

We work closely with multiple NGOs and foundations and also with local governments.

#### **What are the major challenges faced in this context?**

The major challenges for India in terms of sanitation are lack of education, improper drainage system, poor waste management system, unavailability of water, land and electricity. The constraints from the execution side that we face are lack of service providers, political and budgetary priority, strong support and coordination from Government authorities.

The Government of India has declared its

commitment towards achieving Millennium Development Goals and universal sanitation coverage in the country by the year 2022, but with the current rural sanitation coverage of 32.7 percent, this is a challenging task. Of the estimated billion people in the world who defecate in the open, more than half reside in India. This unhygienic environment is due to India's historic neglect of public health services. The absence of an effective public health policy along with a network in a densely populated country has resulted in an extraordinarily high disease burden.

#### **What kind of policy initiatives from the government would improve community health and sanitation facilities in rural India?**

Appropriate people with sufficient domain knowledge need to be engaged in the activity at the state and national level.

#### **What Best Practices earned your company various recognitions, awards, and grants from society at large?**

3S India has a unique business model of polyethylene portable sanitation service teamed with a powerful management and continuous team effort has made a difference in the common man's life in India. You can now see these at various construction sites, religious gatherings, events and even tourist sites where formerly finding a clean toilet was a major issue. We have received recognitions, awards and grants:

- > The first company in sanitation to be awarded ISO 9001:2008 certification in 2011

- > Winner in Health, Water and Sanitation Space in India, 2010. Awarded by Sankalp, a Premiere Social Enterprise.

- > Investment by Avishkar has helped us in expansion plans.

- > Awarded a grant through Business Innovation Facility Department for International Development (DFID), Govt. of United Kingdom to develop and scale the BOP model in sanitation.

- > Won India's first ever CNN IBN India Positive Awards, 2012.

#### **What will be impact of mandatory CSR spend mandated by the government to spend 2.0% of their**



## Cost/Benefit Analysis

The average construction labourer frequents the toilet and restroom three times in an 8- hour shift. The labourer spends approximately 3-4 minutes in the restroom if it is on-site.

If the lavatory facility is off-site, the average labourer spends 15-28 minutes travelling to the facility and then 4-9 minutes using the facility. This adds up to 19-37 minutes a trip or up to over 1 ½ hours. If you pay a labourer Rs.250 per day, that can amount to each worker getting up to Rs.30-50 or per 8-hour shift to use the restroom. If you add this amount for every labourer, you will see the cost the construction company pays for not offering portable restrooms.

Hence, portable restrooms increase productivity at site and saves time and money for the construction company and can give a quick ROI on the expense made.

### **profit on CSR. How will it impact the verticals your company operates in?**

Health and sanitation is the most neglected sector in India where there is an urgent need to take important corrective measures. Thus, our company also works for community development in health and sanitation by working with various foundations on non-profit basis in rural and urban areas.

If the corporates initiate to spend 2.0% of their profit in this sector, it will definitely enhance the standard of living of the poor and help them lead a dignified life thereby positively affecting the business in this industry.

### **Your views on Sustainable CSR...**

Every company/ corporate has a responsibility towards society and the community. A small contribution towards the development of the country in health and hygiene sector will certainly help in eradicate sanitation issues, thereby paving the way towards healthy living. A community sanitation project with a clear revenue model with succession planning for micro entrepreneurs and exits for companies /foundations is extremely essential. A continuous engagement of all stake holders is essential until the project is transferred to the community.

### **What are the major challenges faced in executing CSR projects in India?**

The major challenge faced by a lot of people willing to execute CSR projects is the continuity of funding and sustainability in the absence of a donor or a proper revenue model that can be supported in the initial period with a clear business proposition and community benefit.

### **Tell us about your stint on the Board of Directors (2010-2013) at the Portable Sanitation Association International (PSAI).**

It was definitely a very enriching experience working with people from the developing and developed world. Understanding local cultures of different countries and various success models and people issues was extremely beneficial to apply similar strategies in the Indian context. Understanding the importance given to sanitation as an essential or emergency service in many parts of the developing world made a great impact towards providing these services as urgent and essential in India. I got to know the need for quality sanitation and the technology required for executing the cleaning, evacuation, disposal and waste treatment in a way that is beneficial to not only the environment but also society at large.

Above all, the pride and dignity that people in the industry have was extremely overwhelming and inspired me to work even more passionately in the sector in India.

### **Your message to the younger generation...**

Our mission and agenda is to educate people towards importance of sanitation and hygiene. Today the younger generation has access to internet, smart phones and what not at a very young age, but what we want for our future generation to have is the right to live a dignified and healthy life.

We have Johnny – the Mascot of our company to connect with the public in general and more so the youth and the children in society who will be the future ambassadors of health and hygiene.





## From the desk of WHO Representative to India World Health Day 2014



**V**ector-borne diseases, the theme for this year's World Health Day (WHD) is timely. Affecting more than half the world's population and accounting for 17 percent global burden, these diseases are difficult to predict, prevent or control. In India, the burden and risk of vector-borne diseases (VBDs) is massive. Adding to the complexity is that VBDs have intensified in their severity due to climate and environmental change, and globalization. The WHD campaign, 'small bite: big threat', therefore, is well-timed as it brings renewed focus on sustainable control, elimination and eradication of VBDs.

The World Health Days aims at raising awareness about the threats posed by insect vectors and the bacteria, viruses, and parasites they carry, collectively known as vector-borne diseases (VBDs); and to motivate families and communities to protect themselves through simple measures. It also ask that not only governments ensure that measures are in place for coordinated intersectoral actions, but also that citizens and communities are empowered in order to

have an impact on prevention and control of VBDs.

Inefficient water management, rapid degradation of the environment, unplanned urbanization, and other human determinants such as housing, climate changes, widespread poverty, air travel and ineffective health systems all play a role in contributing to the spread of VBDs.

We also know that insect vectors that carry these diseases are very complex and versatile and can adapt themselves quickly to the changing environment, which makes the task of controlling these diseases even more difficult.

For most VBDs, no vaccine is available, leading to a large number of deaths, especially in children under five years in countries with extreme poverty. In addition, VBDs result in loss of productivity, school absenteeism, deeper impoverishment and higher health care costs, leading to an increased burden on public health services.

The world's fastest growing vector-borne disease is dengue, with a 30-fold increase in disease incidence over the last 50 years. Malaria is endemic in 16 states with more than 80 percent of malaria burden and more than 90 percent of malaria deaths. In addition, reports of severe and sometimes fatal disease in the usually milder vivax form of malaria have become more frequent. Lymphatic filariasis is prevalent in 250 districts with over 600 million people at risk. Japanese encephalitis (JE) is being reported from 20 states across the country with a case fatality rate of 20 percent. Visceral leishmaniasis (VL), also known as kala-azar puts an estimated 130 million

population at risk in sandfly endemic areas.

In India, the burden is concentrated in the remote areas of the country with the poorest health systems where the population is most exposed. Weak collaboration across agencies, sectors, and levels of government, including the regulatory mechanisms are some of the key challenges. Now is the time for robust collaboration and action across all sectors and for targeted community-level sensitization.

The challenge for India is to ensure that interventions reach all populations, particularly those of the most marginalized and vulnerable high-risk groups. The VBD control programme needs to define effective key components and necessary governance mechanisms in order to attain a sustainable control of VBDs that benefits all people.

The recently conducted Joint Monitoring Mission on vector-borne diseases is a step towards reviewing disease control efforts through the health systems lens to address the gaps identified. We applaud the government for its leadership in adopting a health systems approach and intensifying inter-sectoral coordination to address VBDs in the country.

We at WHO remain committed to supporting the governmental efforts for effective and efficient control of vector-borne diseases in the country.

Dr. Nata Menabde  
WHO Representative to India

*Dr. Huzaifa Khorakiwala*

A close-up portrait of Dr. Huzaifa Khorakiwala, a man with dark hair and a beard, smiling. He is wearing a dark suit jacket over a light blue shirt.

# Wockhardt – Creating a HEALTHIER WORLD

Wockhardt, one of the leading global pharmaceutical and biotechnology organisations, provides affordable, high-quality medicines to help the world remain healthier. A research-based global healthcare enterprise with relevance in the fields of pharmaceuticals, biotechnology and a chain of advanced super speciality hospitals, this Indian multi-national company has a multi-ethnic workforce of 8,600 Wockhardt associates from 21 different nationalities globally.

The company's core business is innovation. It uses science and technology to develop medicines and other products that improve the quality of people's lives through better health. It is of little wonder then that Wockhardt's CSR arm - Wockhardt Foundation has touched more than three million lives through innovative ways of bringing primary healthcare to

those at the extreme fringe of economic activities having no awareness of even the most basic healthcare. Through its various medical and social initiatives, the Foundation prides itself in starting a movement of sorts in promoting human values, social awareness and social development.

Wockhardt aspires to create a healthier world. Its strategic vision of 'More & More with Less & Less' has transformed into new ways of thinking, a new journey for growth, medical breakthroughs for patients and continuing value for all stakeholders including the communities in which it operates. Dr. Huzaifa Khorakiwala, Trustee and CEO, Wockhardt Foundation speaks to CSR Mandate about the social initiatives the company has taken up in the area of healthcare, sanitation and nutrition across India. Excerpts.

**Being a leader in healthcare, Wockhardt has been involved in massive CSR work in this sector. Please tell us the key initiatives you have taken in restoring or augmenting primary health in the community.**

Wockhardt Foundation, a part of the Wockhardt Group, is a national, secular, not-for-profit organization engaged in social service and human welfare activities for the underprivileged and rural communities. The Foundation is involved in many activities and programmes for the poor in the fields of

health, sanitation and nutrition.

#### **HEALTHCARE:**

> Mobile 1000 - Mobile 1000 is Wockhardt Foundation's flagship programme that aims to operate 1000 Mobile health vans in rural India administering free primary healthcare to 25 million Indians every year in rural and urban India. The Mobile 1000 ambulance van is equipped with medical devices, medicines and is assisted by MBBS doctors, pharmacists and coordinators. The van visits remote areas to deliver primary health care





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WHARF WHICH STARTED IN 2002, PROVIDES NUTRITION TO HIV POSITIVE CHILDREN. WHARF HAS COME UP WITH NUTRITIONAL SUPPLEMENTS MADE FROM LOCALLY AVAILABLE FOOD GRAINS, CEREAL, PULSES AND MILLETS WITH NO ADDED PRESERVATIVES AND CHEMICALS, WHICH SUFFICES 1/3 OF DAILY NUTRITIONAL NEED OF INFECTED CHILDREN IF CONSUMED AS RECOMMENDED

services free of cost. Mobile medical units are the best and the most viable solution for providing access to primary healthcare facilities. Besides these, the vans also run eye clinics.

> **Dr. Health** – An initiative by Wockhardt Foundation which started in April 2013 for creating awareness in the community regarding health, illness, de-addiction, cleanliness, vaccination, etc. Through this initiative, the Foundation wants to highlight that precaution is always better than cure. 60,257 have benefitted from this service.

#### SANITATION:

> **Bio-Toilets** - Started in Jan 2013, this innovative initiative helps alleviate the need for expensive sewage treatment and waste management and improve the poor sanitation situation in India. It is an environment-friendly waste disposal at the source. The past year has seen 32,000 people benefiting from the service.

> **Moksha** - This initiative aims to improve sanitation among poor women in India by providing sanitary napkins to them at affordable costs and creating awareness about the importance of maintaining good hygiene and sanitation for good health.

> **Shudhu** aims at providing one of the most cutting edge solutions in clean drinking water across India and the world over. Total number of people who have benefitted from the service is 12,55,200. The Foundation is targeting to distribute Shudhu in all of their Mobile 1000 vans by 2014.

> **Jal Secure** – Launched in 2013, this initiative aim to ensure water security in the country, particularly for the welfare of the

vulnerable, poor and socially backward communities.

> **Swasthya Chulha** – This project which aims to provide clean and effective method of cooking will be launched soon. It will provide an 80 percent reduction in smoke and toxic emissions along with 60 percent reduction in the fuel requirement and cooking time thus improving the health of the rural poor in India.

#### NUTRITION:

> **Poshak** - Started in 2012, this project is committed to making life better for children by addressing their nutritional needs thus boosting their immune system. The programme was initially started for HIV positive children and the supplement 'Poshak Porridge Mix' was developed to improve the immune system of children affected by HIV and AIDS in order to help them fight the disease. 750 HIV/AIDS-infected children and 6,160 malnourished children have benefitted from this project.

> **WHARF** which started in 2002, provides nutrition to HIV positive children. WHARF has come up with nutritional supplements made from locally available food grains, cereal, pulses and millets with no added preservatives and chemicals, which suffices 1/3 of daily nutritional need of infected children if consumed as recommended. The Jeevadhar nutrition supplements for HIV+ children helps improve their immune system. The project is committed to making life better for those individuals who are infected and affected by HIV and AIDS. Total number of children who have benefitted from the service is 9,968.



**How does the mobile health programme help in providing healthcare on a sustainable basis? How many patients have you been able to reach through the programme both in urban and rural areas?**

The mobile health programme, Mobile 1000, is the Foundation's flagship programme started in 2007 to provide high quality healthcare facilities free of cost to rural India. Mobile 1000 aims to operate 1000 Mobile Health Vans in rural India administering free primary healthcare to 25 million Indians every year in rural India. At present, the Foundation has about 85 mobile vans under its direct operations in 12 states of India, covering 25 villages in weekly cycles. Each van gives free primary healthcare to 25,000 poor patients per year. The van is equipped with doctors, pharmacists, medicines and diagnostic facilities. The van covers a radius of 20 villages every week.

There is a shortage of primary healthcare in the country. India has 600,000 villages but only 23,000 primary health centres. Only one in 25 villages can avail of primary healthcare facilities. Thirty percent of the village population travel about 30 km for access to basic primary healthcare. Through this programme, Wockhardt Foundation has helped bring primary healthcare to the doorstep of rural people. Till February 2014, 1,02,26,636 patients have benefitted from the programme.

The project has already been

implemented in 11 states of the country – Uttar Pradesh, Andhra Pradesh, Orissa, Maharashtra, Gujarat, MP, Rajasthan, Bihar, Uttarakhand, Tamil Nadu, Karnataka

The new initiative implemented for the current year 2014 is the Patient Information System and U-Check [urine diagnostic device].

**What kind of impediments have you encountered while carrying out the programmes and how did you overcome them?**

It is difficult to direct the required talent pool to rural areas since these areas do not have basic amenities like education, nutrition, healthcare, infrastructure. Also, doctors have reservations practicing in the villages as they feel it lowers their standard. However, over the years, Wockhardt has been able to build an efficient team of doctors who take turns to extend services to rural areas.

**Please share details on the programmes - Jal Secure and Shudh.**

**JAL SECURE**

In spite of plentiful water resources, India faces water scarcity due to inequitable distribution of water, ever increasing population and economic activities. Being an agricultural country, water is required in every urban, rural, semi-urban and semi-rural setting.

Wockhardt Foundation's Jal Secure programme works towards minimizing the situation of water crisis in India through planning and implementation of water security measures like water conservation, waste water treatment, rainwater harvesting, groundwater recharge, insitu water purification technology, water quality monitoring and watershed management.

Jal Secure was launched in 2013 with the aim of ensuring water security in the country, particularly for the welfare of the vulnerable, poor and socially backward communities. Jal Secure works on a PAN India model.

Through Jal Secure, we conduct purification of water that contains fluoride, arsenic, iron, nitrate and other minerals





WOCKHARDT BELIEVES THAT THERE IS NO NEED TO DISPOSE HUMAN WASTE INTO A SEWAGE PIPE, TANK AND SUBSEQUENTLY THE RIVER, LEADING TO WATER CONTAMINATION - A COMMON PROCESS THAT IS REQUIRED IN CASE OF A NORMAL TOILET. SUCH WATER CONTAMINATION AND UNHYGIENIC SITUATIONS OBSERVED IN NORMAL TOILETS LEAD TO WATER-BORNE DISEASES. BIO-TOILET HELPS MAINTAIN SANITATION AND HYGIENE AND PREVENTS WATER-BORNE DISEASES

### **waste management programme. How has this solid waste been used?**

According to UNICEF and WHO estimates, 1/7th of the world's population openly defecate due to absence of toilets. Of these, 60 percent live in India. In Mumbai, more than 4 million people opt for open defecation due to unavailability of toilets.

Poor hygiene and sanitation facilities profoundly impacts human health. It is estimated that 10 million children under the age of five die globally every year due to improper sanitation. Of these, 2.4 million children are from India.

In such a scenario, Bio-Toilet is the need of the hour.

Bio-Toilet, based on hygiene and sanitation, is a complete waste management solution for India. It is an innovative initiative which alleviates the need for expensive sewage treatment and waste management and helps improve situation of poor sanitation in India. It is an environment friendly waste disposal at the source.

Through this initiative, Wockhardt Foundation aims to:

- > Provide improved sanitation facilities to the poor slum dwellers
- > Ensure pure waste discharge from toilets
- > Play a critical role in preventable healthcare and provide accessible healthcare to the poor and needy
- > Expand its social coverage in areas with low resources

A Bio-Toilet composes of the toilet structure and the bio-digester tank. The bio-digester tank contains anaerobic bacteria which decomposes solid waste into water and methane gas (biogas). The water is pure enough to be used for industrial and

irrigation purposes. The benefits of biogas are innumerable. It can be used as fertilizers, in biogas lamps for lighting and as fuel for cooking. The tank does not require repeat dosing of anaerobic bacteria owing to its ability to procreate.

Wockhardt believes that there is no need to human waste into a sewage pipe, tank and subsequently the river, leading to water contamination - a common process that is required in case of a normal toilet. Such water contamination and unhygienic situations observed in normal toilets lead to water-borne diseases. Bio-Toilet helps maintain sanitation and hygiene and prevents water-borne diseases.

### **How gratifying are these initiatives to the Wockhardt Foundation members?**

Wockhardt Foundation's Mobile 1000 activity has led the team to encounter many heartwarming instances. People in villages need to travel long distances for primary and basic healthcare needs. The Mobile 1000 van equipped with primary healthcare facilities and trained personnel does a door-to-door visit to ensure timely help to those who have been left immobile by their sicknesses. They are provided care and given a new lease of life. Some do not even have money to afford basic medicines. They receive free medicines and healthcare services from these vans. This makes them very happy and grateful to Wockhardt Foundation's services. We in turn feel grateful to be able to help them lead a better life.

One of our initiatives, Khel, Khel Mein, is aimed at creating health and sanitation awareness in young school going children, which is indeed very satisfying as this will go a long way in building a healthy future for India.

# DIAL 108, Save Life & Property

GVK EMRI's toll-free number currently reaches more than 750 million lives and plans to go national soon.





GVK EMRI, THE MOST SIGNIFICANT SOCIAL INITIATIVES OF GVK FOUNDATION, IS A NON-PROFIT ORGANIZATION THAT WORKS ON PPP MODEL. THIS LIFE-SAVING INITIATIVE HAS GAINED HUGE MOMENTUM ACROSS THE COUNTRY WITH MORE AND MORE STATES PARTNERING WITH GVK EMRI IN THIS WORTHY CAUSE

When the vision goes beyond achieving business success, true change begins. At GVK, the inspiration always comes from the knowledge that besides the value it brings in its diversified presence across core verticals, its commitment extends to the real difference it can make to the world around. GVK aspires to be the world's premier infrastructure and utilities organization that constantly strives to provide the highest standard of products and services and a sustainable quality of life for all stakeholders.

GVK EMRI, the most significant social initiatives of GVK Foundation, is a non-profit organization that works on PPP model. This life-saving initiative has gained huge momentum across the country with more and more states partnering with GVK EMRI in this worthy cause. Today, GVK EMRI operates as the world's largest integrated emergency service provider. With the valuable support of State Governments and other technology partners, this service

caters to over 750 million people across 14 states and two Union Territories. It is a testimony to the trust reposed by the people in the efficacy of GVK EMRI's operations that so far, over 26 million emergencies have been attended to and over 0.9 million lives have been saved. It is of little wonder that Dr. GVK Reddy – Founder Chairman and Managing Director, GVK Group, has been honoured with Padma Bhushan for his outstanding contribution to entrepreneurship and societal upliftment. In an interview with Archana Sinha of CSR Mandate, Dr. Reddy shares his experiences and future plans about GVK EMRI.

**GVK is primarily an infrastructure company, what led the company to start GVK EMRI? How does the process work?**

The GVK Group has always endeavored to contribute to the nation's growth by building world class infrastructure projects that have minimal ecological impact, while also being equally sensitive over the issue of social



GVK EMRI HANDLES MEDICAL, POLICE AND FIRE EMERGENCIES THROUGH THE "108 EMERGENCY SERVICE TOLL FREE NUMBER". EVERY LIFE SAVED IS A REFLECTION OF THE COMBINED EFFORT OF A TEAM OF DEDICATED PROFESSIONALS. THANKS TO THEIR TIRELESS EFFORTS, TODAY, 108 IS A SYMBOL OF HOPE, TRUST AND REASSURANCE

upliftment of the less privileged. Believing in the fact that success goes beyond numbers and figures, GVK Group has launched GVK Foundation to take up initiatives in various areas like providing emergency responsive services, housing for underprivileged people, education, health and hygiene, community-based programs, empowerment and entrepreneurship development, arts, music, sports and a number of other socio, economic and cultural activities.

GVK EMRI is one of the most significant social initiatives of GVK. It handles all kinds of emergencies, be it medical, fire or police. Today, GVK EMRI (Emergency Management and Research Institute) has been acknowledged as the most efficient, speedy, reliable and caring service provider in its category. The lifesaving service operates in 14 states and two Union Territories - (Andhra Pradesh, Gujarat, Uttarakhand, Goa, Tamil Nadu, Karnataka, Kerala, Assam, Meghalaya, Madhya Pradesh, Himachal Pradesh, Chhattisgarh, Uttar Pradesh, Rajasthan,

Daman & Diu and Dadra & Nagar Haveli) catering to over 750 million people i.e. more than half of India's population. Equipped with over 7,000 ambulances and with above 30,000 strong employee base, GVK EMRI saves lakhs of lives every year.

GVK EMRI handles medical, police and fire emergencies through the "108 Emergency service toll free number". Every life saved is a reflection of the combined effort of a team of dedicated professionals. Thanks to their tireless efforts, today, 108 is a symbol of hope, trust and reassurance. GVK EMRI has in place, a meticulously chalked-out process that ensures speedy, effective emergency services designed to save lives. A three-pronged approach – SENSE - REACH - CARE - is aimed at a holistic delivery of the most sophisticated Emergency Management Services.

**How long will it take for the number to be available nationally as one number for all emergencies?**

As I have mentioned earlier about the extent of our services, I am confident that other state governments will make note of the tremendous impact this program has on the citizens and this will be replicated across India soon.

**Is there any expense involved in terms of fees for ambulance, etc? How**





**do you cater to poor patients? How many patients have been saved through this process so far all over India?**

In view of the fact that emergency services are an essential lifeline to the people of India, especially to the most vulnerable segments below poverty line, the service is designed to be free to the end user. 108 is a toll free number, the ambulance, including world class life saving pre-hospital care, medical drugs and supplies, including stabilization care, is offered free of cost to the beneficiary which makes it affordable and extremely popular among the masses.

In a country with a high Maternal Mortality Ratio (MMR), often caused by delay in transporting the pregnant mother to a medical facility at the time of labour – GVK EMRI services have played a big role in reducing the MMR indicators. In the territories where GVK EMRI services are operational, MMR indicators have been reduced by 15 percent or more after the introduction of services. GVK has handled over 26 million emergencies and saved about a million lives. Today, more than 50 percent of the calls handled by GVK EMRI are pregnancy-related cases and till date, we have handled more than 5.5 million pregnancy related cases and assisted in around 300,000 deliveries that took place in transit to a medical facility. Its fleet of more than 7,000 ambulances now includes dedicated vehicles for transporting new born

babies and mothers to their homes in sterile conditions to reduce post-partum infections.

Please relate some of the recent experiences of handling emergencies and rescue operations.

We were instrumental in providing first level medical aid during last year's floods in Uttarakhand and played a critical role in supporting the Search and Rescue operations. A special call centre was set up to coordinate the movement of the ambulances for flood relief. Ambulances and personnel were strategically located and trained to respond in such situations. Nearly 1,500 lives were saved through GVK EMRI's intervention during the catastrophe.

With the aid of its proven technology and infrastructure, GVK EMRI has partnered with the Andhra Pradesh Police to set up an integrated emergency response service mechanism. The "Project Dial 100" aims to integrate best practices in emergency management and thus ensure efficient service delivery to the citizens of Andhra Pradesh. Under the project, the State Police along with GVK EMRI have come together to operate a unified command and control centre for the State. This will cohesively coordinate with other emergency services like medical, fire and other disaster related response services.

The emergency can be of any kind, police, fire or medical. The ambulances transport the patient to the nearest government hospital or a nearest appropriate hospital as



per patient's choice.

**The remote sensing mobile system is heavily dependent on strong signals. How do you reach patients in remote areas where signals are weak and unstable?**

Fortunately, the number 108 can be dialled from any network form and of telephone (land line, BSNL, MTNL, VSLN)/ mobile phones. Additionally, VSLN has also set up many PCOs (phone booth) in all remote locations. People at large can also approach police and can use police's wireless network to connect with EMRI. The GVK EMRI service does not end where the road ends. In remote, inaccessible areas of the country, innovative solutions have been deployed to ensure that emergency medical care reaches the farthest corners. Specially designed Boat ambulances and man-portable 'Doli-Palkis' have been rolled out in Assam and Uttarakhand for catering to riverine areas and regions prone to floods. Boat

ambulances are made of fiberglass and are well-equipped with lifesaving equipments and medical experts. The first such ambulance was launched in Majuli river island in July 2011 to carry patients across the Brahmaputra River. A few more have been added. Today, they are operational in Assam and Uttarakhand. We are also

using 'Doli-Palkis' in hilly terrains and remote areas where there is minimal or no road connectivity. Doli Palkis are closed structures carried on the shoulders of four bearers and used as a lifesaving mode of transport in intractable situations or locations, posing difficulty in dealing with medical emergencies.

**MOBILE MEDICAL UNITS (MMU)**

As the name implies, MMU enables to meet the healthcare needs of individuals who may not have transportation or access to hospitals, clinics or medical offices. It is specifically targeted to reach the people in rural areas. MMU is equipped with all the basic instruments and medicines to provide various services and counseling. GVK EMRI operates MMUs in Andhra Pradesh and Uttarakhand.

**NEONATAL AMBULANCE**

Aiming to reduce the neonatal mortality rate, GVK EMRI has launched Neonatal Ambulance equipped with all the facilities to shift newborns to emergency care. The ambulance is provided with state-of-the-art equipment, such as a Transport Incubator, Ventilator, Pulse Oxymeter, Suction Apparatus, Trans-illuminator and advanced life-saving medications like Surfactants, Fresh Frozen Plasma etc. Besides it, a Neonatal Emergency Medical Technician (NEMT) is present in the vehicle to attend to infants. This service is available in Goa, Tamil Nadu, Madhya Pradesh and Andhra Pradesh.

**Where is the research team located? How do they manage to collect data and predict the future of healthcare in India where each region has its own health issues and challenges?**

GVK EMRI is housed in a 39 acre campus at Hyderabad with modern facilities for Emergency Management, Research and Training. State-of-the-art technology is deployed at all the Emergency Response Centers which helps provide world class services to users.

GVK-EMRI has invested considerably in research to ensure that it delivers the best emergency services and establishes benchmarks in its category. GVK EMRI is the only emergency response service provider that conducts medical research, systems



MOTHER AND CHILD TRACKING FACILITATION CENTRE" IN DELHI THAT WOULD VALIDATE THE DATA RECORDS OF ALL THE STATES IN INDIA MAINTAINED BY THE REGIONAL 'MOTHER AND CHILD TRACKING SYSTEMS' (MCTS) ABOUT PREGNANT WOMEN AND NEW BORN CHILDREN, ALONG WITH THE RECORDS OF ASHA AND ANM HEALTH WORKERS ENROLLED SO FAR. THIS PROJECT IS ALSO AIMED AT AUDITING

research and operational research to continually improve their emergency response services. The research team is also instrumental in:

- > Analyzing, interpreting and estimating the trends of technology, education systems, training, standards in the speed and quality of patient care in emergencies
- > Assists in policy making
- > Integrates developments, impact policies and helps in resource deployment
- > Transfers knowledge to the healthcare society
- > Studies patient impact

**Do share with us the uniqueness of the Abhayam project in Gujarat.**

GVK EMRI in association with the Gujarat government has also launched 181 - the Abhayam Women Helpline for women in collaboration with the Home and Women and Child Welfare Departments. It is synchronized with the existing "1091 - Gujarat Police Helpline" and other women-oriented services. The Abhayam helpline counsels and guides women and also acts as a vital tool in any threat situation that the caller might face.

Another unique initiative worth mentioning is the "Mother and Child Tracking Facilitation Centre" in Delhi that would validate the data records of all the states in India maintained by the regional 'Mother and Child Tracking Systems' (MCTS) about pregnant women and new born

children, along with the records of ASHA and ANM Health Workers enrolled so far. This project is also aimed at auditing the efficiencies of the various projects/schemes initiated by the Union Government regarding the pregnant woman and child across the various states in the country and provides first-hand information of the implementation status and also the improvement areas.

**Please throw some light on your partnership with Tech Mahindra. How do they help in supporting the EMRI service?**

Leveraging the latest technology to enable precise, speedy and effective Emergency Response Services makes GVK EMRI a cut above the rest. Tech Mahindra, GVK EMRI's technology partner has been associated with the development of a comprehensive Emergency Management System. The centralized automated Emergency Management System integrates all the key functions of taking the call, defining the problem, coordinating the response and providing emergency care.

**What is the broad curriculum of the training institute? Where are the trained emergency management professionals placed? Are they placed all over India or GVK managed hospitals?**

GVK Emergency Management and





GVK EMRI HAS A WORLD CLASS EMERGENCY MEDICINE LEARNING CENTER (EMLC) AND A DEDICATED TEAM OF HIGHLY QUALIFIED EMERGENCY MEDICAL PROFESSIONALS. IT HAS COLLABORATED WITH STANFORD SCHOOL OF MEDICINE –USA, ADAM COWLEY SHOCK TRAUMA CENTER UNIVERSITY OF MARYLAND, CARNEGIE MELLON UNIVERSITY AND DISASTER MANAGEMENT AUTHORITIES AMONG OTHERS TO BUILD, ENHANCE AND BENCHMARK THE TRAINING PROGRAMS AT INTERNATIONAL STANDARDS



Research Institute believes in delivering comprehensive, speedy, reliable and quality emergency care services. The Emergency Education and Training team at GVK EMRI aims at conducting education and Post Graduate Program in Emergency Care –

- > A two-year full time residential Post Graduation program is designed in partnership with Stanford School of Medicine, USA to bring in the highest possible value addition in prevention and management of individual emergencies through competency development

- > Foundation training program for Emergency Medical Technician & Pilot (the ambulance driver)

- > In-service training program
- > First Responder (FR) training program
- > FR TOT programs
- > Skill development program for general practitioners and house surgeons
- > Orientation training camps for doctors and nurses
- > Virtual learning events
- > AHA programs
- > International trauma life support programs
- > Essential EM practices (Basic/Advanced course)

GVK EMRI is a certified International training Center accredited by American Heart Association for courses in Advanced Cardiac Life Support and Basic Life Support.

Over 30,000 employees positioned as communication officers, dispatch officers, emergency medical technicians, pilots and support staffs are working with EMRI.

GVK EMRI has a world class Emergency Medicine Learning Center (EMLC) and a dedicated team of highly qualified emergency medical professionals. It has collaborated with Stanford School of Medicine –USA, Adam Cowley Shock Trauma Center University of Maryland, Carnegie Mellon University and Disaster Management Authorities among others to build, enhance and benchmark the training programs at international standards.

GVK EMRI has been certified as the International Training Centre (ITC) by the American Heart Association (AHA), for courses in Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS). GVK EMRI is also certified by International Trauma Life Support (ITLS), USA to provide Basic and Advanced Trauma Life Support. Qualified medical professionals and specialists from emergency medicine, anesthesiology, pediatrics, public health, Certified AHA and ITLS Instructors are involved as resource persons in various training programs. Manikin-based simulation environment is widely used in emergency care skill acquisition. All candidates in training will have hands-on practice on one of the best simulation equipments in India.

**Rohit Adya**

Putting People Before Profits:

**Vodafone's Vocabulary of  
3Es & 4Ms to**

**EMPOWER INDIA'S POOR**

*Telecom giant Vodafone believes that an evolved society offers better business opportunities. The company leverages its mastery in mobile technology to catalyze the process of social transformation in health, education and empowerment. Rohit Adya, Director, External Affairs, Vodafone India, shares his views with CSR Mandate on Vodafone's CSR activities in India. Excerpts.*



**Vodafone has the largest footprint in India in the mobile phone service sector, even in terms of penetrating rural India. Being one of the largest and oldest players in telecom, how do you view CSR in India? Do you think the big companies and the MNCs are doing enough to help build an inclusive India? Which are the areas in which Vodafone is working for community development?**

CSR is an ongoing journey that requires putting people before profits. At Vodafone India, we understand that the need to engage in sustainable practices is no longer a choice but an imperative. What is good for society is good for business.

Corporates and communities must connect and engage deeper than ever before. It is important to build the right partnerships – communities, employees, vendors, developmental sector, government, industry, research institutions, and experts to contribute positively to the three pillars of sustainability – social, economic and environmental. This is integral to the way we run our business and design our policies. Our Mission, Vision and Values clearly reflect our commitment, not only to our direct stakeholders but also to the society we function in.

At Vodafone, social responsibility goes beyond the traditional cheque-book approach. We believe in 'Mobile for Good', leveraging the power of the mobile technology to catalyse societal transformation. We are committed to act

responsibly and to maintain the trust of our customers, our employees, the community we operate in and other stakeholders.

We focus on:

- > Developing innovative solutions
- > Reducing environmental impact, using alternate sources of energy
- > Delivering products and services that help build a sustainable future.

Contributing to CSR and sustainability is a part of our overall responsibility towards our stakeholders, who trust us to follow the highest standards of corporate governance.

Vodafone Cares is our platform to integrate all the good Vodafone India does as an organisation under a single umbrella which builds itself around the 3Es – Empowerment, Education and Environment, the strategic pillars of sustainability & CSR at Vodafone India.

Over and above, through the Vodafone Foundation, we are committed to enable people and use technology to address some of India's most pressing challenges relating to education, health, equality and access. We seek to empower women so that they can compete on an equal footing, to reach rural areas and support the people living there, and to provide new opportunities for education.

All our activities focus on the 4Ms of empowering individuals

- > m Health
- > m Education
- > m Agriculture and
- > m Women



We work in partnership with key charities, development agencies and the community to drive social change on a large scale in India.

As part of our social investment programme, the Vodafone Foundation in India also focusses on disaster relief and implements the World of Difference, a unique employee engagement programme.

**Rural health and poor health among majority of Indians is a big concern, especially when India has more than 70 percent of young population whose potential in contributing to the economic growth cannot be undermined. In what ways is Vodafone contributing in promoting community health of young people, women and the senior citizens?**

Given our commitment towards Mobile for Good, we have partnered with Indian Association of Pediatrics' (IAP) Immunize India project to launch the world's largest Vaccination Reminder Service for infants and children, who are our future. Immunize India is a national, non-profit initiative that aims to prevent 500,000 child deaths and disabilities by 2018.

The IAP-Immunize India programme is a

unique initiative that leverages the outreach of mobile technology and penetration of mobile phones across the country to raise awareness and deliver critical alerts about an essential health service. This reminder service is available free of cost to parents across the country and they can opt-in to the service by sending a text message by SMS to the national short code 566778 from any mobile network in India, in the following format:

> Immunize <Space> <Baby's pet name> <Space> <Baby's date of birth>

> Parents will receive an immediate confirmation and text message reminders for 12 years, following the prescribed immunization schedule - 3 reminders are sent, at 2 day intervals, for each vaccination due.

Our association as the telecom partner reinforces our commitment towards how technology and innovation can be used effectively for social good especially in the area of health.

**Worldwide Vodafone is doing a lot in bridging the rural-urban divide in terms of education, health, environment sustainability and women empowerment. Could you draw a parallel between the needs of those countries and that of India? How do you adapt your activities to suit India's specific needs?**

Vodafone recognizes the power of mobile technology to address some of the world's most pressing challenges relating to education, health, equality and access. The same is true for India as well. We are committed to enable people and technology to drive innovation, disseminate knowledge, and create shared value to improve lives.



**“LEARNING WITH VODAFONE SOLUTION” IN PARTNERSHIP WITH PRATHAM EDUCATION FOUNDATION IS ENHANCING EDUCATION USING MOBILE TECHNOLOGY FOR 50,000 CHILDREN IN 1,000 LOW-INCOME SCHOOLS ACROSS 12 STATES IN INDIA. THE PROJECT GOAL IS TO INTEGRATE TECHNOLOGY INTO THE CLASSROOM, AND PROVIDE INNOVATIVE INTERACTIVE LEARNING OPPORTUNITY IN SCIENCE AND MATHEMATICS TO GRADE 6 & 7 STUDENTS IN ENGLISH AND HINDI**

We are leveraging our understanding of the mobile domain capability as a large corporate with a countrywide footprint and partnerships with government and the developmental sector to create a meaningful impact within the community in line with the national inclusive growth agenda.

To cite a few examples,

> Education is a basic need and right, critical for nation development and through Vodafone Foundation, one of the key focus areas under the 4Ms is m Education.

“Learning with Vodafone Solution” in partnership with Pratham Education Foundation is enhancing education using mobile technology for 50,000 children in 1,000 low-income schools across 12 states in India. The project goal is to integrate technology into the classroom, and provide innovative interactive learning opportunity in Science and Mathematics to Grade 6 & 7 students in English and Hindi. The technology: 'Learning with Vodafone Solution' uses innovative software developed by the Vodafone Solutions Team (Innovations Centre). A state-of-the-art teaching tool called the WebBox directly delivers state curriculum aligned digital content for the classroom in the form of videos, images, and hands on activities and assessments.

> Women empowerment leads to

community development in a chain reaction with multiplier effect. Vodafone Foundation has undertaken a globally recognized project called RUDI Sandesha Vyavhar (RSV) project – a mobile MIS application for rural women entrepreneurs in partnership with the Cherie Blair Foundation & Self Employed Women's Association.

> RSV is mobile-based management solution for the Rural Distribution Network (RUDI) of Self Employed Women's Association (SEWA), which helps the rural women within the RUDI network to sell farm produce within their local communities and generate more business opportunities. It also enables the RUDI management to reduce inefficiencies that contributed to loss of 15-20 percent in potential sales and revenue through central tracking and technology. An innovative USSD based MIS platform operational on simple mobile feature phones has automated the supply chain process, bringing in efficiencies to place orders real time, record sale, receive messages from RUDI team, maintain daily sales report, customer ledger and financial updates.

> Environment is critical from a sustainability perspective. As one of the largest telecom companies, our need for diesel consumption is huge, in the absence



THE WORLD OF DIFFERENCE PROGRAMME OF THE VODAFONE FOUNDATION IS A FLAGSHIP INITIATIVE THAT ENABLES PEOPLE TO DONATE THEIR TIME, SKILLS, EXPERTISE AND PASSION TO WORK FOR A CHARITY OF THEIR CHOICE. OPERATING IN 22 COUNTRIES WORLDWIDE, THE WOD PROGRAMME IS VODAFONE'S UNIQUE WAY OF CORPORATE GIVING THAT GOES BEYOND THE TRADITIONAL 'CHEQUE BOOK' APPROACH

of quality and reliable supply of electric power. As a step to protect the environment, we closely map our carbon footprint and have partnered with TERI to explore alternatives to increase the use of solar and other alternate sources of cleaner power.

**We have been reading a lot about the programme "World of Difference". Could you explain what the programme is all about and how it has impacted the lives of the poor and under-privileged in India?**

The World of Difference programme of the Vodafone Foundation is a flagship initiative that enables people to donate their time, skills, expertise and passion to work for a charity of their choice. Operating in 22 countries worldwide, the WoD programme is Vodafone's unique way of corporate giving that goes beyond the traditional 'cheque book' approach. It is a unique way of corporate giving that taps into the skills, expertise and passion of the employees by mobilizing them to take time out from their routine jobs and use their experience and knowledge to develop practical solutions for specific challenges being faced by NGOs.

Select Vodafone employees work with NGOs on a full time basis for eight weeks and also raise funds for them. Till 2013, 78 employee volunteers had contributed an approximate 38,500 man-hours. This year, an additional 33 Vodafone employees, identified after a rigorous selection process, have worked with 29 NGOs supporting the

cause of women empowerment and education.

Whilst the World of Difference winners work on focused project placements with NGOs, the rest of Vodafone India also participate by raising monies for the theme identified for the year.

This year, World of Difference has identified educating the girl child as a key theme. The fundraising cause is to enable 30,000 out-of-school girls to go to school for one year and the target is to raise a total of INR 75 lakhs together as a company.

**Vodafone talks about passive and active involvement in CSR activities? Could you please elaborate on this so we can better understand the aspects of active CSR.**

As mentioned earlier, at Vodafone, social responsibility goes beyond the traditional cheque book approach. We believe in an active, engaging approach that leverages our strengths, resources and capabilities as a large, nationwide organization and the power of the mobile technology to catalyse societal transformation.

To cite an example, as an organization, Health, Safety and Well-being (HSW) of our people is vital to us. As India has one of the highest incidents of road accidents in the world, we extended the focus on road safety beyond our employees, associates and partners to the community at large through various campaigns.

We partnered with the traffic police in Hubli, Pune, Kanpur, Patna, Ranchi, Delhi, Bhubaneswar, Asansol, Raipur, Kerala etc. to raise awareness about road safety and observing traffic rules. Conducted at prominent landmarks in each city, these campaigns have reached out to tens of thousands of people. Road-safety gears, informative pamphlets and merchandise were also distributed to them.

Further, through our 'Raise Your Hand' initiative, our employee volunteers visit schools and talk about the importance of road safety to children across the country. We have established over 90,000 child connects in less than a year.



# CSR Must be Embedded in Corporate Business Processes as CORE ACTIVITY



*Col Prakash Tewari (Retd), Group Vice President, CSR and Education, Jindal Steel and Power Limited, and Secretary, JSPL Foundation, says that corporate companies must treat CSR as their core activity and ensure that it is embedded in all their business processes. In an interview with CSR Mandate, Col Tewari emphasizes that companies must understand that CSR is not a mere add-on function. In India, successful companies will be those which will be able to differentiate business through strategic CSR, he adds. Excerpts.*

**Please tell us about your company's activities, aims and objectives.**

JSPL's objective is to strengthen India's industrial base by aiding infrastructural company deploys its resources to improve infrastructure, education, health, water, sanitation, environment etc. in the areas it operates in. Our competitive strengths – strategic global expansion, strong distribution network, product differentiation, raw material security, operational excellence and global integration – position us well to help meet India's long-term socio-economic priorities. We are partnering the nation's aspirations by conducting business in a manner that protects and promotes the safety and health of our

employees, those involved with our operations, and the communities we work with. We are also significantly present in mining, power, realty and infrastructure segments, catering to a large part of India's domestic energy and infrastructure requirements. Our business operations span across Asia, Middle East, Africa and Australia. In just one and a half decades of operations, we have considerably expanded our presence on the global landscape.

JSPL has recently been rated as the second highest value creator in the world by Boston Consulting Group; 11th fastest growing company in India by Business World; included in one of the Fab 50 Companies by Forbes Asia, 2009 and 2010; one



O P Jindal Community College (OPJCC)



Jindal Institute of Power Technology (Tamnar) – over 2410 students



O P Jindal School, Raigarh



of the Best Blue Chip companies as well as the Highest Wealth Creator by the Dalal Street Journal. It has also been ranked fourth as per Total Income in the Iron and Steel sector by Dun & Bradstreet.

**What kind of positive impact has been made through projects in the community? Please tell us about major CSR initiatives launched by your company.**

Recently we carried out a Socio-Economic Impact Assessment (SEIA) study by NABCONS in all our plants and coal mines periphery to analyse and document the social and economic changes in the area since our inception. We found that a major activity, pursued by people in terms of its share in total income was service followed by crop farming. A large number of people benefited and the status and income of the people have gone up considerably. Seasonal migration has decreased from about 10 percent to almost zero. The decreased migration was due to opportunity for livelihood within the villages. People benefited from the compensation given as they were able to buy land elsewhere and invest in the future as well. The consumption or average expenditure per household has increased with focus on education, healthcare and clothes. Purchase of motor cycles and maintenance activities by communities have also brought a number of social changes and some of them were promotion of community-based organisations (Self Help Groups), narrowing down of differences between SCs/STs and

others which could be the effect of urbanization and inward migration, reduced extent of child marriage (15 to 2.0 percent), reduced school dropout rate (from 10 percent to less than 5.0 percent), improvements in institutional delivery (82 percent), antenatal care (75 percent), breast feeding (95 percent), immunization of children (90 percent) and reduced child mortality (less than 2.0 percent).

In CSR, we do developmental activities for improving the Human Development Index and linking it to Multi Dimension Poverty Index by building institutions like engineering colleges, hospitals, schools, community colleges, etc. We also do interventions in 220 villages directly for the uplift of the underprivileged and backward people. In 2012-13, more than 3,84,000 people benefited from our social endeavors. Our various initiatives are:

Jindal Global University at Sonapat, Haryana, having a strength of over 1300 students. JGU is a research-intensive university, where knowledge creation and development of culture through scholarships and publications is a critical component of university development. We are in the process of establishing another university in Raigarh, Chattisgarh.

Jindal Institute of Power Technology recognized by Central Electricity Authority (CEA), Ministry of Power as Category-I Institute where approx. 100 students pass out every year.

O.P. Jindal Institute of Technology is recognized by AICTE, Ministry of Human Resource Development and Government of India and presently it has 1,260 students and approx 300 pass out every year.

O.P. Jindal Schools have over 10,000 students located at Raigarh, Tamnar, Barbil, Nalwa, Angul and Patratu.

O.P. Jindal Community Colleges have more than 8,000 students located at five colleges in Angul, Barbil, Godda, Patratu and Punjipathra, as well as four adopted Industrial Training Institutes (ITIs) in Raigarh and Barbil.

JSPL believes in carrying out its CSR initiatives in the communities directly. In 2012-13 it deployed resources through 24 mobile vans, seven health centers providing services to 2,64,000 patients providing subsidized/free medicines. 120 free medical camps for 12,694 patients, rehabilitation

centres for 2,750 differently-abled people and 7,694 adolescent girls for anemia treatment. It also provided 197 Community Teachers in Government Schools, books to 4,600 jail inmates' children. Scholarship is also given to 748 students of Engineering College, Power Technology Institute and meritorious students of the state of Chhattisgarh, Jharkhand and Orissa. In addition, 158 students studying in JSPL-owned schools were given scholarships.

The company installed/repaired bore wells, submersible pumps, hand pumps for providing clean drinking water, constructed boundary walls in schools, renovated classrooms, vocational training buildings, community halls, and electrification of villages, installation of high capacity transformers, upgraded civic amenities, constructed roads, community halls, veterinary hospital buildings, toilets etc.

It formed 262 Self Help Groups with 3,105 members. A total of 4,27,530 women were covered under these initiatives. A total of 21,357 youths were engaged in sports, art and culture. A total of 2,60,600 trees were planted under the watershed development project covering an area of 3,700 acres.

**Healthcare is one of the major initiatives taken up by JSPL. Please share with us about the hospitals set up by your company at Raigarh. What are the treatments offered and are they available free of cost?**

In JSPL, our strategy for providing healthcare is by setting up of satellite and nodal medical facilities. In villages and remote locations known as satellite, we provide medical facilities through telemedicine and mobile medical vans. A few centres have 10-15 bedded hospitals with X-ray, pathological labs, minor OT, besides gynecology facilities. All villages have Vatsalya (similar to Asha) workers who are specially trained and keep the medical record of all villages. At a few locations, the capacity and capability of the Asha workers have been built so that they can be integrated into our system as well.

We have set up a 100-bed O.P. Jindal Hospital and Research Centre at Raigarh in collaboration with Fortis Healthcare Ltd as a nodal centre. This is an effort to provide superior healthcare services in the eastern

region of the Chhattisgarh State. The Fortis O.P. Jindal Hospital & Research Centre at Raigarh is a multi-super specialty hospital with special emphasis on Cardiac Sciences, Neuro Sciences, Ortho & Joint Replacement, Trauma, Intensive care, Mother and Child care as super-specialties backed by a range of multi-specialties. The hospital staff consist of highly experienced physicians and surgeons who provide treatments across specialties.

Unlike satellite centres where all the medical facilities are free, patients at the nodal hospital have to pay. However, we have ensured that the villages are provided medical insurance through the Mukhya Mantri Swasthya Bima Yojana. People with major diseases are financed by the help of medical insurance or the Sanjeevani Sahayata Kosh scheme of the Government. Labourers utilize the facility of Employees' State Insurance Corporation Scheme. We also assist people regularly through funds from the hospital or from our CSR coffer. Our motto is to serve people and enable the best treatment to them at their location.

JSPL believes in establishing multiple charitable clinics, hospitals and providing world class health facilities to its employees and communities. It has treated 14,642 indoor patients and 3,39,077 outdoor patients since 2008. During 2012-13, the number of indoor and outdoor patients receiving treatment has been 3,992 and 88,769 respectively.

Facilities available: 24 hours Emergency Services, Consultants and Pharmacy, 64 Slice CT Scan, Cather Lab, USG Modular OT, Dialysis & Nephrology, SICU, Medical ICU, Burn ICU, Neonatal ICU and Coronary Care Unit, Physiotherapy & Rehabilitation, Dental, ENT, Ophthalmology, General & Laparoscopic Surgery. Diagnosis facilities include pathology laboratory, Digital X-Ray, Ultra Sonography, ECHO, TMT, Holter Monitoring, Doppler, ECG Modernized and Blood Bank Facility.

**You also conduct regular health and medical camps in Jharkhand, Odisha and Chattisgarh. What are the major health issues being catalogued by the medical team and the strategy JSPL is using in combating these serious health issues?**





Yes, we conduct regular health and medical camps in Jharkhand, Odisha and Chattisgarh. Some of the health issues identified by our medical team in these areas are malaria, anemia, mal-nutrition, mother mortality rates (MMR) & infant morbidity rates (IMR), cataract, T.B and diarrhoea.

While these are major health issues, we also grapple on how to enhance the lifespan of the people. People living in Jharkhand have a low life span. Tribals like the Santhals and Paharias are addicted to Mohua. They also depend on their traditional system for treatment and do not easily adopt the allopathic treatment for preventive or curative health.

JSPL and most of the corporates working in these areas are taking a number of initiatives in the field of healthcare. We take initiative in collaborating with the Government for public health and engineering. Our strategy is based on building the capacity and capability of the medical practitioners and staff already serving the population, strengthen the health facilities of the Government and not create parallel health infrastructures. We focus more on transforming medical facilities. Many places are lacking basic facilities for improvement of healthcare. The bulk of population has a strong belief in ritual and traditional dogma practices. We are focusing on sensitizing the population on utilizing the facilities of JSPL and several government initiatives on various health issues through our CSR personnel. To increase the life span of the tribal people, we are planning to equip hospitals with all major facilities and bring about a behavioral change in their habits.

We believe in caring for the child before he is born. Hence we have our processes in place to cater to the mother through regular counseling and capacity building through our Vatsalya/Asha workers. They keep a track of the mother and ensure that delivery is done in hospital and thereafter the child is given regular vaccinations. Balwadis have been set in villages and we also ensure that the Anganwadis function properly.

We keep track and record malnourished children including the severely malnourished and ensure that we are able to save them.

For all the above initiatives, we actively

collaborate with Red Cross Society, District Blood Banks, District Health Administration, Integrated Child Development Scheme (ICDS), Zilla Swastha Samiti (ZSS), National Rural Health Mission (NRHM), National Vector Borne Diseases Control Program (NVBDCP), Integrated Counseling and Testing Center (ICTC), National AIDS Control Organization and District AIDS Prevention and Control Unit (DAPCU).

**JSPL has also been conducting eye camps. Who do you tie up with to reach out to the needy in the interiors where people do not have access to a hospital or the means to pay for expensive eye surgeries? How many people have benefitted from these camps over the years?**

Cataract and other ophthalmic disorders are very common in the district of Chhattisgarh, Jharkhand and Odisha. Leading surgeons from all over India are invited for conducting cataract and lens implantation surgery. Surgery is carried out by the PHACO method in which no suturing is required. The surgery costing Rs.10,000 is done free of cost in the camp. Cataract operations are conducted for patients annually, free of cost. Spectacles and fruits are distributed to all patients after the operation.

We also cater to other geographical locations such as Haryana where we did 20 eye camps by reaching to more than 8,000 people every month. A panel of doctors has been formed to carry out eye check-ups in villages and perform operations in high-tech operation theatres, free of cost.

So far, the number of surgeries conducted has been 34,548 and 1.25 lakh-plus spectacles have been distributed.

**Apart from these, are there any other areas in healthcare that JSPL involve itself in?**

**Asha The Hope:** A CSR initiative towards rehabilitating and empowering the people with disabilities. It is a non profitable initiative and works through the state of art rehabilitation services in terms of early intervention. Services provided are physiotherapy and occupation therapy, special education, speech therapy, music and recreational therapy, counseling and



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guidance services, vocational, mobile and Braille training.

Counseling and Testing Centres for HIV/AIDS: A total of 21,602 people were covered in 2012-13.

The company organizes family planning camps in collaboration with the district hospitals.

We run mobile vans only for checking anaemia of adolescent girls in schools and also organize camps. Besides capacity building, the girls are also given medicines and vegetable seeds which they can grow in their backyard for consumption.

Population Stabilization Programs: A number of camps are organized to educate people. A large number of condom dispensing machines are also installed at various locations. A number of booklets and information material on population stabilization is printed by the company and distributed to people.

Donation of Ambulances: The company also donated 12 ambulances to the district administration for addressing medical emergencies/medical needs of the local population. These ambulances serve as mobile dispensaries and mobility support for pregnant women and other patients where the company could not reach. As many as 1.5 lakh people have benefited from this initiative.

Mega Specialist Health Camps were organized in collaboration with occupational health centre (OHC).

Aanchal/Vatsalya Programme:- This programme is dedicated to mother and child

care for reducing infant mortality rate & maternal mortality rate. It has benefited approx 40,000 women. The company organized 355 vaccination camps where 2,162 children were vaccinated. Through this program, the company actively supported the Government's pulse polio eradication programme and malnutrition management campaign. It participated in the programme actively, helped to identify target beneficiaries and assisted them to reach the booth.

Nursing Assistant Course:- We also organize a six-month certificate Nursing Assistant Course for the girls of our villages in our hospitals. This is free of cost, including lodging and boarding facilities.

### **What are the other new and inventive projects that JSPL is looking at in improving the healthcare sector in India?**

We are deeply involved in playing an important role in improving the healthcare sector in India. The two major initiatives are utilization of telemedicine and multi-specialty medical vans with a well-equipped doctor. This will improve the chances of more interaction with the patient. In majority of our projects, the people we serve belong to underprivileged category. Thus considering the fact, we started the philosophy- "Doctors reaching the patient rather than other way round." This saves time and money of the patient as the doctors can know the background of the patient easily. We are planning to connect this facility with medical colleges and a nursing college. This will enhance the practical training of the student while laying for us the foundation of creating better empowered professionals.

JSPL fully believes in extending full support for all stakeholders to improve the healthcare sector in India. Many villages are prone to water-borne diseases. Safe potable water is scarce and in many areas humans and cattle share the same source of water. JSPL has taken the initiative to install water and hand pumps in its adopted villages.

Other initiatives includes improving the quality of life of persons with disabilities in the region through focused camps where tricycles, wheelchairs, crutches and hearing aids are also distributed.





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#### **Does JSPL operate in any other CSR verticals?**

At JSPL we work in seven CSR verticals: -  
**EDUCATION:** Capacity building through education and enabling environment for children to evolve as responsible citizens.

**HEALTH:** Establishing multiple charitable clinics, hospitals and providing world-class health facilities to our employees and the communities.

**LIVELIHOOD:** Development of self-dependency and encouragement for practical skills for individual community and long term prosperity.

**INFRASTRUCTURE DEVELOPMENT:** Improve quality of life by reducing rural urban divide. Easy access to modern amenities and improved surroundings.

**LIVESTOCK MANAGEMENT:** Improved animal husbandry practices to improve health status of livestock.

**YOUTH & SPORTS, ART & CULTURE DEVELOPMENT:** Channelizing the energy of the youth towards the development of communities by giving opportunities in various activities. Promoting local culture art, cultures and tradition actively.

**ENVIRONMENT:** Protecting the environment through the company's policies and practices.

We believe business and society can always strengthen each other, when they are integrated in mutually reinforcing partnerships.

**Tell us about the Green CSR initiatives**

#### **launched by your company?**

The company attempts to strike the right balance between environment and growth. The company's Mission and Vision Statement amply expresses its approach to environment sustainability. We also promote efficient use of energy and natural resources and ensure safe and proper storage, use and disposal of materials. JSPL is committed towards protecting the environment through its various policies and practices. It has institutionalized a fully-functional system to take ahead its 'green' agenda. Some of the notable achievements are: every drop of water is recycled; coal rejects are utilized to generate power; and the residue (fly ash) is used in the construction of roads, houses for employees and other buildings. Even the waste heat generated during the production of sponge iron is used to generate electrical power.

The company practices world-class environmental management systems. It has implemented the Total Productive Maintenance (TPM) system for better process control. The company conserves water through a 100 percent effluent recycling process. JSPL nurseries undertake time-to-time distribution of saplings to nearby villages, encouraging ecological conservation. It has fostered large scale afforestation in a bid to enhance greening of 22 percent of the space at all its steel and power plants. Keeping plant areas clean through mechanized housekeeping initiatives. The Company adopts the best practices on environment, occupational health and safety areas. The organisation pursues the Environmental Management System (EMS) ISO 14001 and the Occupational Health and Safety Assessment System OHSAS 18001 at its units. At all projects, appropriate air pollution control devices like High efficiency Pulse-jet bag filters, Electro Static Precipitators, scrubbers and dust extraction, and suppression systems are installed to control air pollution. Emissions are monitored for their adherence to the relevant rules. Ambient air quality is monitored by installing online ambient air quality monitoring stations.

We also aim to maximize participation of employees, contractors, customers, communities and, for that matter, all



IT IS NOT POSSIBLE TO RATE THE INDIA BUSINESS ON CSR SCALE. DIFFERENT CORPORATES ARE DOING DIFFERENT CSR ACTIVITIES FROM DIFFERENT PERSPECTIVES. FOR INSTANCE IN OUR JSPL GROUP OUR BUSINESS IS LINKED TO OUR CSR STRATEGIC GOALS AND WE HAVE STRATEGIC OBJECTIVES WITH KEY PERFORMANCE INDICATORS, GOAL AND TIMELINES FOR ACHIEVING THEM

stakeholders. At JSPL, we believe in sustainable growth. We continuously take initiatives to help protect the environment and stimulate efforts for green growth. Mass tree plantation programmes are regularly organized in consultation with the Forest Department covering vast tracts of land in and around its units in a concerted bid to increase the green cover of the area. Green belts are properly maintained. Over 3.0 lakh saplings were planted during the current year with a survival rate of over 80 percent. Training is imparted to employees for environment protection and commendable performances in the field are recognized through awards. Programmes are also conducted for environment awareness by organizing seminars, arranging annual flower and vegetable shows, observing World Environment Day and others.

#### **What are the major challenges faced in executing CSR projects in India?**

We face a number of challenges during implementation of the projects. There are a large number of stakeholders and different people have different stakes in the project. A lot of problems are created by stakeholders and people who have no stake in the project. Lack of ownership is a major concern as no one is ready to take ownership. During project execution phase, there is no one who can be held accountable and at the end of the project it is difficult to hand it over to the community as no one is ready to take responsibility. Most of the influential people/ power centers in the community force/ try to exert pressure to start the project at locations which will benefit them the most.

To improve the implementation process, it is to be borne in mind that projects involve 80 percent planning and 20 percent execution. There has to be a proper governance structure and project should ensure that it enlists people participation and they also contribute in the project by the way of labor or financial contribution. This helps in bringing ownership of the project within the community. After the project is complete it should be handed over to the community through a proper system. The project should be self-sustainable and

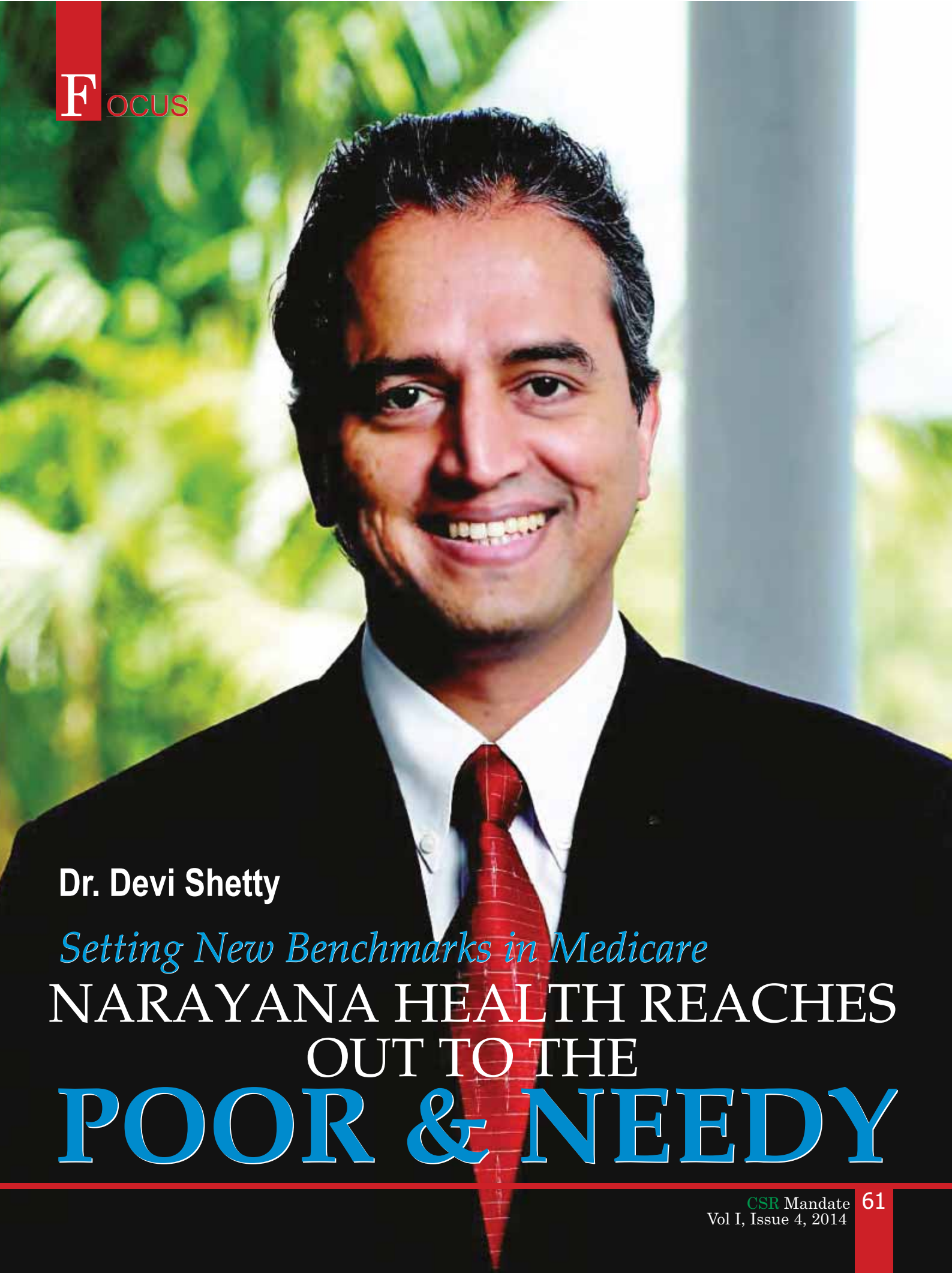
corporates should train people in operating and maintenance after their exit.

It is not possible to rate the India Business on CSR scale. Different corporates are doing different CSR activities from different perspectives. For instance in our JSPL Group our business is linked to our CSR strategic goals and we have strategic objectives with key performance indicators, goal and timelines for achieving them. All locations have annual business plans which clearly define the deliverables, proposed outcomes and the output. We also ensure that we converge/ leverage these projects with other agencies and measure the efficiency and effectiveness. We also intend to map the community satisfaction index and link to the human development index so as to measure the impact of our CSR initiatives.

We recommend that all businesses should have a very clearly defined community engagement strategy which clearly lists down their principles of community engagement, processes for mapping and segmentation of their communities, processes for engaging with the project affected communities, value chain and the methodology of governance and management. We also recommend that companies should follow the GRI guidelines and publish their Sustainability Report so that they are transparent and voluntarily disclose their triple bottom line performance, externally verified by an outside agency. This action would generate a relentless quest to create a larger societal and environmental capital and subserve larger national priorities.

#### **In your opinion, what are the most burning issues in Indian business today?**

The most urgent ethical issues in CSR today are financial concerns i.e., how much to spend and where to invest it in. With large numbers of social issues and different stakeholders, the dilemma is who to support and how to meet the growing expectations of the people. CSR professionals also face the dilemma when dealing with labor markets as business generally like to shift to countries or areas where the wages are low. Thus how to deal with the HR issues in different cultural and geographical areas is a big challenge.



**Dr. Devi Shetty**

*Setting New Benchmarks in Medicare*

# NARAYANA HEALTH REACHES OUT TO THE **POOR & NEEDY**



*On May 8, 2001, Dr Devi Shetty founded Narayana Health with 225 beds. Narayana Health received a considerable amount of donor support to fund their hospital initially in Kolkata and then in Bangalore. Further expansion plans were primarily funded by internal accruals, significant contributions from donors, in terms of philanthropy and the support from the various state governments. Dr. Devi Shetty's vision has been to make NH a large scale organization. Hence he decided very soon to branch out into other geographies after Bangalore in cities like Jamshedpur, Hyderabad, Jaipur, Ahmedabad, Raipur, and so on.*

Today NH is one of India's largest healthcare services providers, and also one of the world's most economical, with 26 hospitals, located in 16 cities, 13,000 employees, 6,900 beds and 1,500 doctors.

NH has future expansion plans to grow rapidly and set up hospitals in many more cities across India to set up a hospital network with NH 30,000 beds.

NH's vision is to provide high quality healthcare, with care and compassion, at an affordable cost, on a large scale. NH's goal is to cater to all sections of society while striving to maintain the highest quality standards and at the most affordable cost. The aim is to treat everyone who comes to the hospital in the best possible manner, irrespective of whether they can afford full payment.

Many initiatives have helped NH in moving towards its commitment of providing affordable healthcare for the masses. Cost consciousness is a critical value at NH, whether it is the use of telemedicine or micro insurance schemes that provide quality care at an affordable cost, or the kind of process and practices followed internally, such as the kind of partnership agreements with suppliers to bring down costs, central purchase for supplies, efficient supply chain, monitoring the financial health of the units on a daily basis, and the low cost hospital construction models.

At NH Bangalore, it is possible to do 42 heart surgeries a day, with our Assembly Line Surgery Model. ("Henry Ford of Heart

Surgery" in India, a factory model for hospitals in cutting costs and yielding profits - Wall Street Journal, Nov 2009). This has helped NH leverage its assets of high quality doctors, technicians and equipments.

> Reduced the cost of heart surgery to \$1583

### **What Makes Narayana Health Different?**

#### Unique Health City model-shared resources reduces cost

Unique Health city model leveraging on economies of scale & scope

> One of the largest dialysis units in India with 217 dedicated beds & 1,30,000 procedures per year

> 80 bed dedicated post-op paediatric cardiac ICU – the largest in the world

> An average of over 16 heart operations on children every day

> India's largest and most advanced pediatric liver transplant program-33 pediatric liver transplants till date

> A campus with 2000 to 5000 beds, spread among 4-5 hospitals, dedicated to individual specialties. Best way to reduce the cost of healthcare through economies of scale and scope

> Improves the quality of clinical outcomes by exposing to multiple specialists collaborating on a single patient

> Excellent set up for research activities

#### **Assembly line approach to healthcare delivery**

> 10% of all the heart surgeries in India



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performed at NH.

- > More than 95,000 cardiac surgeries, and 2,33,000 cath lab procedures (till year Q-3 2013-14, since inception)

#### **Serving Unmet Needs**

- > More than 50% of our patients are from economically weaker sections

- > 100 free or discounted pediatric surgeries a month

- > Reaching out to the Grassroots

- > Pioneered the concept of telemedicine in India

- > Amongst the largest free telemedicine networks in the world

- > 590 tele ECG network

#### **Ethical Business Practice -**

##### **The underlying foundation of NH**

- > Institutionalized audit system

- Transparent itemized billing discipline enhances patient comfort

- > Fixed package to make patients financially comfortable

- > Collaborative Treatment Planning to ensure quality services

#### **Asset Light Model**

- > Greenfield Projects

- > Management Contracts

- > Lease, rent, management contracts and partnerships

- > Low Capex Strategy

- > Average installed cost per NH bed of INR 25 Lakhs (US\$ 38500) - [Industry Average INR 35 Lakhs (US\$ 54,000)]

#### **Low Cost Surgical Hospital Model**

- > Typically modeled as 300-bed surgical hospitals, located primarily in Tier II and Tier III cities.

- > Built as a pre-fabricated structure with minimal RCC construction, Ground floor construction thereby reducing construction costs

- > Maximum utilization of natural daylight

#### **Superior Operating Strategy**

- > Tight control on costs

- > Better inventory management

- > Pay-per-use Model

#### **PEARLS**

- > Patient & Employee Ailment Resolution & Learning System

- > Patients & staff send complaints instantly via mobile phone

- > Complaints are addressed & status updates sent



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- > Departments target reductions in the number of complaints
- > 80,933 complaints recorded till date, 99% resolved

#### **Leveraging Technology**

- > Digital Radiology
  - > Migrated to digital radiology for better throughput and image quality, while working in a film less and paper light environment.
  - > Automation
- First in India to ideate an ICU automated system that analyzes patient parameters to assist doctors, reduces human error

#### **Cloud ERP System**

- > Integration of all NH units through an ERP System deployed on a cloud. Allows real time access to data across the group
- > Dramatically impacts the bottomline by taking advantage of the pay per use concept, resulting in zero investment and maintenance costs.

#### **Academic Excellence Programs Offered**

- > 56 PG programs for Doctors,
- > 37 programs for Nursing and Para-medical professionals
- > 55 NH certified training programs
- > 945 students/trainees at any given time

#### **A typical Day at NH**

- > 558 Admissions
- > 4200 Outpatients
- > 250 Cardiac procedures
- > 417 Dialysis Procedures
- > 13 Neuro Surgeries

- > 1 Kidney Transplant
- > 13200 Laboratory Tests
- > 150 major surgeries
- > 44 cardiac surgeries

#### **NH's Commitment to the Community:**

##### **Yeshaswini:**

The world's largest self-funded Micro Health Insurance Scheme, Yeshaswini was conceptualized by NH (Dr. Devi Prasad Shetty) and launched by the Government of Karnataka in 2003. The Yeshaswini healthcare scheme, implemented through a network of hospitals, provides cost effective quality healthcare to co-operative farmers. Started at a premium of Rs 5 per month, card holders have access to 150 hospitals in 29 districts. This scheme enabled even the poor to afford heart surgeries. The total membership of this scheme of rural cooperative farmers is over 3 million, and As many as 74, 000 surgeries had been performed under this scheme till June 2012.

At a monthly premium of Rs 18, this micro insurance scheme covers over 1, 600 surgeries. This successful model has been replicated by two other states covering over 30 million people.

##### **Care Companion:**

No one can take care of the patient better than his/her family member - Dr. Devi Shetty.

The Care Companion Program was born out of a collaborative partnership between NH and the Stanford University School of Design's course, "Entrepreneurial Design



for Extreme Affordability.” Care Companion is an in-hospital initiative that educates, empowers, and trains family caregivers with the skills and confidence to become care providers for patients who have undergone surgery or who are admitted as in-patients to the hospital. The training program is designed to rapidly teach the diverse patient population, using interactive video training sessions, practical skills testing, and visual testing. By basing the course around practical and visual learning methods, NH provides family members with the skills they need, regardless of their literacy. After graduation from the program, they are allowed to perform the trained medical skills in the hospital, under the supervision of the nursing staff, to build confidence. The benefits of this program are far reaching for the patient's family. NH plans to launch the Care Companion program across other NH locations in India.

#### **Udayer Pathey:**

#### **A Scholarship & Mentoring Program for future doctors from poor rural backgrounds**

This scheme provides financial support to young children for their education. This scheme is being implemented in West Bengal. Through this initiative, NH selects bright students from some of the poorest districts of the state. The students are identified between Class VI to Class VII, Rs 500 per month is the scholarship that is paid to the selected students. NH mentors these children right from the age of 14.

NH plans to launch this program in Karnataka and other states in the near future.

#### **Discounts to the needy/poor patients:**

NH Works closely with the government to provide financial assistance to poor/needy patients through various State and Central government schemes. Thus NH provides quality healthcare and treatment to a large number of schemes patients across the country.

> On an average 15% of the monthly revenues are given as discounts.

> More than 50% of our patients are from the economically weaker sections of society and are under the free and subsidized patient group.

> 100 free or discounted pediatric surgeries a month

#### **Ray (Rajiv Gandhi Arogya Yojna)**

In the year 2005, NH set up a chain of 16 primary health centres across Amethi and Rai Bareilly to provide free primary healthcare including consultation and medication to more than 30,000 patients a month covering a population of 23 lakh over 3,200 sq km. The project also entails, recruiting people from the rural areas and training them for pharmacy, paramedics and telemedicine operations.





### **Outreach Camps and Community Programs:**

At each facility of NH, we do on an average of 25 outreach programs per month. 10 camps and 5-6 awareness programs (includes awareness lectures etc.) NH currently has its presence in 16 cities with 26 hospitals, and each hospital facility organizes these kinds of community programs. Every weekend, NH representatives are sent out in a mobile diagnostic van from the hospital to rural India.

### **Onco Grid/Cancer Net:**

Onco Grid/Cancer Net is an innovative outreach program, radically changing the way cancer prevention and treatment is delivered to the masses. As part of this program, cancer detection and prevention centres are set up in the community, with health workers trained to detect common asymptomatic cancers. This helps down-stage cancer treatment and lower costs. The cancer-detection network is coordinated using a Smartphone mobile network developed at the Mazumdar-Shaw Cancer Center along with SANA (Research group at Harvard and MIT).

### **Community Engagement Initiatives:**

At NH, we adopt tribal girls from in and around Jharkhand and West Bengal, provide them free training along with food and accommodation and subsequently take them on company rolls as Critical Care Assistants.

NH hires nurses, and other staff from the local areas and trains them, thus creating employment opportunities in the surrounding areas.

### **Telemedicine Program:**

Making care accessible to rural centres and villages that are connected to the hospital.

- > Pioneered the concept of telemedicine in India.

- > Amongst the largest free telemedicine networks in the world

- > 590 tele ECG network

- > 150 connected Telemedicine centers

- > 54,000 cardiac patients treated free

- > 10,000 patients treated in various CCUs

- > 53 locations in Africa, 10 locations in other parts of the world

### **Railway Clinics**

NH has tied up with Indian Railways to set up clinics in various railway stations in Karnataka to address medical emergencies that occur at the station free of cost. Doctors are available 24x7, all year round.

### **CSR - Future Plans:**

#### **NH's Cancer Program**

India has nearly 25 lakh cancer patients as of now (NCRP, 2013), expected to rise to 37 lakh by 2016.

NH plans to set up Oncology Centres at NH Hospital Locations: Kolkata, Jaipur, Chattisgarh-Raipur, Mysore, Shimoga, Ahmedabad



#### **Objectives of the Oncology Program:**

- > Increase Reach
- > Closer to population density
- > Reduce travel and expenses for patient and family
- > Out-reach programs for early detection of cancer
- > Bring down price of cancer care
- > Prevent patients from giving up on Radiotherapy
- > Allocate capacity for free/ subsidized treatment
- > Various central and state government scheme patients covered
- > Provide Latest Infrastructure
- > Bridge the demand supply gap

#### **Structured Program to Support the Weaker Sections**

> Patients face diagnosis of serious and at times life threatening illnesses. The disease may have a cure, but not having the funds to seek medical intervention may be life threatening. To achieve our objective that no patient should be denied quality medical care for the lack of funds, NH has started various initiatives, yet a lot more needs to be done in terms of overcoming the constraint of financial resources available for poor patient treatment. We seek help from donors - individuals and corporations to support health care interventions for poor patients.

**Payroll Giving Program** - A structured program with corporations to engage and encourage employee to donate towards supporting medical treatment for poor patients.

#### **Udayer Pathy**

> Expanding the geographical scope of Udayer Pathy to launch it in other states including Karnataka.

#### **Cancer Screening**

> Comprehensive screening program for breast and lung cancer through mobile units, through structured outreach programs covering urban, semi urban & rural areas.

#### **Nursing & Paramedical Education Programs**

To cover skill development from rural areas & economically weaker sections towards career options and sustainable livelihoods.

#### **Care Companion**

Launch of the care companion program across other NH locations in India.

#### **Employing Differently-abled people**

NH has plans to employ differently-abled people in various departments to give them an opportunity towards earning their livelihood, and exploring opportunities where they can add value using their skill sets. NH also wants to promote work place diversity and employing individuals with different abilities creates a richer work environment.





# CSR Must Focus on EMPOWERING North-Eastern Rural WOMEN

*Patricia Mukhim is the Editor of Shillong Times, the popular English daily newspaper, published from Shillong, the capital of India's northeastern state of Meghalaya. A prolific writer, gender rights activist and recipient of the Padma Shri Award, Ms. Mukhim talks to CSR Mandate on issues concerning the possible impact of CSR activities on the North Eastern region. Excerpts.*



## **What is the current status of CSR in the North-East Region?**

CSR is not much known in the North Eastern States. Most companies think that they can get away by paying extortion money to militant outfits and believe they have done their bit. Then there is the case of duplication. Companies are doing the same piecemeal work as part of their CSR hence

there is no impact. Many companies also pay to different social organizations/community based organizations that demand money for various activities such as seminars, sports and games, musical festivals, arts and painting exhibitions, etc. There has to be a more formal structure for CSR activities in the region. They should be more transparent and need-based. In the case of cement companies in Meghalaya, they might need to



**MOST COMPANIES THINK THAT THEY CAN GET AWAY BY PAYING EXTORTION MONEY TO MILITANT OUTFITS AND BELIEVE THEY HAVE DONE THEIR BIT. THEN THERE IS THE CASE OF DUPLICATION. COMPANIES ARE DOING THE SAME PIECEMEAL WORK AS PART OF THEIR CSR HENCE THERE IS NO IMPACT.**



do CSR by cleaning up the polluted rivers, plant trees to offset deforestation owing to mining activities. Healthcare facilities and potable water supply are great needs of the region. Educational enterprises are also welcome since education in rural areas of the North East is in a very dismal shape.

**Now that CSR spending is mandatory, what should be the roadmap for CSR activities in the NE Region?**

As stated earlier, companies must make their CSR activities public so that we know which organization is getting what and from which company. A better idea would be for the companies to come together in a consortium and sort out what they can do in a holistic manner and for better impact.

**What are the biggest challenges for fostering communal harmony in the North East?**

Communal harmony is a nice sounding concept but difficult to practice. The intolerance for the "other" begins in our homes. In the North East, we have a pejorative term to refer to the other and to exclude them from our circles. We are tending towards a 'People Like Us' (PLU) scenario where we have gated communities of the economically well off and draw neat borders between ourselves and them. The breakdown of communal harmony is also due to the fact that we have exclusive

celebrations of festivals. This ghettoisation of even the happy celebrations has kept us away from each other. We have vernacular schools which I think promote communalism because students of only one community study there and have not learnt the social skills to engage with those different from themselves.

**Which areas of research should the Centre for North East Studies and Policy Research focus on?**

The C-NES should focus on research that looks at landlessness among tribals of the North East; about rising poverty levels; about use of Plan funds from the Planning Commission; it should monitor centrally sponsored projects and look at the causes for delay in implementation, the time and cost overruns. C-NES should also analytically unbundle the rent-seeking economy and its operation in the region and bring it out upfront.

**As a gender rights activist, what is your analysis of the spate of rapes and sexual abuse of women occurring with alarming frequency across India?**

Like other women activists, I too am appalled at the growing number of rape cases despite the stringent laws that have come up recently. More appalling is the fact that in matrilineal Meghalaya, a place many believe is safer for women than other states,

RURAL WOMEN IN NAGALAND, MIZORAM, MANIPUR, ARUNACHAL PRADESH ARE GREAT WEAVERS AND HAVE UNIQUE DESIGNS BUT THEIR PRODUCTS HAVE NOT FOUND A NICHE MARKET. THERE IS MUCH CSR WORK TO BE DONE TO EMPOWER RURAL WOMEN



has a high number of rape cases. A good number of those raped are children and minors. Perhaps we need to do a social analysis of our societies and what is it that drives men to assert their power in such a perversely brutal manner. Rape after all is not about sex but about power because men take on vulnerable targets to channelize their raw energy.

#### **What kind of legal provisions would be a true deterrent for such offenders?**

The law is already very tough on rapists. Fast track courts are working overtime to speed up conviction or acquittal; whatever the case may be. But laws alone will not solve a societal crisis which is what rape is all about. We need more social scientists/psychologists/psycho-analysts to help us unravel this societal malaise and help us deal better with our sons at home so that they learn to give due respect to all women inside and outside their homes.

#### **What are the major problems faced by rural women in India, especially in the North-East region?**

Rural women are dipping below the poverty line. In matrilineal Meghalaya, we have the largest numbers of female-headed households where women have to manage their homes and children single-handedly. This places a great economic burden and strain on women. There must be ways to enable them to come out of their poverty and debt trap. Rural women who are mostly poor do not have access to training and capacity building for accessing government schemes and for financial management and better marketing networks. Women in Jaintia Hills, Meghalaya, process turmeric at the household level. But the absence of branding

and geographical indicators has kept the Lakadong turmeric, which has very high curcumin content, still in the dark. Mainstream India does not know about it. Similarly, rural women in Nagaland, Mizoram, Manipur, Arunachal Pradesh are great weavers and have unique designs but their products have not found a niche market. There is much CSR work to be done to empower rural women.

#### **Tell us about the mission of Indo Global Social Service Society...**

The IGSSS, of which I was Vice President until September 2013, is known for providing shelter to the homeless in Delhi and other metros thereby reducing the number of deaths from the winter cold. But the IGSSS also looks at women's empowerment programmes and works in conflict areas like Kashmir and the North East trying to enable people to build livelihoods after they come out of the conflict. IGSSS has built expertise in disaster management and lead the other NGOs in flood relief in Assam. During the Sikkim earthquake, IGSSS was the first NGO to reach out and provide relief and rehabilitation materials. During the Uttarakhand disaster too, we reached out with potable water by providing water filters and blankets - the most needed materials for the situation.

#### **As the founder member of 'Shillong We Care,' what are your views on militancy in North East India. What policy initiatives would put an end to it?**

My view on militancy has always been that the gun is no answer to political problems. All problems must be resolved through dialogue not through coercion. I am happy that through Shillong We Care, we built a lot of



awareness about the diminishing returns of militancy and got people to resist the coercion. That was how Government was able to deal with the HNLC in Meghalaya. In other states, militancy has become an industry and there are too many vested interests gaining from it, including the security forces. Unless there is political will to deal with the menace, the armed groups will continue to multiply and create terror.

**What are the major gaps and challenges faced in rural governance? How best to address them?**

The major gap lies in the fact that there is no grass-roots planning in development. In a democracy, participation of the citizens in planning their own development models is the key. They have to be part of governance but we have misunderstood governance to mean government and left it to governments to do governance. This major defect has to be remedied. The Planning Commission plans for the whole country without taking into consideration that each state has its own needs and nuances. This faulty planning model needs to be addressed for better rural governance. Rural governance requires grass-roots planning and power to the peoples' institutions.

**The State Community and Rural Development Department recently launched an initiative to promote the use of bio-digesters in Meghalaya, as part of its total sanitation campaign. Your views on it.**

I think this is a great initiative considering that civic infrastructure in Meghalaya is either non-existent or has completely broken down. This innovative technology can replace the conventional septic-tank model of sanitation by innovative bio-digester tanks using anaerobic micro-organism which is superior but cheaper than the septic-tank model. Many blocks and villages will be covered under the Total Sanitation Program, with special focus on urban areas.

**To what extent can alternative medicine and health services supplement the government's existing infrastructure of health services?**

Alternative medicine needs to be given its place in the sun. However, the practitioners need to come together and be registered so that their medicines can be validated through research and for them to be able to upscale their activities and access government funding. Many healers are doing a great job and setting up ultra-modern health care centers. They need funding to make their practice viable. Government should afford them space in the local hospitals so that they can be of assistance. We should accept that Allopathy is not the only form of treatment of diseases.

**You have won numerous awards in diverse fields. Which best practices in life helped you fetch these awards?**

I can't think of any single best practice. I have just sincerely pursued my objective of serving my fellowmen. I have worked hard in whatever I have tried to do and left the rest to God. Awards are just a stepping stone into the next big attempt.

**Which of these awards is most dear to you?**

All of them have come with some meaning so they all have sentimental value. It would be wrong for me to say I value one over the other but certainly the first award meant a lot to me. It is the Chameli Devi Jain Award for Outstanding Woman Mediaperson given to me in 1996.

**As a person you wear several hats. What would you want your legacy to be?**

I would like to leave a legacy which will be followed by my children and their children after them and not to live for oneself but to strive in making life better for the less privileged. My children are trying to do that in a small way in their respective professions. My eldest daughter is a medical doctor for the North Eastern Hill University. The next daughter works for United Nations Population Fund (UNFPA) in New Delhi. My son, the youngest, is the corporate placement officer with IIM Shillong but also a social worker.

## Coping with Parkinson's through CURE & CARE



**Dr. Maria Barretto**

Parkinson's Disease (PD) is much more than just a tremor and a shuffling gait. The life of a person with Parkinson's (PwP's) is interspersed with situations that make even daily activities like getting out of bed, buttoning a shirt or having a cup of tea, a monstrous challenge. Parkinson disease is a progressive neurological illness. It occurs when certain nerve cells (neurons) in a part of the brain called the substantia nigra die or become impaired. Normally, these cells produce a vital chemical known as dopamine. Dopamine allows smooth, coordinated function of the body's muscles and movement. When approximately 80 percent of the dopamine-producing cells are damaged, the symptoms of Parkinson Disease appear.

PD is predominantly characterised by difficulties with body movements, known as 'motor symptoms' - the three main symptoms being tremor, rigidity and bradykinesia. Other difficulties not related to movement known as 'non-motor symptoms' can also occur, such as pain, sleep disturbance and depression. Parkinson's disease affects nearly one in every 100 individuals over the age of 60. Based on the 2011 census provisional data, the number of people with Parkinson's living in India is over nine lakhs.

### **The Parkinson's Disease & Movement Disorder Society (PDMDS):**

The PDMDS was founded by renowned neurologist Dr. B.S. Singhal (Director of Neurology, Bombay Hospital Institute of Medical Sciences) with a vision to 'improve the quality of lives of people living with this disease and their families'. Through his

direct association with people with Parkinson's, he was well aware of the plight of those afflicted by this chronic condition as well as the long-term distress of their family members and caregivers.

### **The PDMDS Model of Treatment & Rehabilitation**

The PDMDS model of care centres around understanding the needs of the PwP's in the Indian context and providing a 'community-based' multi-disciplinary approach.

The core aspect of this treatment model stems from an analysis of the needs of PwPs. There exists a lack of awareness about the disease and its treatment. Educating PwPs and caregivers is therefore the first step. Education empowers, and with better understanding comes better management.

The second feature of this model is it is community-based. Considering the nature of the illness with symptoms such as postural imbalance, slowness of movement and freezing while walking, travelling long distances to a support program would be impractical. This coupled with the reality of the travails of travel in Mumbai for a program to be viable, it had to be located near home. The program needed to be taken to the people as opposed to expecting them to travel distances to attend the program. The PDMDS conducts the program in the community. It began with a single support centre in the western suburb of Borivali and today has grown to 12 centers in Mumbai, Thane and Navi Mumbai.

In India, PwP's tend to follow a mono disciplinary approach with medication as the only known treatment. Awareness and inputs on the multi-disciplinary approach to





the management of symptoms is provided in this model. This includes physiotherapy, speech therapy, occupational therapy, cognitive rehabilitation, counselling and psychological support, as well as creative therapies like art, dance and music therapy.

The PDMDS also caters to the needs of PwPs who cannot afford medication and assistive devices through the 'B.K.Parekh Patient Welfare Program'. Through an Outreach Program, those who are homebound due to the progression of the disease are offered support and advice through home visits.

The PDMDS has undertaken several research studies to understand and analyze the needs of PwPs in the Indian context and develop evidence-based strategies to manage Parkinson's. A noteworthy study among these is 'The effectiveness of Iyengar yoga on Parkinson's disease' supported and guided by Yogacharya B.K.S Iyengar. The results demonstrated that performing yoga had a significant improvement on mobility and motor function, emotional state, well being and activities of daily living. An important outcome of this study is the collaboration with the Iyengar Institute through which regular yoga programs are conducted.

This model of treatment and rehabilitation was presented at the World Parkinson's Congress in Montreal, 2013. Lizzie Graham, Director of fundraising and global communications for the European Parkinson's Disease Association (EPDA), commenting on the model wrote, "When there are just 80 neurologists for 18 million people in Mumbai...you have to be creative and innovative. And the Parkinson's Disease and Movement Disorder Society's 'community-based' model of care, through which PwPs are educated, treated, rehabilitated and brought back into the mainstream of society – is certainly that".

A case in example is a member of our support group, 55 years of age, who prior to being diagnosed with Parkinson's ran her own beauty parlour. After being diagnosed, she discontinued work and hardly ever left her house alone. Following her doctor's recommendation, she attended the program and after a few sessions commented, "I have so much confidence after attending these sessions. I am much more energetic and go out all by myself. I am back to running my

parlour again and feel independent and happy."

### Partnerships in Care:

To effectively replicate the program in other parts of India, it required to document the strategies and objectively evaluate the outcome. Through collaboration with the Narotam Sekhsaria Foundation (NSF), a research study was conducted to achieve this objective. The Tata Education Trust collaborated with the PDMDS to implement the program in Goa and Nashik. The Pidilite Industries Ltd, collaborated with the PDMDS to implement the program in Bhavnagar and plans to take it to other cities in Gujarat. Through collaboration with the Pidilite and the Mangeshkar Hospital, the program has been initiated in Pune.

### Future Directions

The PDMDS is looking to forge new partnerships and collaborate with organizations from the corporate, non-government and government sectors to increase the reach of its services, both in Mumbai as well as in other parts of India. Through our existing collaborations we have helped rehabilitate PwPs and bring them back into mainstream society. The PDMDS strives to build a more inclusive Indian society that is sensitive to the needs of people with Parkinson's.

**Dr. Maria Barretto** is CEO, Parkinson's Disease and Movement Disorder Society, (PDMDS) India. She has developed a multi-pronged approach to improving the quality of life of people with Parkinson's disease, encompassing raising awareness amongst the medical and allied health professionals and general public, developing training programs for all levels of stake holders, research and evidence-based interventions. She has developed a 'multi-disciplinary community-based' model of care through which people with Parkinson's are educated, treated, rehabilitated and brought back into mainstream society.

The Parkinson's Disease and Movement Disorder Society

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# MENTAL HEALTHCARE IN INDIA AN AREA OF DARKNESS



**Dr. Leena Chandran-Wadia**

**M**ental healthcare is among the most neglected public health challenges in India. There is a tremendous shortage of infrastructure, awareness, training and services catering to mental healthcare. Most of the care available is targeted primarily at those suffering from extreme cases of mental disorders. Not much importance has been given to 'Common Mental Disorders' such as learning disabilities, depressive and other emotional disorders, substance abuse disorders and other such disorders that do not affect the ability of the individual to carry on with normal life. When the patients happen to be young children, this kind of neglect is particularly dangerous.

Mental healthcare is an area that carries no separate budget and is part of general health services. The Ministry of Health and Family Welfare (MoHFW) admits, in its annual report 2011-12, that 'treatment gap for severe mental disorders is approximately 50 percent and in case of Common Mental Disorders, it is over 90 percent. The Ministry also admits that 75 percent of the service delivery for mental healthcare in 2005 was provided by the private sector.

The National Commission on Macroeconomics and Health estimated that mental health disorders affected 6.5 percent of the Indian population in 2005 (approx.. 70.20 million) and that this figure is expected to increase to 8.0 percent by 2015 (approx.. 101.76 million) due to stress factors related to early childhood experience of conflicts and tragedies in families, schools and neighbourhoods, unemployment, frequent disruption in incomes, mental tension at work-places, lack of social support systems, etc. Statistics compiled by the World Health Organisation (WHO) highlights the great paucity of data in the country today regarding mental healthcare facilities as well as details of treatment delivered, not

just to children and adolescents, but for all age groups.

The stigma attached to mental health disorders makes the life of patients a struggle. This is a sad but characteristic feature of mental illnesses relative to other health problems. The treatment of these disorders needs to be far more holistic — requiring far greater investment of love, compassion, sensitivity and care by the family, community, educational institutions, the healthcare establishments and, last but not the least, the government machinery. NGOs are known to be a great source of support for mentally ill individuals and their families. Many NGOs have created successful outreach programs that are able to create awareness as well as provide treatment for hundreds of individuals, especially in the urban slums of Mumbai city.

One such NGO is the M.B. Barvalia Foundation, working in the Ramabai Ambedkar Nagar slum area of Ghatkopar in Mumbai. A recent study done by them, funded by the AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) Department of MoHFW, indicates that the incidence of mental health disorders is much higher than reported at the national level. As per their study, 9.1 percent children in the age group of 9-16 years showed depressive features and 3.6 percent of them were in a clinically active phase of depression, out of a total of 581 children who were screened at two municipal schools. This shocking statistic highlights the urgent need to provision adequate mental healthcare services for the young. It also suggests that early manifestations of mental health disorders go largely unnoticed. This is a cause for concern because these early symptoms can often be handled with timely, adequate and sensitive care. Given that adolescents constitute a third of the population of India today, it is critical that





**Dr. Praful Barvalia (seated),  
Head - M.B. Barvalia Foundation,  
with his dedicated staff**

“

CHILDREN ARE OUR MOST PRECIOUS RESOURCES. THEY ARE ALSO THE MOST VULNERABLE. THE PROLIFERATION OF SLUMS AND THE HARSH CONDITIONS OF LIFE THERE ARE TAKING A VERY HIGH TOLL ON THEM. IT IS IMPERATIVE THAT WE ADDRESS THE ISSUE WITH CONSIDERABLE URGENCY SO THAT THEY CAN BLOSSOM AND NOT WILT AS THEY ARE DOING NOW

more attention is paid to the diagnosis and care of common mental health disorders in this age group.

One of the centres of the Barvalia Foundation, the Spandan Holistic Institute for Applied Homeopathy, is doing wonderful work towards ameliorating cases of depression and other mental health disorders detected among the children in the Ramabai Ambedkar Nagar slum. A holistic psycho-educational intervention, using Homeopathy as the central therapeutic modality, was carried out on the children identified with disorders by the study, with the consent of their parents. A majority of the children's families were completely unaware of their mental health condition when they were approached by Spandan. Some of them, not unexpectedly, refused to accept the need for treatment until they were counseled adequately. These children were given homeopathic treatment, rehabilitative counseling and remedial education for a period of 4-6 months. Professionals at Spandan reached out into the community to make sure that the children received appropriate dosages of medication and followed up on every child. Owing to the generosity of their patrons Spandan was able to provide treatment free of cost to a number of children. Teachers and parents reported significant improvements in the children being treated and post-evaluation tests conducted by psychologists confirmed the same. Many autistic children have even been integrated back into mainstream schooling. The program would not have been so successful had it not been for the complete cooperation and support of the principals and teachers of the municipal schools.

"Mental health disorders in children have far reaching, serious implications. Unattended disorders assume massive proportions resulting in early school

dropouts, clinically depressed children, children who grow up with suicidal tendencies and even extreme forms of violent behaviour. Therefore, all stakeholders should identify the malaise early and deal with it systematically. Unfortunately, 80 percent of our educational institutions are not well equipped to identify the disorder, leave alone to properly handle its management. Appointment of counselors is a cosmetic exercise in a number of schools", says Dr. Barvalia.

He goes on to add: "What is important is to make both PARENTS and TEACHERS adequately sensitive to the implications of mental disorders. In order to empower teachers to deal with mental illnesses among students, they should be trained accordingly and should have practical exposure. The curricula and pedagogy in various teacher training courses such as D.Ed, B.Ed, M.Ed and mid-career training programmes should be revised accordingly."

The Government of India put together a Mental Health Policy Group in 2011 to create a new mental healthcare policy that will replace the Mental Health Act of 1987. The new legislation is expected to lay the foundation for a rights-based community-oriented protocol for the healthcare of persons with mental illnesses and to increase the facilities and coverage considerably. The latest version of the Bill, the Mental Health Care Bill 2013, is still pending in parliament.

Children are our most precious resources. They are also the most vulnerable. The proliferation of slums and the harsh conditions of life there are taking a very high toll on them. It is imperative that we address the issue with considerable urgency so that they can blossom and not wilt as they are doing now.

**Dr. Leena Chandran-Wadia**, a scientist by training, is a Senior Fellow, ORF Mumbai. She is engaged in research and policy advocacy primarily in the area of Higher Education and Research, as well as in Renewable Energy, Sustainable Agriculture and Public Health. She has been a researcher at NCST Mumbai (now CDAC), IIT Bombay, EPFL and CERN, both in Switzerland. She has also worked in the corporate sector, as Senior VP and CTO at Netcore Solutions Pvt. Ltd. She can be reached at: leena.wadia@orfonline.org.

# Giving Back to Society - The SBI Youth for India Show the Way



SBIYFI Fellows at IIM, Ahmedabad

Well-educated and professionally trained Indian youth, who are on the verge of entering promising careers at home or abroad, are often consumed by the desire to serve the underprivileged of the society, at least for a brief while. SBI Youth for India Fellowship provides them with such an opportunity.

The Wikipedia describes SBI Youth for India project thus.

"The Fellowship is an initiative to sensitize and provide avenues for the more privileged sections to become aware of ground realities and contribute through their personal efforts building strong cohesive communities; a pre-requisite for a stable socio-political environment, which in turn would lead to economic regeneration. The focus of the

Fellowship has been generating interest of the educated youth towards the social sector and in incubating the spirit of social entrepreneurship".

Over 55 percent of the Indian population is below the age of 25, indicating the extent of energy, enthusiasm and idealism that can be harnessed. The mainstream career trend of young university passouts looking for climbing up the corporate ladder fast or to go abroad has alienated the youth from participating in nation-building activities. Many of them feel helpless and frustrated about their inability to act as change agents in society and to find a higher purpose for their lives.

On the other hand, economic liberalization and the growth in GDP have apparently not touched 70 percent of the Indian population. The declining agricultural productivity, falling employment opportunities in agricultural and non-farm sectors, poor healthcare services and inability to access quality elementary and higher education has led to increased distress amongst one third of the rural population.

To bridge the widening urban-rural divide and to organize and galvanize the youth particularly the urban educated youth, so that they voluntarily get involved in various developmental projects in rural areas, requires a well-structured platform like Peace Corps or Americorps to enable volunteers to spend a brief period, doing development work with underprivileged sections of society before taking up their chosen profession.



EVERY SBI YOUTH FOR INDIA FELLOW HAS THE RESPONSIBILITY OF ENSURING THAT HIS PROJECT MAKES A POSITIVE IMPACT ON THE COMMUNITY. IT BEGINS BY PLANNING A PROJECT, DEFINING THE EXPECTED OUTCOMES AND LAYING THE ROADMAP TO ACHIEVE IT, WITH THE GUIDANCE OF MENTORS FROM PARTNER NGOS

In India, there are several NGOs engaged in development work in rural areas but the average youth cannot access the avenues of volunteer work without long-term commitment for lack of organised, short-term programme for recruiting volunteers at the national level. The SBI Youth for India program fills this gap – the Fellows can contribute to social work through a sabbatical experience and get back into the mainstream, if they choose to.

#### Objectives of the Program:

The Program seeks to help India secure an equitable and sustainable growth path by:

1) Providing educated Indian youth with an opportunity to touch lives and create positive change at the grass root level in rural India.

2) Providing NGOs working on development projects in rural India with educated manpower whose skill sets can be used to catalyze rural development.

3) Promoting a forum for the programme alumni to share ideas and contribute to rural development throughout their professional life.

#### The SBI Youth for India Fellows

The pilot batch of SBIYFI Fellows was vibrant in many ways:

The Fellows were between 21-32 years of age and were from all parts of India. Adequate representation of all geographical regions of the country and of gender was achieved through stringent selection criteria that ensured the quality of the Fellows with only approximately one out of every 100 applicants being selected. The SBI Youth for India Fellows were all graduates or postgraduates including alumni of eminent institutes such as the Indian Institute of Technology (IITs) Indian Institute of Management (IIMs), BITS – Pilani, NIFT, CEPT University, foreign universities and others. Most of the professionals had an engineering or management background although there were many with diverse backgrounds in Biotechnology, Urban Planning, Law, Mathematics, and Agricultural Science. The Fellows had worked in a range of sectors including information technology, education, infrastructure, non-profit, healthcare and at leading organisations such as Tata Group, CapGemini, IBM, Mindtree, among many others before they joined the Fellowship.

The flagship batch of the Fellowship had 27 Fellows selected out of about 4,000 applicants, who worked for a year on various projects in the areas of agricultural supply chain and linkages, education, public policy and awareness, rural tourism, tribal development and environment in eight States and Union Territories namely Rajasthan, Maharashtra, Kerala, Orissa, Gujarat, Karnataka, Tamil Nadu and Puducherry.

Every SBI Youth for India Fellow has the responsibility of ensuring that his project makes a positive impact on the community. It begins by planning a project, defining the expected outcomes and laying the roadmap to achieve it, with the guidance of mentors from partner NGOs.

This program has been a once in a lifetime experience for every Fellow. Many of them have rethought about their lives and changed their career paths to do their part for the development of society.

The project received the appreciation and support of eminent personalities like Dr. APJ Abdul Kalam (Former President of India), Ratan Tata and Dr. M. S. Swaminathan. The then RBI Governor Dr. D. Subba Rao invited the Fellows for an interaction at RBI, Central Office, Mumbai and conveyed his appreciation.

Well-known management Guru CK Prahlad might have discovered the fortune at the bottom of the pyramid; but to garner its benefits for long-term sustainability of business, innovative approaches are needed. These cover all facets of the enterprise like say “jugaad”, innovation in processes, innovative models of funding like Crowd Funding, Social Impact Bonds etc. innovative business models like social enterprise, social business and the use of technology like ICT linked to the “Cloud” to deliver techno-social services et al. The alumni of SBI Youth for India are better equipped to find and fruitfully utilize the opportunities in the social sector for the common good.

#### New Session

The registration process for the next batch of the fellowship is open. The registration will close by 30 June 2014. Those interested and eligible can access the details and register themselves through SBI YFI portal: [www.youthforindia.org](http://www.youthforindia.org)

Source: SBI



## Six Indian Innovators Chosen to Develop Next GeNext Toilets



Six Indian innovators have been selected to contribute to the development of sanitation solutions as part of the Reinvent the Toilet Challenge: India. From a pool of 108 applications, the six projects have been chosen following an extensive, rigorous selection process by an expert committee.

The "Reinvent the Toilet Challenge: India" is a collaborative effort of the Department of Biotechnology (DBT), Ministry of Science and Technology, Government of India; Biotechnology Industry Research Assistance Council (BIRAC), A Government of India Enterprise; and the Bill & Melinda Gates Foundation to fund Indian researchers to develop innovative, safe and affordable sanitation technologies. This program is an India-specific program modeled on the Gates Foundation's global Reinvent the Toilet Challenge. The DBT and the Gates Foundation invested a combined US\$2 million, equally split, to support Indian investigators to drive research, development, and production of "next-generation toilets."

The grants were announced by Prof. K. Vijay Raghavan, Secretary DBT & Chairman, BIRAC at the "Reinvent the Toilet Fair: India", an event held in New Delhi in March this year, that showcased innovative products and approaches that aim to bring safe, affordable and sustainable sanitation to those who need it the most. The Fair was attended by Indian and global researchers to discuss how to bring safe sanitation to the 2.5 billion people who lack access.

Co-hosted by the DBT and the Gates Foundation, the fair included more than 45 exhibitors representing 15 nations and featured projects to stimulate discussion among a diverse group of stakeholders working to improve global sanitation. These include efforts to create toilets that are not connected to water, sewer or electricity; improve the collection, treatment and disposal of human waste; address behavior change; and raise awareness of this critical issue for governments, stakeholders and local communities.

The fair was an opportunity to recognize India's leadership and commitment to improving child health and fostering innovative solutions to persistent development challenges. It also was an opportunity to hasten manufacturing opportunities in India of existing sanitation products.

"Effective and comprehensive sanitation seems an impossible dream for India," said Professor Raghavan. "Yet today we see a congruence of new and applicable science and technology, its affordability, and sustainable implementation. This congruence is a great opportunity which we cannot afford to let slip. By implementing effective solutions in each kind of social context, big problems can be dealt with in small units and be catalysts for scaling up. By working together to hit big barriers at the right place and the right way, they can crumble and the impossible can become real."

Also announced during the fair, the

Department of Science and Technology for the Republic of South Africa is committing ZAR 30 million to field test technologies developed as part of the Gates Foundation's global Reinvent the Toilet Challenge in rural communities and schools. The Foundation is contributing US \$1 million to support this testing..

"By applying creative thinking and new approaches to sanitation challenges, we can improve people's lives. And we have no doubt that these new partnerships with India and South Africa will help us achieve this," said Brian Arbogast, Director of the Water, Sanitation and Hygiene team at the Bill & Melinda Gates Foundation. "We believe that with governmental leadership, new business models and innovation, we can dramatically increase the progress made in tackling this global sanitation crisis."

The fair was an opportunity for the 16 Global Reinvent the Toilet Challenge (RTTC) grantees, funded by the Gates Foundation, to exhibit progress and demonstrate project prototypes.

"We are impressed by the progress the Reinvent the Toilet Challenge grantees have made," said Arbogast. "Our goal is to fund the development of complete solutions – solutions that are affordable, that work, and that people want to use. Our grantees have been working on aggressive timelines and we are very

encouraged by the progress they have made since the first fair in August 2012."

#### **Grant Recipients for the "Reinvent the Toilet Challenge: India"**

1. Eram Scientific Solutions Pvt. Ltd., Kerala in collaboration with University of South Florida: A field trial grant to test off-grid, self-sustained, modular, electronic toilet for houses and communities with solar energy for Indian weather, integrated with mixed waste processing unit. The project will couple a modern, public toilet with an advanced onsite, biological treatment system. It will be housed in a standalone unit that will be initially field tested in a suburban slum.

2. Amrita School of Biotechnology, Kerala: A proof of concept grants to use viral agents to target and kill pathogens and odour-producing bacteria in fecal waste and also develop a way to integrate this into waste treatment systems. This is a proof of concept grant.

3. Pradin Technologies Pvt. Ltd., Bangalore: The project will test the concept of using ultrasound to reduce water use in a toilet. It will also test the ability to enhance the settling of fecal particles in a storage tank using ultrasound. This is a proof of concept grant.

4. Indian Institute of Technology

Roorkee in collaboration with Fresh Rooms Life Sciences: The project will develop a single household container that will cultivate Black Soldier Fly larvae, using human faeces, which can be processed into valuable products. The project will also demonstrate the market potential for these products. This is a proof of concept grant.

5. Institute of Chemical Technology, Mumbai: The project will evaluate the concept of using fine sand-like material and an air blower to create a water-free toilet interface that is free from odour and flies.

6. BITS PILANI K. K. Birla Goa Campus in collaboration with Ghent University and Sustainable Biosolutions LLP: The project will demonstrate a novel septic tank design that integrates electrochemistry to reduce organic pollutants and improve the quality of effluent discharged. The system will be demonstrated at a single household and society/gated community. This is a proof of concept grant.

The Reinvent the Toilet Fair: India hosted approximately 700 attendees - exhibiting teams represented 15 nations and general participants represented 42 nations.

Source: Bill & Melinda Gates Foundation

## **Sulabh Intl to Construct Toilets in Badaun Village**

Moved by the gruesome gang-rape of two cousins at Katara village in western Uttar Pradesh's Badaun district on the night of May 27, 2014, Sulabh International, a social service organisation constructing low-cost sanitation, announced to build a toilet in each and every house in the small village.

Sulabh Founder, Dr. Bindeshwar Pathak today said the NGO will ensure toilet for each family in this particular village at the earliest.

His announcement came in wake of the recent gang rape and killing of two girls when they had gone to attend the call of

nature in the open.

Dr. Pathak, a pioneer of the Sulabh sanitation movement, said a team of sanitation workers and engineers from his organisation will visit the village to start toilet construction work, giving high priority to their earliest completion.

"We are just setting an example by adopting this village as the issue of toilet was the main reason behind both the deaths," he remarked.

Dr. Pathak urged top business houses to adopt at least one village to end the practice of open defecation at the earliest.

"Any woman defecating in the open is

vulnerable and the Indian government must acknowledge the issue. Resources will only pour in then," say the Sulabh chief.

Meanwhile, UN Secretary General Ban Ki-Moon's spokesperson Stephane Dujjaric called the killings a 'horrendous crime'. The incident underscores the wave of violence that is being seen against women whether in India, Pakistan or gender-based violence in general, Dujjaric said.

Dr. Pathak has also vowed to write to Prime Minister Narendra Modi for toilets at every home so that the problem of open defecation can be solved.

# Bringing Together Corporate India for a High Level CSR Conference

A high-powered CSR Conference on **'Corporate Social Responsibility: The New Business Imperative'** organized by the Indian American Chambers of Commerce (IACC) in association with its knowledge partner REPUTE, was held on April 22, 2014 in Mumbai.

The Conference was inaugurated by the Hon'ble Governor of Maharashtra, Shri. K. Sankaranarayanan. In his inaugural speech, the Hon'ble Governor called the CSR Policy and Rules "path-breaking" and welcomed it wholeheartedly. He said it is a significant step towards achieving the goal of inclusive development with the participation of the corporate world.

He added that "by holding a conference on this important issue, the Indo-American Chamber of Commerce has done a great favor to the business community and various stakeholders. This will enable corporate and multi-



Maharashtra Governor K. Sankaranarayanan inaugurating the Indo-American Chamber's Conference on CSR

national corporations to deliberate on the issue in detail and to understand the CSR policy in a proper perspective."

He cited the Tatas, Birlas, the Godrej and the Bajajs as in the forefront of social initiatives and the trendsetters.

The Governor further said that "today, corporate and business houses are realizing the importance of CSR like never before and they rightly view CSR as a sustainable business strategy. Some corporate bodies have developed partnerships with NGOs and are supporting the programs implemented by the NGOs". He added that "once the corporate sector provides financial assistance to NGOs, it will expect the NGOs to become professional and accountable. I am sure this association between the Corporates and the NGOs will create new job opportunities and increase the demand for social service education".

The Hon'ble Governor called upon the corporate and business houses to view the new CSR rules positively. He said, "I want them to set global examples of how the corporate sector can contribute



(L-R) Rajyalakshmi Rao, IACC VP, Nanik Rupani, Regional President, IACC, Maharashtra Governor K. Sankaranarayanan, Dr. Bhaskar Chatterjee, DG-CEO, IICA, Sunder Advani, 2nd IACC VP, Madhulika Gupta, Founder-CEO, REPUTE



Mrs. Rajashree Birla being presented a memento by Mr. Nanik Rupani, Regional President, IACC-WIC

towards the achievement of equity, justice and inclusive growth."

Mr. Nanik Rupani, President of the West India Council of the Indo-American Chamber welcomed the distinguished speakers and gathering. Mr. Rupani averred that "the new CSR rules will help a large number of the poor and less fortunate people and provide them with opportunities to come up in their lives. It will help many young people to achieve something which otherwise would remain as dreams only." He continued, "We should be proud and happy that India has become the first country in the world to implement CSR through legislation. We hope that many other countries – especially the developing countries, will take a cue from India and introduce CSR activities as well. If implemented successfully, it would help nations to reduce disparity between the rich and the poor, the educated and the illiterate, the fortunate and the under-

privileged, and to grow at a faster rate than at present."

Dr. Bhaskar Chatterjee, Director General & CEO of the Indian Institute of Corporate Affairs, decoded the new CSR imperative in his keynote address said: "Our CSR model is truly an Indian model. It is developed for India, by India, in India. The purpose of the entire CSR legislation is to address our social and economic backwardness and to allow the best corporates, the best companies of India to use their business acumen, their commercial skills, their enormous resources, abilities, leadership, innovation to help the poor of this country, to help the downtrodden and the marginalized. And the essence of CSR is exactly this in every project or program companies do. If anything that you are contemplating in CSR does not directly address the poor, please cast it aside. That is the litmus test. That is why the spirit of the legislation asks companies



Delegates at the Conference

beyond a certain threshold. The fat cats have been appealed to by this legislation to come forward and do something for the underprivileged of this country. And if that happens well, if there is an impact orientation, if there is a project way of looking at things hitting the ground, then I'm sure that India will be in for a new era in our social and economic development."

Mrs. Rajashree Birla, Chairperson, Aditya Birla Foundation, gave a keynote address on the Aditya Birla Group's focus on inclusive growth.

Ms. Madhulika Gupta, IACC CSR Conference Chairperson and Founder-CEO of REPUTE Public Affairs & CSR Solutions has this to say: "It is after 57 years of the establishment of the Companies Act 1956, that the Second Act opened to the sound of resounding applause but also to immense debate. The CSR Act 2013, seems nothing short of a wake-up call, especially designed to nudge those companies that did nothing in CSR to ensure they now do something. However, it will apply to over 16,000 companies and MNCs that are conducting profitable business of a prescribed size and scale in India. CSR, hitherto, a subject that carried a "nice to do" tag, will now come under the purview of the Board of Directors with the full responsibility of compliance and reporting, that goes with their responsibility placed squarely on their shoulders. Thus, the introduction of CSR rules which now mandates the CSR spends, plus the how and why of the spends, have stirred considerable debate. Our Conference has been organized with the aim to feature the key topics of debate in this domain. April 1, 2014 marked a watershed day for Corporate India. It's the day CSR Rules came into force. Overall, our Conference has been designed to orient all present on Section 135 as well as acquaint everyone with some of the best socially responsible and sustainable practices that are in adherence to national and international standards."

A galaxy of distinguished speakers and panelists expressed strong views on the pros and cons of the CSR Act making the Conference an enlightening experience.

# ‘Health and Sanitation’ Awareness Camp by Wockhardt Foundation

**W**ockhardt Foundation organized a 'Health and Sanitation' awareness camp on World Health Day - April 7, 2014, on vector-borne diseases at Sindhi Camp, RCF Chembur, in a move to reduce incidences of vector-borne diseases among the slums in Mumbai in line with WHO's theme.

Wockhardt Foundation is a national, secular, non-profit organization engaged in human welfare and social service activities.

About 400 people from the RCF slums benefitted from the camp led by Dr. Akshay Chhallani, Senior General Physician, Wockhardt Hospitals.

Mumbai slums are a hotbed for vector-borne diseases such as malaria, dengue and chikungunya. Almost every fourth

house in Mumbai slums has a family member suffering from some vector-borne diseases. Morbidity and mortality in urban slums due to vector-borne diseases, infections and inferior sanitary conditions is quite common. A study shows that water borne morbidity in Mumbai slums is 24%.

In this light, Dr. Huz (Dr. Huzaifa Khorakiwala), Trustee and CEO, Wockhardt Foundation stressed that they are committed to improving the health and sanitation situation among the slums in Mumbai. Some of the key related initiatives by the Foundation are Mobile 1000 Programme for providing primary healthcare services to the poor, Dr. Health programme for awareness on health, illness and cleanliness, Shudhu for free distribution of water purification tablets

and bio-toilets for complete waste management solution.

Dr. Akshay Chhallani, Senior General Physician, Wockhardt Hospitals said, "Practicing proper health, hygiene and sanitation is mandatory to prevent infections and vector-borne diseases. Incidences of malaria, dengue and chikungunya are due to unhygienic surroundings and consumption of impure water.

Open defecation causes various health hazards. Maintaining sanitation around toilets is critical to prevent breeding of mosquitoes responsible for causing vector-borne diseases.

Water is the breeding place for vectors such as dengue, malaria mosquitoes. Consumption of impure water leads to infections and morbid conditions. It is therefore important to consume pure drinking water." Shreyata Sohni, Water Purification Expert from Wockhardt Foundation demonstrated the use of Shudhu tablets for water purification and better sanitation. More than 200 Shudhu strips (1 strip per person) were distributed free of cost among the slum families.

A group of youngsters from the 'Yash Theatre Group', Ghatkopar performed a street play for slum dwellers on 'Health and Sanitation Measures to Prevent Vector-borne Diseases'.

Marathi and Hindi pamphlets on vector-borne disease awareness and Shudhu water purification instructions were distributed.





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