

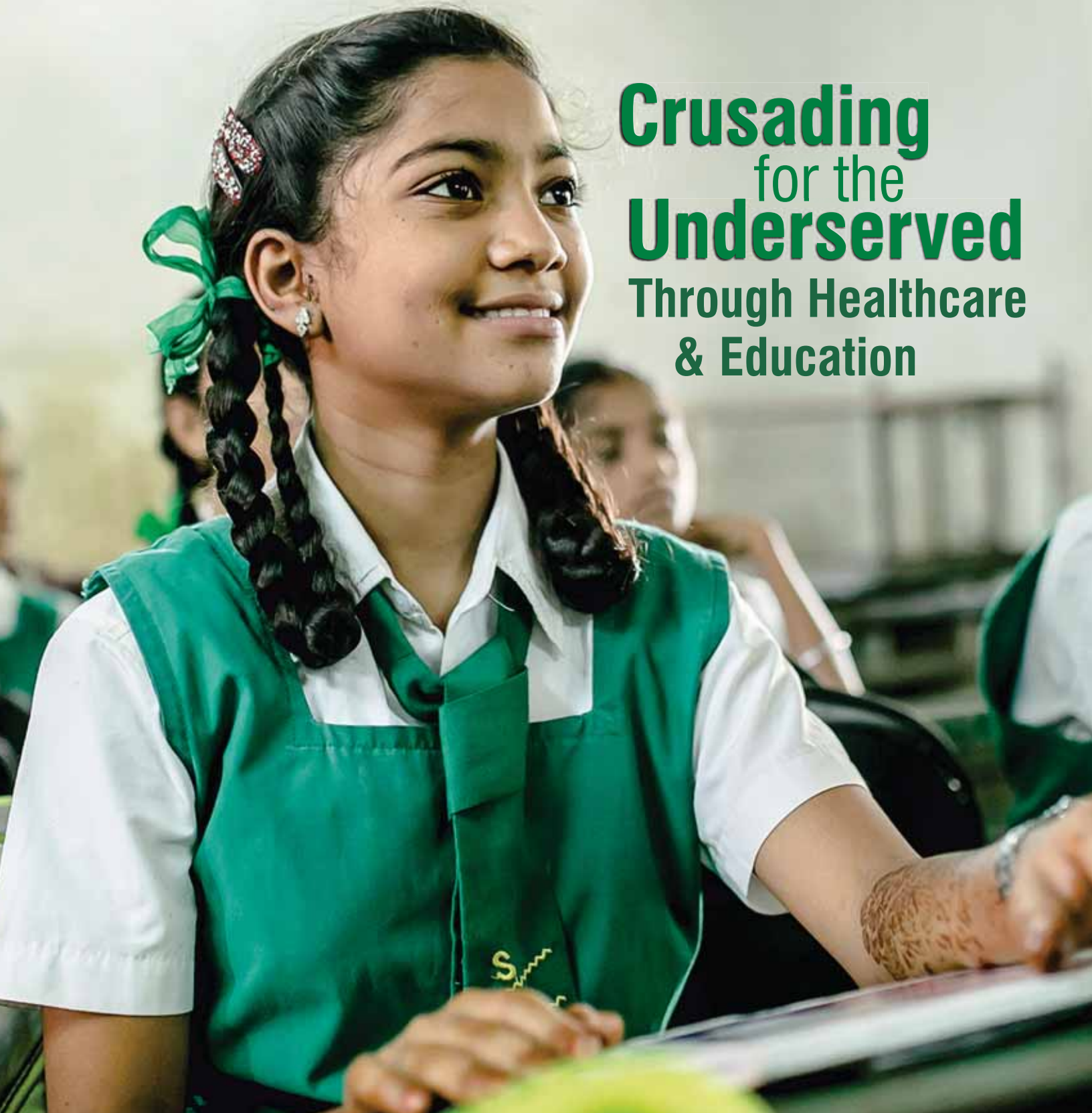
Vol. III Issue IV, 2017



CSR *Mandate*

Enabling Sustainability

Crusading
for the
Underserved
Through Healthcare
& Education



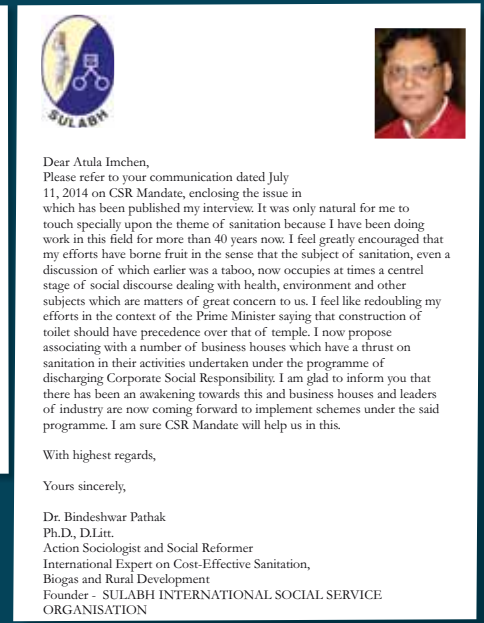
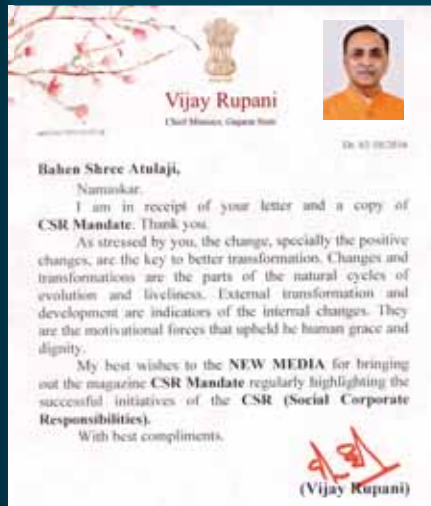
Recognition

The role and contributions of CSR Mandate in bringing to the fore the initiatives of Corporate India and NGOs has resulted in the magazine being awarded the

**ICE Awards 2016 and
CSR Community Initiative Awards 2016**



Accolades



ISO 9001:2008 (QMS)



An Initiative of



CONTENTS

08



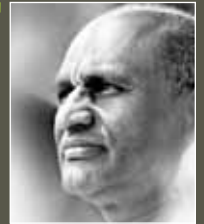
PERSPECTIVE

Creating a Long Term Impact:
Scale, Sustainability and Spread

10

VIEWPOINT

Trends in CSR
Spending in 2017



14



ANALYSIS

NGOs: A Catalyst in Furthering
Early Childhood Education

16

TETE-A-TETE

Transforming Coal
into Diamonds



24



COMMITMENT

Education:
Key to Freedom

28

INTERVIEW

Bringing Smiles and
Transforming Futures





POINT OF VIEW

34

Promoting Positive Behaviour Change Through Health Communication

FACE-TO-FACE

Reaching Out to the Most Vulnerable with the Healing Balm



38



INTERVIEW

44

Helping the Blind See

TETE-A-TETE

Engendering Development Through Education and Healthcare



59



ONE-ON-ONE

62

Pathbreaking Journey

FACE-TO-FACE

A Nudge in the Right Direction



66

Chairman Emeritus

Late Shri R.K. Prasad

Distributed by:

New Media Communication Pvt. Ltd

Vice Chairpersons:

Kamaljit S, Bipin Kumar Sinha, B.K. Sinha

Secretary General: Satya Swaroop

Senior Editor: Udaya Tara Nayar

Editor: Archana Sinha

Executive Editor: Atula Imchen

Consulting Editor: Priti Sikdar

Strategic Advisor: Dr. Vinaya Shetty

Communications Consultant: Meera Tenguria

Admin & Finance: Sunil Kumar

Head-Commercial & Logistics: Veerendra Bhargava

Liaison Officer: Vrunda Gurav

Support Executive: Arvinder Sethi

Circulation: Santosh G, Vijay, Jawaharlal

Design: Santosh Nawar, Hemant Kolambe

BRANCHES

Kolkata:

Anurag Sinha

Mob: +91 9830043339

Email: anurag@newmediacomm.biz

Bangalore:

C.V. Shankarnarayanan

Mob: +91 9902216970

Pune:

Jagdish Khaladkar

Mon: +91 9823038315

Email: pune@newmediacomm.biz

Patna:

Rajesh Naraen, Vimmi

Mob: +91 9334390988

Email: rajeshnaraen@newmediacomm.com

Australia:

Bandhana Kumari Prasad, 129 Camboon Road,

Noranda, Perth, W.A. 6062

Tel: +61 892757447

Email: bandhana@newmediacomm.biz

Rwanda:

Alain Robert Kennedy

Email: alainrob2003@yahoo.fr

New Media Foundation

An Initiative of:

New Media House, 1 Akbar Villa,

Marol Maroshi Road,

Andheri (E), Mumbai - 400059

Tel: +91-22-29250690.

Telefax: +91-22-29255279

Email: enquiry@newmediacomm.biz

www.newmediacomm.com

Published by:

New Media Communication Pvt. Ltd, New Media House,

1 Akbar Villa, Marol Maroshi Road, Andheri (E), Mumbai - 400059

The news items and information published herein have been collected from various sources, which are considered to be reliable. Readers are however requested to verify the facts before making decisions using the same.

Marketed by:

Maverick Marcomm, Andheri (E), Mumbai - 400059

Mob: +91 9004314563



Dear Readers,

India is the second most populous country in the world, which can be an asset as well as a liability. Healthcare and education helps turn them into assets. Recent efforts in healthcare have helped contain untimely death rates and mortality at a young age and during childbirth. But birth rates continue to be high in most of the States.

Healthcare structure in the country is over-burdened by increasing population. Family planning programmes need to be activated with new measures and schemes. Advances in medicine are responsible for no more than half of the observed improvement in health indices. Yet, these are available with private healthcare industry, far from the reach of the poor and marginalised.

Lack of education keep these people away from the ambit of good healthcare services as they remain poor and unemployed, doing menial jobs and cannot afford good life and healthcare. It is like a vicious circle. To cut this circle, proper implementation of educational and healthcare policies need to be done, with honesty and complete commitment. Moreover, execution of both the policies offer opportunities to create jobs for people as well as involve more people participation.

The Government's recent programmes regarding creating jobs and employability is revolving around healthcare and education. The Sustainable Development Goals envisage that the global maternal mortality ratio will be reduced to 70 per 100,000 live births. Likewise, infant mortality rates too are expected to be much lower by 2020. The challenges remain in the six large States of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh, Jharkhand and Chattisgarh which account for 42 percent of national population and 56 percent of annual population increase.

The 2017 Union Budget seeks to upgrade 1.5 lakh health sub-centres to health wellness centres and introduce a nationwide scheme for pregnant women under which Rs. 6000/- for each case will be transferred. The Corporate sector too finds it easy to employ people from around their vicinities. Collaborating with NGOs and the government, they are rapidly setting up healthcare and training centres for primary healthcare centres. Education too has become a primary area of work for these people who are now employing people from among the pools of local educated people in the area, saving on their money and time hunting for people for certain kinds of jobs, which the local people can handle better than those coming from outside.

CSR Mandate brings encouraging stories from some of these quarters where things have changed dramatically with people's participation to take the government's programmes to the citizens. We hope you will enjoy reading about them.

Best Wishes,

A handwritten signature in black ink, appearing to read 'K Swaroop'.

Kamaljit Swaroop
Vice Chairperson



Dear Readers,

Over the past four years, we have been bringing to you some of the inspiring stories of how Indian society is finally coming of age to include the marginalised section of its population into its growth fold. Many measures are being taken and some are showing stupendous results. Yet with the task of bringing more than 40 percent of India within decent living standards, the achievements look minuscule and a lot of work is to be done to see reasonably, manifested result.

According to the World Bank, education and healthcare, including good nutrition to the poor, lie at the base of all development. Key to success of the government's 'Make in India' programme, helping the country's labour force become globally competitive, lies in education and healthcare.

Former World Bank Country Director in India, Onno Ruhl would often reiterate that the key is to focus on quality of primary and secondary education. He stressed that it is really important that India competes with the rest of the world because 'Make in India' means that our labour force has to be competitive with the rest of the world.

In fact, education and healthcare are intrinsically linked with progress, as only healthy and educated people can contribute meaningfully towards development. They can create jobs and become capable of employment. Economic deprivation in a large segment of population results in poor access to healthcare. Poor educational status also leads to non-utilisation of scanty health services and increase in avoidable diseases.

This year's Union Budget has allotted almost 2.5 percent of GDP to healthcare which is by far, the largest. Yet it falls far too short when compared to 6 percent of GDP on health in the USA and around that much, in the other developed countries where population is lower and per capita expenditure is high.

Almost two years ago, Prime Minister Narendra Modi had launched the 'Make in India' campaign to attract foreign investors and make the country a global manufacturing hub. Manufacturing contributes about 16-17 per cent to the GDP. The Government aims to increase the share to 25 percent by 2022. In this context, National Health Mission and Right to Education seem to be the steps in the right direction. Ruhl had also said that the National Health Mission is an opportunity for the government to build a good healthcare system as healthcare is a challenge to every country. They also offer opportunities for job creation.

However, both tasks are massive as effective implementation remains a challenge. A lot of advances have been made by the Government, Corporate sector, NGOs and individuals. Public-private partnerships is meeting some of these challenges. Yet, there are millions of miles to travel before we can rest on our laurels.

We are making every effort to bring you interesting stories of victory and success of people at regular intervals and invite more such stories from our readers. Thanks a lot for your support and interest.

Warm Regards,

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

Archana Sinha
Editor

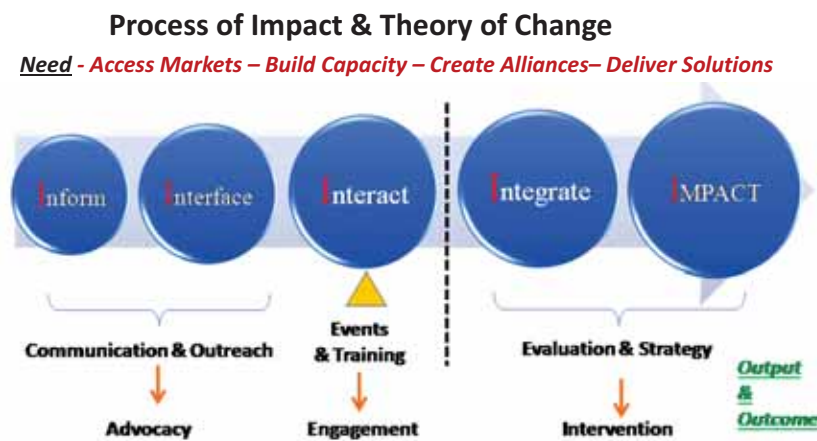
Creating a Long Term Impact: Scale, Sustainability and Spread

Karon Shaiva

Our sector is obsessed with scale and sustainability and there is a reason for it. The magnitude of the problem facing the world is such that incremental change may not be enough. We need to not just move the needle on various development indicators but literally push it, and for this, the canvas is indeed vast, hence Scale. On the other hand, society stays stubbornly inequitable at multiple levels and any gain made by different initiatives can quickly fall apart if not persisted. So, to overcome systemic barriers, we need change that is Sustainable.

In my previous article, I had written on Real World Partnerships and the need for collaborative efforts to create a multiplier effect. Collective impact is the result of using market-based solutions and forging partnerships based on shared-value drivers. This article is a continuation of that concept and the 'Theory of Change' we need to apply in terms of sustainable implementation at scale. This I will attempt to explain on the basis of the I*5 Process (Inform, Interface, Interact, Integrate, Impact) as given below.

I*5 & the Phases of Development Activities



Historically, programmes were designed by evaluating the needs of a community and then integrating strategies to bring about change as indicated by the dashed line in the I*5 process above. This works very well for small interventions. However, as the canvas widens, there is a need to include two very essential phases – Communication & Advocacy and Stakeholder Engagement.

Communication & Advocacy - The more information gathered prior to start of the programme and the more that is disseminated goes towards advocating the need for it. For a programme to be successful, more and more people need to know about it – why is it being done, what is it about and how are you going about it? Creating awareness brings in greater buy-in from the community. Behaviour Change Communication used in sanitation projects is just one good example of the role of appropriate information and interface with the community prior to building sanitation blocks or individual toilets.



“

When we undertake impact assessments of community interventions, we see that there are still many NGOs who have not identified their Theory of Change and in some cases, do not even know about the concept. Most explain it as intuitive and common sense. While this may hold true for basic parameters, innovation demands documentation and clarity

”



Stakeholder Engagement - As a programme scales, there is always a constraint in the form of resources, be it manpower, money or material. Overcoming this organically is a huge challenge, if not time consuming. Interacting closely with internal and external stakeholders can result in significant benefits for all - a win-win proposition that reduces duplication of efforts and leverages capacities and resources. As in the sanitation example provided above, unless we involve the women of a household to push for toilets, or interact with men to explain government schemes, you may not get their interest. Further, working with the Panchayat to push for all community members (and not only a specific caste or class) to get toilets, as open defecation by even a few can spell disaster for everyone, everywhere, are critical engagement factors. Again, this needs to be prior to the main activity of building the toilets. To complete the Sanitation example; after the project is completed, it is vital to evaluate the output (toilets), outcomes (usage) and impact (health) indicators to establish the success of the intervention. Learnings and insights can be used to scale the projects, improve, strategise and replicate.

The I*5 Process may seem to be linear, but in reality, it is a spiral. You can start with the Evaluation & Strategy phase, gain information that needs to be

communicated and move to bring in new stakeholders as you scale. Alternatively, you can engage with multiple stakeholders to assess and evaluate strategies for social development that can be piloted. The learnings and insights can then be used to create even more sustainable programmes that can be scaled for impact. Indeed, the starting point can be anywhere on that spiral: Inform – Interface – Interact – Integrate – Impact. The only pre-requisite is following the process thereafter. Key information that is identified needs to be shared through various interfaces. This should culminate in interactions that strengthen the programme by integrating the needs of the community to create impact.

Theory of Change

When we undertake impact assessments of community interventions, we see that there are still many NGOs who have not identified their Theory of Change and in some cases, do not even know about the concept. Most explain it as intuitive and common sense. While this may hold true for basic parameters, innovation demands documentation and clarity. Hence, it is recommended that Corporates and NGOs alike understand the specific dimensions of their programmes and use the Theory of Change as a tool to ensure that they not only are clear about what they seek to achieve but, can also design their Log

Frame to quantitatively measure success against output, outcome and impact indicators. While evaluating a programme, it is important to gauge its 'direct' contribution to creating impact. Can the change be completely or partially attributed to the programme or are there extraneous factors and actors who have also been responsible for the change? This is a major point of contention and unless looked at objectively, based on evidence; can be a subject of intense debate.

Why are Models Important?

While scale and sustainability are elemental for long term impact, research has proved that Spread has created even greater change. This is where templates become meaningful when sharing learnings and experiences. Models are important not just because it is easier to explain and grasp, but more notably, it helps to replicate programmes based on them, faster. Models also assist in identifying anomalies and context of implementation. Scale becomes the heavy elephant unable to dance to changing music while Spread is nimble enough to meet the needs of dynamic times and circumstances.

Hence, though the sector will continue to remain focused on scale and sustainability, there is a growing tribe of donors, supporters and investors that understand the basic need of a key ingredient to equitable and widespread development ... Replicability or Spread.



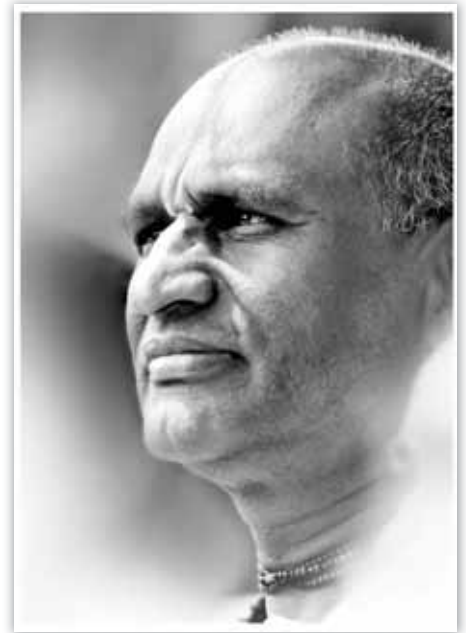
Karon Shaiva is Founder and Chief Impact Officer of Idobro, a social enterprise that seeks to measure and multiply the impact on women, social and green issues.

She can be reached at karon.shaiva@idobro.com

As we follow the I*5 Process, we identify the activities that are required to implement the process along with the output and outcomes that can be expected in a systematic manner

Process	Inform	Interface	Interact	Integrate	Impact
Activities	Research to collate information to ensure relevance and authenticity of approach. Plan communication campaigns based on key messages and develop collateral accordingly	Selection of various channels by which information can be carried to various stakeholders, based on specific needs and consistency of reach to build visibility	Appropriate forums are selected for exchanges with target audience/ stakeholders as well as to foster capacity. Create linkages to an eco-system of partners that will help scale the project	Application of strategies that meet the real need of the target groups. Additionally, relevant activities are undertaken to facilitate change	Assessment of the initiative for learnings and insights that feed into further decision making
Output	Communication & Advocacy		Events & Training	Evaluation & Strategy	
Outcome	Awareness		Engagement	Intervention	

Trends in CSR Spending in 2017



Shri Madhu Pandit Dasa

“

It is expected that FY 2017-18 will be marked by increased instances of corporates and non-profits working in tandem and pushing for stringent reporting and actions that are tangible to both - the society and brand

”

The Companies Act, 2013 came into effect on April 1, 2014, thus making India the first country to mandate a minimum spend on Corporate Social Responsibility (CSR) initiatives. Corporate Social Responsibility is not new in the context of Indian private sector, with companies like the Tata Group actively undertaking CSR activities and contributing towards the socio-economic development of the country for many decades now. The Companies Act serves to boost the involvement of the private sector in India's development. This is evident from the overall increase in fund allocation for CSR activities in the country.

According to India CSR Outlook Report (ICOR) published by NGOBOX, 58 percent of the companies met the CSR norms in FY 2015-16 as opposed to 48 percent the previous year. The data of the top 91 NSE firms analysed by Next Gen Pvt. Ltd shows that the total CSR spend of these firms in the FY 2015-16 was INR 6,033 Crore; up from INR 4,760 Crore in FY 2014-15 when the data for top 100 firms was analysed.

The CSR clause in the Companies Act, 2013 states that companies with a (i) net worth of INR 500 Crore, (ii) revenue of INR 1,000 Crore, or (iii) net profit of INR 5 Crore have to spend two percent of their net profit in of the last three years on CSR activities. These activities can be hunger, malnutrition, or poverty eradication programmes, or programmes promoting education, gender equality, and healthcare, among others.

The surge in CSR spending in the first two years of its inception suggests that the overall response to the idea has been positive. Corporate India has realised that their CSR initiatives are not just allowing them to give back to the society, but also helping them

“

With ever increasing opportunities for the youth, the social sector is all set to attract more talent and emerge as one of the major hiring sectors in the coming years. In addition, the sector will also see migration of talent from other sectors, thus adding to its value, holistically

”

build brand awareness, thus having a positive impact on their brand value. Stalwarts of the field expect to see the trend continue in 2017-18.

Furthermore, it has been observed that the CSR mandate is influencing decision making in the corporate sector, with companies contemplating two approaches: (i) creating a separate wing for CSR with one of their board members as its head, and (ii) forging a partnership with a not-for-profit organisation with the latter acting as the implementing partner. It is expected that FY 2017-18 will be marked by increased instances of corporates and non-profits working in tandem and pushing for stringent reporting and actions that are tangible to both - the society and brand.

Increased CSR spending put non-profits and philanthropic arms of corporates in a better position to hire the best talent, especially the youth. Studies suggest that youths associate

with a cause or work that helps them make a positive impact. With ever increasing opportunities for the youth, the social sector is all set to attract more talent and emerge as one of the major hiring sectors in the coming years. In addition, the sector will also see migration of talent from other sectors, thus adding to its value, holistically.

In the coming years, corporates will be aligning their CSR spends with Sustainable Development Goals (SDGs). This will elevate them to the stature of 'problem solvers' rather than just being donors. Investors will reinforce the initiatives that grow the shareholder value by finding innovative solutions for both local and global problems. As a whole, it will help corporates formulate a sustainable business strategy wherein they will be able to help the community and at the same time, create value for their brand.

As part of their sustainable business strategy, corporates will not just engage in CSR practices, but will also encourage their employees to do the same. This will be done by engaging every employee with a strong mission, while providing them a platform to solve real world problems. Several companies have already started working on this front, encouraging their employees to participate in initiatives organised by their philanthropic arm or a partnering non-profit.

In the years to come, corporates will have to formulate their CSR strategy around the need to solve a problem and not just to meet the CSR requirements as stipulated in the Companies Act, 2013.

With the demand for transparency and accountability increasing, companies will have to adopt the practice of detailed reporting of CSR strategy and use it to make informed business decisions. The next few years will also mark the transition of reporting to digital experience, with storytelling becoming an important attribute of highlighting the impact.

There will be a strong need to engage the investors around sustainability initiatives as companies will be scrutinised for their impact on local communities - the innovative manner in which they address socio-economic issues in particular. As a result, an individual's understanding of such issues will be considered a skill-set with significant weightage.

In addition, companies will have to quantify the CSR impact in financial terms, so that the data can be used to formulate strategies for the future. The advent of big data will also have its impact on CSR trends with companies using the data available in copious amount to get a better understanding of complex issues in the socio-economic sector.

The CSR Act came into effect in April 2014. Three years on, CSR has become an integral part of the business strategy in the corporate sector. Companies are supporting social causes to bring about a positive change, and in doing so, they are participating in the country's socio-economic development along with the Government and non-profits. Each sector is vying to stay true to the cause and therein lies the mantra that will define lasting partnerships for sustainable development of the country in the years to come. ■

Shri Madhu Pandit Dasa is Chairman, The Akshaya Patra Foundation. He has nearly three decades of selfless work behind him. He has been instrumental in conceiving and implementing many social initiatives that has impacted millions of people in this country, giving them a better quality of life.



Protecting Good Samaritans

TrustLaw Supports SaveLife Foundation to Protect First Responders at Road Accidents

Trang Chu Minh and Devyani Kacker



Road accidents have emerged as a major public health problem globally, and more so in India where 5 lakh road accidents are reported in the country every year. Will new legislation help reduce India's sky-high rate of road fatalities?

A staggering 17 people an hour on average are killed on India's roads. The country has the highest number of road accident casualties in the world – more than 1.34 million lives have been lost in the past decade.

Yet 50 percent of these deaths could have been prevented, according to estimates by the Law Commission of India, if passers-by were less hesitant in providing immediate assistance.

In the absence of established emergency medical services, 'Good Samaritans' can play a game-changing role in saving lives. But a national study conducted by SaveLIFE Foundation (SLF), an NGO dedicated to improving road safety and emergency care in India, has revealed that three out of four people are

reluctant to offer help to road victims for fear of repercussions.

Procedural hurdles, unnecessary police questioning and legal issues are all preventing bystanders from offering vital aid.

In response to this alarming issue, TrustLaw, the Thomson Reuters Foundation's pro bono legal programme, produced a comparative study of Good Samaritan laws in Europe, the US and Asia, to support SLF in its advocacy efforts to pass new legislation in India and protect first responders to road accidents.

In 2012, SLF filed a Writ Petition in the Supreme Court of India, seeking a framework for protection of Good Samaritans to safeguard bystanders and passersby from police harassment, detention at hospitals and prolonged court proceedings. The following year, TrustLaw connected SLF to lawyers from Dechert, Carrington, Coleman, Sloman & Blumenthal and Intel, to conduct a review of best practice

legislations in England and Wales, France, China and the US as a basis for a Good Samaritan model law for India.

The report found that all these countries offer civil and/or criminal liability protection for first responders to victims of road accidents provided that the requisite statutory requirements are met.

This formed the basis of SLF's advocacy for legal reform within India's constitutional framework, strengthened the NGO's case with policymakers, parliamentarians and Supreme Court judges, and helped inform and influence public opinion.



“

In January 2016, the government released a set of Standard Operating Procedures (SOPs) for law enforcement agencies and the judiciary to ensure fair and just treatment of Good Samaritans during police and court procedures. The SOPs called for formal compensation and reward schemes for bystanders, and put a strict ban on any form of intimidation or harassment. On March 30, 2016, the Supreme Court delivered a landmark decision that made the guidelines and SOPs legally binding on all States and Union Territories of India

”

Following extensive advocacy efforts, including a petition to the Health Minister of India, a Private Member Bill in Parliament and a national consultation in May 2015, the Government published detailed guidelines on the protection of Good Samaritans. Legal safeguards included the right to anonymity, immunity from civil or criminal liabilities and protection from having hospital costs forced upon them if the victim is unable to foot the bill.

In January 2016, the government released a set of Standard Operating Procedures (SOPs) for law enforcement agencies and the judiciary to ensure fair

and just treatment of Good Samaritans during police and court procedures. The SOPs called for formal compensation and reward schemes for bystanders, and put a strict ban on any form of intimidation or harassment. On March 30, 2016, the Supreme Court delivered a landmark decision that made the guidelines and SOPs legally binding on all States and Union Territories of India.

Karnataka was the first State to give legislative backing to the court judgment and enshrine the Good Samaritan guidelines into law. In November 2016, the Legislative Assembly approved the Karnataka Good Samaritan and Medical Professional (Protection and Regulation during Emergency Situations) Bill, which is now waiting for the President of India's assent. The Bill offers unprecedented protection to both first responders to road accidents, and medical professionals.

“The new law is just the first step on the long and winding road to ensure that no life is lost for want of basic life-saving care,” says Piyush Tewari, Founder & CEO of SaveLIFE Foundation. “We are continuing our advocacy work to make sure that the Supreme Court judgment is implemented across the country and at the same time, we are working with more States to enact State-specific Good Samaritan Law.”

TrustLaw does not only facilitate cross-border legal research - our pro bono legal programme assists with a wide array of legal issues, ranging from day-to-day transactional matters to multi-jurisdictional research projects.

We have supported grassroots organisations to employ their first staff members, helped vulnerable women access loans to start their first businesses and brought renewable energy lighting to slums. Free legal assistance on these projects has made a significant impact on local communities working to overcome poverty and discrimination.

In addition, NGOs and social enterprises can now use the TrustLaw Legal Health Check to identify legal matters relevant to their organisation and spot issues on



which legal advice might be needed. The checklist covers a broad spectrum of legal topics, from setting up a new legal entity and understanding obligations towards employees, to protecting ideas and branding.

Ensuring that an organisation is healthy will save time and resources in the future - helping non-profits streamline their operations, maximise funding opportunities and scale their impact.

TrustLaw is the Thomson Reuters Foundation's global pro bono legal programme. We connect the world's leading legal teams with high-impact NGOs and social enterprises working to create social change. Our research programmes are powerful advocacy tools that help our members achieve legal and policy reforms and improve the rule of law. ■

Trang Chu Minh is Community Engagement Officer with TrustLaw, the Thomson Reuters Foundation's pro bono legal programme. Based out of London, Trang has a global responsibility developing and executing communications strategy and campaigns targeted at TrustLaw's network of legal experts, NGOs and social enterprises across 175 countries.

Devyani Kacker is a Legal Officer for the South Asia region with TrustLaw. She handles the pro bono legal projects from TrustLaw's community of NGOs and social enterprises, frames and defines the projects, and then connects them with lawyers. She also manages cross-border research and policy advisory programmes that address the most critical needs facing our NGO and social enterprise members.

NGOs: A Catalyst in Furthering Early Childhood Education

Vikas Puthran



According to Census of India 2011 data, there are 164.48 million children in the age group 0-6 years. This is a sensitive and formative age. It is also an age of curiosity, exploration and mental development when the children's brains need to be stimulated by visual, sound and touch to explore and provoke their thoughts and expressions. The age group of three to six years is a crucial phase for the overall development of children. Studies find that 90 percent of a child's brain development occurs before the age of five (cognitive, gross motor, fine motor, language and social skills).

The Right to Education (RTE) guarantees the right to free and compulsory education for 6-14 year old children. The Government of India approved the National Early Childhood Care and Education (ECCE) Policy in 2013 where States have to provide ECCE for all children until they complete the age of six years. To the Government's credit, the policy is in the right direction and like

always, implementation on the ground is a challenge. The Ministry of Women and Child Development (MWCD) is the nodal department for ECCE. MWCD is responsible for the Integrated Child Development Services (ICDS) programme (a centrally-sponsored and state-administered ECCE programme), covering around 38 million children through a network of almost 1.4 million anganwadi (village courtyard) centres. ICDS includes delivery of an integrated package of services such as supplementary nutrition, immunisation, health check-up, preschool education, referral services and nutrition & health education. ECCE is one of the components and aims at psycho-social development of children and developing school readiness. These anganwadis do exist but the delivery of ECCE still has a lot to be desired. In most cases, the infrastructure available is inadequate or lacking. Some anganwadis are conducted in small houses in slums,

community centres, sheds, or literally, courtyards. Lack of toilet facilities is a big deterrent for kids and teachers alike. The anganwadis are a critical link which serves as pre-primary education system that will graduate kids to the primary school. Unfortunately, anganwadis are serving more as a crèche than a learning centre for kids. Parents find it convenient to send their kids to the anganwadis in the mornings while they work and earn their living. Parents do not focus too much on learning and which is where the gap is created of children who are not school ready. When kids are enrolled in Grade I, they are expected to identify alphabets, recognise colors, objects, etc. As a result of this handicap, kids find it difficult to cope up in primary school thus resulting in dropping out of school. Similarly, these anganwadis also serve as the medium to control the health of the child. Malnourished children are



identified and tracked in these anganwadis.

This is where NGOs have to step in to bridge some of these gaps. Thankfully, the Government is quite encouraging and collaborative in accepting the NGOs to supplement the efforts of the government. Apart from education, the anganwadis also have to deal with the issue of health, and in quite a few cases, malnutrition. With the CSR law coming into place, thankfully a lot of funding is also available to the NGOs to work in the area of early childhood. NGOs in these anganwadis are categorised according to these specifics: those that work only in the area of (i) health, (ii) education and (iii) education and health. There are NGOs like Sneha and FMCH that work

“

With the CSR law coming into place, thankfully a lot of funding is also available to the NGOs to work in the area of early childhood. NGOs in these anganwadis are categorised according to these specifics: those that work only in the area of (i) health, (ii) education and (iii) education and health

”

in the area of malnutrition. When the issue of malnutrition in children is being addressed, the mother has to also be brought into the loop, right from pregnancy till the child attains six years of age. Many malnutrition issues are related to local social issues like preference for male child, not enough gap between pregnancy, etc. The success of these programmes is achieved by involving the community of mothers and children together in groups and doing interventions and monitoring them over two-three year time frames.

NGOs like Akshara Foundation and Pratham that are working in education, are focusing on improving the educational aspect of the anganwadis. This is done through teacher training, introducing new concept methodologies and teaching aids. Then there are NGOs like United Way which follows an integrated intervention in healthcare and education. At the ground level, it is important to have a holistic approach to the intervention. For example, at ground zero, when an NGO goes in to provide intervention in education, it will find that the basic infrastructure needs to be first upgraded/maintained to deliver the education intervention. In cases like this, connect with the local community becomes critical in gaining credibility to deliver the intervention into the community. Thankfully, in most cases, the community has been supportive of NGOs and government partnership in these interventions. Its helps that there are large organisations like United Way who are able to bring together all the key stakeholders together to make the highest impact in these communities. The idea is make the children ready for school as in the current system, these kids end up in the first grade of school without knowing the basics of language and cognitive development. Most of the anganwadis teachers would acknowledge that they get good food for the kids, paid by the government but prepared by the local self-help groups or professional NGOs like the Akshaya Patra or Annamrita. Anganwadi teacher usually feel that they do not have the right educational kits like teaching aids to show and experience, enough toys

that would provoke the child's curiosity and develop their motor skills. This is where most of the NGOs make their intervention in providing these teaching aids, toys and providing teacher's aids to help the teacher deliver quality education while getting help in managing the kids, preparatory work for each day, and reporting. These interventions by the various NGOs have driven up enrollments, improved attendance, and reduced drop outs. This also has a cascading positive impact at the primary school enrollments.

Getting the kids and community together at the anganwadis is also a way to promote diversity and sensitise the kids at a young age of equality, diversity and sharing. The kids are the future communities and to be imbibed the right social skills at a tender age is like sowing the seeds of the future of the country. Providing the opportunity for the kid to be curious and provoke their creative thoughts, the experience of learning new things and acquiring knowledge, propels them to seek lifelong learning.

The challenge of plugging the gaps in the government's implementation is to some extent addressed by NGOs; but from a scale perspective, there is still a long way to go. Also, NGOs, through the partnership, have still not been able to transfer or impart their methodologies to the government; not that the NGOs are incompetent, but the political and social issues hamper this process and make it very difficult. Till then, NGOs will have to take their respective models and scale as much as possible. This can only be done with partnership from communities and civil society; government as the enabler, NGOs with their expertise; corporates and individuals as funders so these NGOs can sustain their work. Quoting Albert Einstein – “Education is not the learning of facts, but the learning of the mind to think”.

Vikas Puthran is Head Resource Mobilization, United Way India.

He can be reached at vikas@unitedwayofindia.org



Transforming Coal into Diamonds

**Literacy India's
Mission of
Equipping the
Underprivileged
Paying Rich
Dividends**

A little over 20 years ago, a pilot with India's national carrier, noticed that the children of migrant labourers in Gurgaon were devoid of education, of basic healthcare and of opportunities that were the rights of every individual. She then determined that something needed to be done to lift these children out of their present situation. She wanted them to have a better future. Taking the lead, she interacted with the older members of the community and convinced them of the importance of sending their children to school. This tiny yet powerful spark became Literacy India. She also realised that to improve these communities further, its womenfolk need to be empowered. The journey has had its share of frustrations, challenges and hardships along the way, but, with the never-ending hope in her heart, she pressed on. Meet the exceptional woman behind the genesis of Literacy India, **Capt. Indrani Singh**. Read on as she shares with **Atula Imchen** the enriching experience so far, and how it has translated in producing many precious gems from an otherwise dismal mine.

How was Literacy India born? What was the driving force behind its genesis?

Literacy India, as a non-profit organisation, started its journey in 1996 with five children at a construction site in Chauma village, Palam Vihar, Gurgaon. A large workforce of migrants from the villages of Rajasthan, West Bengal, Jharkhand, UP, Bihar and Uttarakhand come to Gurgaon in search of jobs and livelihood. They stay in unauthorised squatter settlements amidst a filthy environment. It is observed that these migrant labourers, especially the men, engage themselves as casual labour in construction work, plumbing, carpentry, electrical repair, garage maintenance while the womenfolk mostly engage in domestic help and low-paying jobs. Children face the worst circumstances - they roam the streets and are not admitted in schools as they do not have a birth certificate.

Seeing this, we felt the urgent need to intervene in children's education and women's livelihood options. We believe that overall growth and development will be possible only if the whole family is put into coverage of the three E's - Education, Employment and Empowerment.

What were the goals and expectations you set when you embarked on this journey? What are the key focus areas of Literacy India?



We wanted to identify children, especially girls from underprivileged backgrounds to build their confidence and awareness; support children in active schooling and provide minimum levels of learning; nurture, mentor and assist them to become assets in the community and to restore their dignity. We also provide skilling, mentoring, training and engage youths and adolescents through internship; use role models to inspire the youth to take up issues concerning their communities. We want to provide women and children with vocational skills, economically empower women from rural and slum areas; promote and enable women with livelihood opportunities.

Another very important goal for us is the implementation of Gyantantra

Digital Dost across India to accelerate learning, targeting basic primary education.

Our Focus Areas:

- Intensify and heighten the three E's - Education, Employment and Empowerment
- Mainstreaming ICT-based learning for fast track learning for children
- Improve and increase skill development programmes across the nine States of the country where we are currently involved in.

What are your flagship programmes, their unique features, and how have they benefitted the communities?

Literacy India has various programmes





dedicated towards education, digital learning, vocational training, women empowerment etc.

Emancipation of girls and women requires an attitudinal shift in the society to empower them to become economically independent and thus equal partners in the home economy. There are numerous women who do not receive the opportunity to attend school

“

Karigari has helped over 10,000 women with the help of various corporate donors. Interestingly, there has also been a spur of micro and small businesses, home enterprises with a large portion of the beneficiaries turning into self-employed entrepreneurs

”

or get good education. Their rural upbringing limits them only to household duties and marriage. Our two programmes - Karigari and Indha Craft, provide a platform for rural women to harness their employability skills and secure a job with decent wages, thus making them respectable and earning members of the society.

Started in 1999, our project Karigari helps improve the status of youth and women in society by providing them with livelihood options in vocational areas, based on the needs in their local economy, beneficiaries' preferences and aptitude. The whole purpose is to impart vocational skill training wherein entrepreneurs and skilled workers are incubated. Karigari Janani, as the name suggests, specifically focuses on girls and women. It helps women establish themselves in vocations such as stitching, embroidery, recycled paper product training, block printing, tie & dye, spa & beautician training, agarbatti making, paper plate making, driving and hospitality management, eco/social tourism, computer courses certified by National Institute of Electronics and Information Technology (GOI), Training Teachers for Gyantatra Digital Dost (Basic ICT & Trainers Course). Teachers who do well are hired

by LI for planned programmes in government schools of Haryana, Jharkhand and West Bengal.

The project has been implemented across 152 villages in India. Karigari has helped over 10,000 women with the help of various corporate donors. Interestingly, there has also been a spur of micro and small businesses, home enterprises with a large portion of the beneficiaries turning into self-employed entrepreneurs. Some have also found employment in relevant industries. Along these lines, these women have been further trained on advanced designs with quality finishing.

Indha Craft was evolved in 2002 and aims to create a community-based livelihood enhancement model to reduce poverty in rural and semi-urban on a sustainable basis. Its purpose is to enable the most vulnerable groups to contribute more effectively to the development of their communities by adapting various skills. Indha is now becoming a brand under which handcrafted products made by village women are getting a platform to be sold. We took this initiative to empower rural women by equipping them with special skills to earn a little income as well as manage their household work. Indha products have become quite popular among many



donors and can also be found on the shelves OMO and Bombay Store in Mumbai, Instore in Noida, Killol, Tupperware, Discount Circuit, etc.

Vidyapeeth is our core programme which aims at making quality education available and affordable to underprivileged children. This initiative runs classes up to high school like any other school. We operate this out of a school building at Bajghera. Children appear for their Board Exams through National Open School (NOS).

The beneficiaries of Vidyapeeth come from the lowest economic and social strata of society, and many of them are first generation learners. These children are otherwise likely to be engaged in child or menial labour at a very early age and would have never dreamt of being able to attend school due to poverty and traditional attitudes. Our volunteers approached their parents, talked and counselled them to allow their children to attend school. The curriculum is designed in a way so as to generate and sustain the children's interest in education and their keenness to continue to attend school. This is superimposed with extra-curricular activities and an experimental educational approach which together spans a wider socio-cultural horizon to capture the interest of these children. Through classroom contacts, excursions and inspirational interaction with well-known personalities, the programme is a learning process in itself. The idea is to enhance the process of overall growth of these children through character building, enabling them to be self-reliant and most of all, providing an opportunity to live a childhood that every child deserves.

We provide basic uniform, shoes, sweaters, text books and stationary for free or at a basic cost to bring about parent involvement. Daily nutritious midday meal is provided to all students. Sports and physical training are an important part of the curriculum.

With Literacy India thriving in a constant state of change and progress, our newest venture, Project Nandini, represents the fusion of multiple educational programmes. Nandini is a synthesised process designed to empower the community with a special focus on women and children. The project intends to motivate and empower the girl child as well as adolescents and young women with a planned set of skill-building training.

Young girls from rural areas are always expected to maintain and live up to their family as well as the society's

expectations. Likewise, boys face these pressures and challenges from both parties, albeit for different goals. Burdens and hardships of this kind on a child have many a time led to bouts of depression and/or substance abuse.

This project therefore implements Gyantatra Digital Dost – the multimedia holistic package that boosts learning through technology, learning ICT (Information and Communications Technology) through CCA and CCC (Course on Computer Concepts), and vocational training courses that includes stitching, tailoring and sewing, beautician and spa courses and hospitality and/or driving.

Literacy India supports meritorious and motivated students, encouraging them to spread their wings further.





Share with us more about Gurukul and the impact it has had so far.

Every year, our country witness millions of children dropping out of schools for financial reasons thereby killing their potential and extinguishing their dreams. Gurukul is Literacy India's flagship 'one of its kind project' that supports meritorious and motivated students. It mainstreams children in various schools and colleges across the country and paves the way for children aspiring higher education and career prospects. We partner with institutions for subsidised fees and sponsor children to pursue their education through formal schooling at English medium public schools such as the Rotary Public

School, St. Soldier School and Mount School, to name a few, by meeting the entire cost of their education. This project also supports students who wish to pursue vocational courses such as fashion designing, interior designing and MBA. We have recently tied up with Rai Foundation, which is sponsoring professional education for girls who have cleared their higher secondary examination. This project has many individual donors and corporate sponsors like PVR Nest, Gyan Jyoti Charitable Trust, American Express, HSBC and the Charities Aid Foundation.

At present, Gurukul facilitate the education of over 120 students. In the next 10 years, our aim is to enrol 10,000 children in various institutes.

We have observed, during implementation, a few issues which led to the pressing need for a project like Gurukul. A certain segment of society, which includes tribals, are totally cut off from civilisation and hence, ignorant of the concept of education. In addition to awareness, a support system is also needed to tackle these issues so as to engage with them, hand-hold them, and most of all, render financial support.

Pathshala provides education to individuals of different ages, social and financial backgrounds. What are the goals being set and methods used to impart education through this initiative?

Patshala is our first project which started in 1996. It is a teaching programme that provides education to individuals of different ages, social and financial

backgrounds. It functions with the sole objective of teaching every student to read and write within the time period of three months to one year.

Remedial classes are conducted with non-school going children and government school children. Students generally spend two to three hours a day brushing up their basics. This acts as a school readiness programme for them while children from government schools are guided to revise the different concepts and complete their class assignments. We conduct summer schools for dropouts and monitor their progress regularly. This programme attracts more students as we use the Jagrukta programme. Competent students then graduate to the Vidyapeeth programme.

Not wanting to deprive underprivileged children the opportunity to raise their standard of education as well as enable them to be technology savvy, LI developed Gyantantra Digital Dost. Can you give us more details and the benefits these children have been accorded through it?

In India, many children have foregone their education due to the need for survival. The many education initiatives that currently exist for the underprivileged are not completely meaningful and effective. They also do not prepare them enough for the fast evolving, technologically emerging India. The solution lies in a cutting-edge innovation and thinking as well as a high-impact, low cost and scalable solution. Having sensed this correctly

“

Gyantantra Digital Dost (GDD), a software-based, self-paced, interactive multimedia learning process. It smartly blends classroom teaching and textbooks embedded with cartoon characters and assessment modules and make the entire learning process easy, effective and enjoyable

”



and in order to tackle this issue, we developed Gyantantra Digital Dost (GDD), a software-based, self-paced, interactive multimedia learning process. It smartly blends classroom teaching and textbooks embedded with cartoon characters and assessment modules making the entire learning process easy, effective and enjoyable. In order to ensure enjoyment and retention of the curriculum taught, especially to those deprived of education and not exposed to technology till now, the programme has been designed to have various learning games that immediately grab the attention of these underprivileged and under-educated children. GDD covers important chapters of Hindi, English, Science, Math, and Environmental Sciences up to Class V. The programme also illustrates to the children in a simplified manner important issues of society such as HIV, sexual abuse, voting rights and opening of bank accounts.

In fact, since 2008, the model has evolved after observing that both children and adolescents are extremely receptive to computer-based learning, the level of attention being much higher vis-a-vis a classroom-based approach.

We have not only taken up the task of creating awareness on the importance of education for underprivileged children and youth, but also raise the standard of education for these children. We believe in innovative pedagogy in order to retain the children within the purview of education.

What are the different programmes introduced to educate, empower and liberate street children as well as those in underserved communities?

For children who come from harsh environments of exploitation and abuse, we have reoriented the Pathshala module to specifically suit their needs. This experimental model of education is a combination of the National Literacy Mission, Pratham and Vidyasagar syllabuses.

We aim to have the kids come back for more, every day, with facilities like computers with photoshop software, art classes and well-stocked libraries.

Patshala has resulted in many children being admitted into private schools. More students are also being enrolled into preparatory programmes. It is heartening to know that this programme is now being replicated by many NGOs.

Patshala is our first project which started in 1996. It is a teaching programme that provides education to individuals of different ages, social and financial backgrounds. It functions with the sole objective of teaching every student to read and write within the time period of three months to one year. It is heartening to know that this programme is now being replicated by many NGOs.

You also encourage children to

showcase their talent and skills in various art forms through Shiksharth. How has this transformed their lives and that of their surroundings as well?

Firstly, let me quote Dean Koontz who aptly said, "I really believe that everyone has a talent, ability or skill that he can mine to support himself and to succeed in life." His saying has been meaningfully implemented into action by Literacy India. If learning is enjoyable, exciting and entertaining, it can be very engaging too. Shiksharth, a unique programme by Literacy India aims at doing just that - providing a platform to slum children to bring forth their talent and skills in various art forms such as painting, pottery, theatre, dance etc. This experiment has been very well received and has been a major attraction amongst children of all age groups. We have also introduced new things on storytelling, writing on values and morals, etc. Children under this project discuss issues of the society and create a project or street play to be performed in public.

We started it in 1997 with the help of Mobile Creche. There has been no looking back since! The programme met with enormous success within a short time. In fact, it has created sufficient motivation for children to excitedly show up for classes and continue with their regular educational curriculum. We take great pride that several participants of

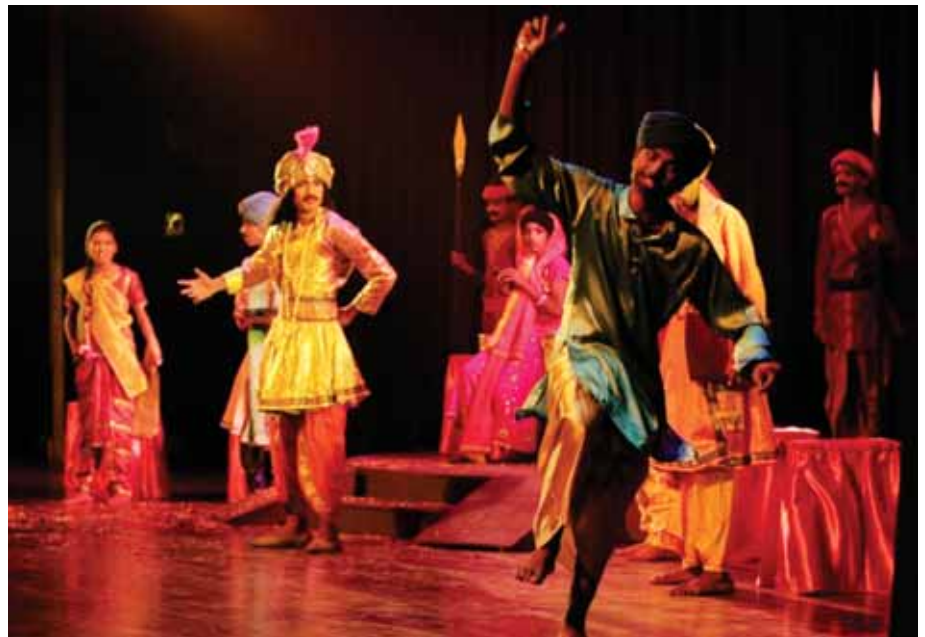


this programme have now reached the national stage and some have even acted in feature films and serials. To name a few, Rahul in Omkara, Urmila in Blue Umbrella, the very likeable character 'Millimetre' of 3 Idiots fame. All of them have received excellent reviews for their splendid performances and we are now flooded with more enquiries for auditions.

With the support of Adobe India, a photography workshop was also organised for Literacy India children. A large number of our children attended the workshop. Fifteen of these children designed and conceptualised a beautiful calendar using their photography skills.

Share with us about Jagrukta.

The literal meaning of Jagrukta is awakening. This project aims towards educating and making people in slums and rural areas aware of key social issues and encourages residents to evolve into greater and better citizens. It comprises intensive mobilisation and sensitisation activities to make people aware about crucial concerns such as communal harmony, hygiene, disposal of waste etc. Since theatre is a stimulating and very effective medium to reach out to the rural population and lower income groups, Literacy India has been conducting street plays - Nukkad Natak - in the village clusters near Palam Vihar, Gurgaon, to raise awareness on various issues like Education and Progress, Importance of Girl Child and Female Infanticide, Cleanliness and Personal Hygiene,



Population Control, Communal Harmony, Vocational Training and AIDS Awareness. Our children are trained by professional members of the NSD troupe, Delhi. An accompanying benefit is that it initiates and nurtures vocational and creative skills in children from the villages participating in the programme.

Healthcare is yet another initiative undertaken by you. Tell us more about Aarogyam and the various health initiatives under this umbrella?

A healthy state of body and mind is everything one requires. Our Aarogyam programme is aimed at increasing its

outreach to villages in India. We saw this urgent need when we found out that Bajghera in Haryana lacked proper healthcare, especially for women and girls. This propelled us to set up a healthcare centre in 2006. We tied up with various doctors and hospitals to provide free medical care to numerous villages. The medical campaigns created awareness about various health problems and diseases. Free health camps were conducted. As per the diagnosis, references are given and healthcare is provided, without any charge. This has led to reduced visits to fraudulent quack doctors and improved the health, behaviour and well-being of the communities.

Through Aarogyam, we advocate preventive healthcare rather than curative healthcare. We organise regular health camps and check-up for children in the village. We also stress emphasis on elderly healthcare, assist cataract surgeries for them, conduct free eye tests for all age groups and introduce intervention methods that have helped reduce anaemia occurrence to a large extent.

The programme is now extended to surrounding villages with weekly visits from the doctor. Our medical support assists around 5000-6000 people every year. These centres have become places



of healing, as well as a safe place for counselling.

Literacy India has, over the years, produced exceptionally bright students. Can you share their success stories and their entry into the prestigious Mensa Club?

Yes, we are indeed blessed to have discovered, through our programme Vidyapeeth, a number of exceptional boys and girls who only needed a little nudge to let their geniuses break forth.

Let me share some examples with you.



Aditya - Our Little Historian

Aditya and his younger sister attends Vidyapeeth. He is a history buff and admires historical figures. In a

recent written English assessment, he named Maharana Pratap as one of his favourite heroes, admiring him for his fearless nature and the way he protected his people. Aditya was recently featured in the local newspapers for his above average IQ. He has been selected, along with two other classmates from Literacy India, by Indian Mensa to receive academic mentoring. This will ensure he

has the opportunity to reach his full potential and pursue his love for History, English and Chess.

His family is immensely proud of his achievements and is very optimistic about his future. Originally from Basti in Uttar Pradesh, his father moved them to Gurgaon with the hope of creating a better future. He works long hours in a SIM card factory with very minimum wage. His mother had struggled to find work in the past due to a slight disability with her leg, but thanks to Literacy India, she is now able to contribute to the family's earnings. She is now a member of the Craft Centre which allows her flexible timing to work as well as take care of her family.



Babita - Our Theatre Artist with a High IQ

Babita, like many children at Literacy India, comes from a humble background. Her family is from a

hillside village in Uttaranchal. They moved to Palam Vihar, Gurgaon when she was five. Her father works as a cook earning Rs. 7000 a month to support the family. Babita likes to draw, but her real love is dance and theatre. She has been successfully performing in a number of plays at Literacy India, where students

are trained by professional acting coaches.

She would love to pursue a career in acting but as a dedicated and hardworking student, she realises that her studies are more important to take her to the top. The highlight of her academic career was when she was selected by the Indian Chapter of Mensa International to receive additional mentoring and support as she has been identified as having a particularly high IQ for a student her age. Her parents did not complete high school and her sister had only completed Grade VIII. She therefore felt the importance of continuing with her studies and receive as much support as possible. Hopefully, the links to Mensa with additional support, will offer Babita new and unimaginable opportunities.

Tell us about your reach and impact in the country. What is the future course of action?

We are grateful for the open doors that Literacy India has been able to gain so far. We have 83 centres in nine States - Delhi NCR, Haryana, West Bengal, Jharkhand, Rajasthan, Uttar Pradesh, Uttaranchal, Karnataka and Telengana. We have an outreach of 50,000 beneficiaries annually and have now impacted over 30,000 children, directly and indirectly.

Literacy India uses fairly innovative techniques and we make sure that we build on strengths of the local community we work in rather than adding on new things. We use technology to speed up education and have developed a digital animated learning module in-house. There were inhibitions initially, but the children have taken in to it without many hitches. Teachers are also witnessing its benefits first hand in aiding the learning process.

The beneficiaries of Literacy India have been able to live a life of dignity and our students have also excelled in education, sports, performing and visual arts.

Lastly, I would like to say this: We have to speed up education in this country. The job has not even begun. ■



Education: Key to Freedom

Mukti Volunteer Village Providing Solutions
to Sonagachi Children Through
Their After-School Programmes

Amitabh Singh



Pulitzer Prize winning couple Nicholas Kristof and Sheryl WuDunn in their book, 'Half the Sky', writes about brutality against women and girls as "one of the paramount human rights problems of this century."

I remember the first time I entered the red light area of Sonagachi. The area began only a few lanes away from my grandfather's house in old Calcutta, where I had spent many weekends as a child. Despite many years of close proximity to the sex trade, my parents had successfully kept me from any knowledge of it.

Though only one-mile radius in size, Sonagachi is home to ten thousand sex workers, making it one of Asia's largest red light districts. While poverty drove many women to the area, others are trafficked in from neighbouring

countries, such as Bangladesh and Nepal.

I witnessed the real and dangerous struggles impoverished Indian women, especially women in Sonagachi faced. They and their children needed special attention.

I was confronted with a common request by the rescued sex slaves. "If you want to help, bring us free medical care. When we get sick, no hospital will see us. They even turn our children away. Can our children get education?"

The women looked for a response. Surely there was something that our team could do.

In April 2009, while serving on a hospital board where I had previously served as the CEO, I was back in Sonagachi to

discuss the possibility of starting a medical clinic. A few visiting doctors from North America came along to see firsthand the area we hoped to serve.

We parked the van near Liberty Cinema Hall on Chittaranjan Avenue and we walked a few hundred paces to a narrow street where rickshaws vied with one another to enter the illicit roadways.

The mere fact that children lived and worked in this place appalled us. It shouted in the face of all that was prudent and lovely. Though prostitution is illegal, here in Sonagachi, nothing operated behind the scenes. It was an open market. By all appearances, the police and city officials seem to simply turn a blind eye to the city's sex trade.

I have heard that out of an estimate of over ten thousand sex slaves, four



thousand are children. Many are born into the trade and follow in the footsteps of their mothers. That's not the worst of it. The women - young and old, are encouraged to have sex without protection. When they become pregnant, they abort their pregnancies using crude

“

Mukti as an idea moved forward in 2013 when non-resident Indians joined hands with a group of professionals, teachers, educators, students, volunteers and development practitioners, with varying degrees of affiliation, toward the goal of providing freedom (mukti) through education

”



methods, right here in the recesses of the brothels. The few who have their babies bring them to live in the brothels.

By the year 2010, I was involved with a project designed to rescue women from the red light district. When we discussed the possibility with the Sonagachi women, we were surprised when they suggested the best way forward. “Help us to start a candle-making business,” the women implored. “If we can manage our own business, then perhaps we will earn enough money to take better care of our families.”

At this time, my family and I were living in White Rock, near Vancouver, Canada. Family, friends and donors came together to help us organise a Walkathon fundraiser. My brother, who was serving as Vice President at the Starbucks Head Office in Seattle, USA, drove over to support this effort. With the money raised, Sonagachi women bought the first round of wicks and wax, paid rent for the factory, and tried their hand at the trade. The business became an instant success. In one year's time, the women were rated the third biggest candle makers in Kolkata.

A year later, I was in discussion with a number of non-resident Indians living in USA, UK, Australia and Canada who were doing extremely well and wanted to give back to our country. We talked about Sonagachi and our desire to free disadvantaged women and children from oppression and injustice so that they could fulfill their potential. A few of



us would often ask this simple question, “Who would we be today if we were robbed of education?”

India offers Right to Education for children aged 6 to 14. It is good to see that we are setting aside a certain number of seats for disadvantaged children. However, there is also a common consensus among the experts that there is much work that remains to be done

- 2016 Annual Status of Education Report shows to us a learning crisis that we face:
- 57.5 percent in Grade III are not able to read Grade I level text.
- 72.3 percent in Grade III could not do a two-digit subtraction.
- 75.5 percent in Grade V could not read simple English sentences. (This number is virtually unchanged since 2009)

Mukti as an idea moved forward in 2013 when non-resident Indians joined hands with a group of professionals, teachers, educators, students, volunteers and





development practitioners, with varying degrees of affiliation, toward the goal of providing freedom (mukti) through education. This global network of NRIs, professionals, high school and university students work together to help children find freedom (mukti) through education.

“

At Mukti, we do not claim to have the solution to all the problems. However, we believe in being part of a solution. Much of our focus this year is to create better lesson plans and worksheets to help children in the Mukti Learning Centre

”

Just this year, we have sixteen teachers volunteering with me in Canada. The present focus of Mukti Learning Centre is to test the assessment tools for Kindergarten to Class VI students. Plans to develop better assessment tools for higher grade are also in place. The assessment tools that have been developed will be tested among 200 children. With the help of Indian teachers and educators, improvement in what is offered in the after-school programme is also being put in place.

I am grateful to all Mukti volunteers, high school and university students who have come together to help us work with teachers to develop Math and English assessment tools, worksheets and lesson plans to help with the education of Indian children as the key to freedom (mukti).

The reality we face is that many children who start primary school are not able to complete it. Access to education remains problematic in some parts of the country. A student coming from a poor background or a daughter of a sex slave has nowhere to go to get additional help. Even where enrolment rates in the first year of school is high, many children fail

to complete Class V. Dropout rate before completing Class VIII or those not finishing Class X adds to this problem.

At Mukti, we do not claim to have the solution to all the problems. However, we believe in being part of a solution. Much of our focus this year is to create better lesson plans and worksheets to help children in the Mukti Learning Centre. We want to provide food to the students in our after-school programme. We want to work with teachers, retired teachers and volunteers to help serve the children from disadvantaged backgrounds.

As the current trend in education of disadvantaged children is focused towards integrating them to mainstream education, experts in India are giving it the much-needed attention. A wide range of educators have suggested that the most ideal situation would be to let children from disadvantaged backgrounds continue going to regular school. An after-school programme with one-on-one tutoring, food for a hungry child, assessment tools to identify the child's specific problem in learning, engaging counselors and allowing volunteers to work with the child, are all



steps that have been suggested. The goal of Mukti Learning Centre is to address the problem without putting the label of “slow learner” on a child.

In 2016, the HRD Ministry launched Vidyanjali – School Volunteer Programme, as an initiative to address an acute shortage of teachers and staff. Government schools across the country were encouraged to draft volunteers. Retired teachers and women, who serve as homemakers, were encouraged to offer help as this was started on a pilot basis across 2,200 government schools in 21 States.

According to the Indian Express (June

2016 edition), a senior ministry official was quoted as saying, “This will also afford an opportunity to the NRIs who are keen to give back to their home country in some way.”

As a child, I remember both my brother and I visited a school that was supported and named after my grandfather in Azamgarh. Our grandfather was living in Kolkata but wanted to give back to his village in Uttar Pradesh. My mother-in-law was a teacher. Till her untimely death, she enjoyed teaching children who came to her home in Baroda.

Likewise, the greatest joy my brother and I, as NRIs have, is to travel back to

India each year. Besides visiting our mother in Kolkata and our relatives in Varanasi, we like to go and serve children in one of the places needing help.

Have you ever thought of volunteering in your city or in your town? Have you considered being a part of the Vidyanjali initiative in your area? I believe we all can play an important part to help a poor child living in our area of influence.

So, at Mukti, we encourage all of us to GIVE – Go. Invest. Volunteer. Educate.

Mukti Village (USA) and Mukti Volunteer Village (Canada) partners with professionals, teachers, students, and volunteers to bring freedom to children of sex workers in India. Non-resident Indians living in North America founded the initiative in 2013 after witnessing first-hand the dire needs of these children in slums and red light districts across India. ■

Amitabh Singh is author of ‘Round Pizza in a Square Box’. He is a certified business coach, speaker and serves as an advisor and volunteer to Mukti Village (USA) and Mukti Volunteer Village (Canada) - www.muktivillage.ca. He lives in Toronto, Canada with his wife and two daughters.



Mumbai Smiles: Empowering and Enabling People to be Self-Sufficient

A young Spanish journalist with a successful career and a privileged upbringing came to India in 2003 after being convinced by a travel agent to spend his vacation in the land of infinite variety. The young journalist, Jaume Sanllorente, was unprepared by what he saw and experienced. This was the watershed moment in his life. He was determined to do something to make the world better. Thus began the journey of Mumbai Smiles, a non-profit organisation working with underprivileged communities in Mumbai. His work has brought in recognition, among others, the Telva 2009, Premio Axuda 2007, Premio Cine Solidario Castilla La Mancha, Premio Tierno Galván 2009. He was also awarded the Officer's Cross of the Order of Civil Merit by H.M. the King of Spain in 2009, and the Golden Cross by the Spanish Association of European Development.

Bringing Smiles and Transforming Futures

Juame Sanllorente, Founder, Mumbai Smiles shares with **Atula Imchen** the projects they are focusing on health, education, livelihood and awareness building and how as an agent of change, Mumbai Smiles is helping to channelise resources to the ones who need them the most.

Tell us about yourself, Mumbai Smiles and how did it come into existence?

I was a journalist in Spain and had a normal life in Barcelona. In 2003, I visited India as a tourist. I was shocked to see the situation and vulnerability of the most underprivileged communities in Mumbai. I could not believe what my eyes were seeing and all this happening in our world and in our century.

I decided to create Mumbai Smiles. I started by supporting a small orphanage in the northern suburbs. I sold my apartment in Barcelona, left my job as a journalist and moved to Mumbai, starting a peaceful fight against poverty that is still going on today, 13 years later.

I am sure that you must have visited many places around the world and saw the needs of the underprivileged living in these countries. So why Mumbai, why India? Are the needs here much greater or serious than the ones compared in other countries?

Yes, I have visited a lot of countries and cities around the world, including places in Africa. But I have never seen the

“

All countries have good and bad things and it is our duty to say what we think is wrong and act consequently. What entitles me to say all this is the simple fact of being a human, a ‘world colleague’ of other humans. I see suffering every day here in Mumbai; and all of us have the same rights

”



cruelty, atrocity and vulnerability of citizens which I saw in India. Never! I think that one of the crucial factors is the fact that India is not a poor country. How can it have the biggest percentage of poor citizens in the world then? The impassiveness of the rest of the citizens towards poverty and lack of human rights is what makes it, in my opinion, a very serious issue.

Also, I have never seen this amount of inconsistency of the authorities, so far away from the reality of the accomplishment of certain duties that the Government should accomplish. For instance, how can it be possible that a country that ratified, so many years ago, the most basic rights (Education among them) in the United Nations did not have any act for Right to Education until 2009? Incredible!

A lot of people I have met over the years

blame politicians and corruption for a lot of issues, but can we say that it is only the politicians who are corrupt in a country where only one percent of the entire population pay taxes? Can a citizen who pays money under the table to an official to speed up the bureaucracy processes blame politicians for corruption? And I quote Mahatma Gandhi, “Before asking for your rights, accomplish your obligations.”

And I am not saying this because I feel that being a European entitles me to say so. Not at all! Europe has a lot of issues to improve and it is very meaningless sometimes! All countries have good and bad things and it is our duty to say what we think is wrong and act consequently. What entitles me to say all this is the simple fact of being a human, a ‘world colleague’ of other humans. I see suffering every day here in Mumbai; and all of us have the same rights.





Tell us about your mission in the area of education in the different age groups.

Correct. And I must say that a lot of NGOs before us had been fighting and struggling to make it possible. It is a shame that a country that ratified international Human Rights pacts and conventions did not have any Act regarding mandatory and free education. But, even though it was a great step, there is still a long path to walk.

First of all, ages below 6 and above 14 are completely unprotected, and this is a serious issue. We all know how frequent it is that children below the age of six are forced to work under extreme conditions, or is taken by a mafia, or even is sold by their own parents. How can you expect them to attend school at six if you have exposed them to such dangers before then?

Secondly, is the quality of public education in India what it should be? As far as I know, it is not. I am not afraid to say so. Would a parent with a good professional background enrol his child in a public school? If the answer is no, it means that something is wrong. Public services (education being one of the most important) should reach excellence; it should be the best. If it is not - and I believe that 90 percent of the readers of

Which projects did you start with under Mumbai Smiles? What are the other focus areas?

Education, health and livelihood. We deeply believe that education is the main key that will allow the most underprivileged communities in this country to open the doors of their own freedom.

We work with the communities offering a holistic approach; where health, teaching them their rights, etc are also

taken into consideration. Oftentimes, problems are universal and we need to work on the entire situation.

Over the years, we have also focussed on women and the girl child. It is shocking to know the numbers reflecting the terrible situation of women in India.

India's Right to Education Act which was enacted in August 2009 was a significant step in ensuring free and fair education to children between 6-14 years. But it did miss very important and crucial age groups that also require attention.

“

Indeed, helping the underprivileged face the world with confidence means bringing more empowered citizens to the world we live in, to our world. So what is good for an underprivileged citizen is also good for the rest of human beings in his/her country and, consequently, in the world

”



this interview would agree - it means that India is not investing enough (not only in financial terms, but also in setting the right priorities).

When will this country realise that good investment in quality education end up being visible in good workers for infrastructures, good speed of services, good speed in bureaucracy, etc? Most of the problems India is facing today are because not enough has been invested in education. A 'peon' as he is called in India, should have the same basic education as a lawyer. Until we do not understand this completely, there will not be any real development. A country cannot be considered a developed country if it does not understand the concept of equality as it should be understood.

What has been the result of your untiring work in this area? How many school-going children have benefitted from your endeavour?

During the last 13 years, we have impacted the lives of more than 7000 citizens of the most underprivileged communities in the slum areas of Mumbai and its surroundings. What gives me joy is seeing the numbers of lives that have been changed as a result of the work we have been doing. Take for

“

We have undertaken many campaigns in the last few years, nationally (in India) and internationally (in Spain and other countries).

More than sensitising about Mumbai Smiles, we try to go beyond that and sensitise about the vulnerability of many communities in this city

”



example a young boy who was begging in the local train stations. He is now the Second-in-Command Chef in one of the best hotels in Mumbai; or how a girl that was abused and forced to work in a brothel in Kamathipura is today a successful lawyer in a good firm; all because of Mumbai Smiles' efforts over the years. The fruit of hard work is paying off and every hurdle and challenge we faced is all worth it.

Share with us the work you are doing among leprosy patients in Mumbai.

We started working very closely with an organisation called Bombay Leprosy Project, where we learnt a lot about this illness and the wrong notion that the

international community has in thinking that this disease has been eradicated. India still has many cases of leprosy as do a lot of countries. But one of the big issues of this disease is the stigma it carries with it for the ones still affected by it and for those who have been cured of it (with visible marks of the illness) to go back to a completely normal life and work.

Over the last few years, we did not observe any new case in the communities we work with, which is a good sign, for sure; but we should not relax in our attempt to identify new cases and reaching out to them.

Empowering the underprivileged is something that has proven to be a big determining factor in making



them independent, face the world with confidence and looking forward to a better future. What are the sustainable livelihood approaches that Mumbai Smiles is adopting?

Indeed, helping the underprivileged face the world with confidence means bringing more empowered citizens to the world we live in, to our world. So what is good for an underprivileged citizen is also good for the rest of human beings in his/her country and, consequently, in the world.

It is still very early to give details about it, but we are now developing a new project based on the creation of a social enterprise completely self-sufficient for women in the communities we work with.

What are the awareness campaigns you undertake to sensitise people and organisations at large about Mumbai Smiles?

We have undertaken many campaigns in the last few years, nationally (in India) and internationally (in Spain and other countries). More than sensitising about Mumbai Smiles, we try to go beyond that and sensitise about the vulnerability of many communities in this city.

Since we receive a lot of international visitors who come to see with their own eyes the outcome of our work, we try to sensitise them about being respectful to the communities and the cultural differences that exists.

How has your background as a



journalist and continuing networking with the media helped in raising awareness about the work you are doing through Mumbai Smiles?

It has helped a lot, and I take it as a duty, as a responsibility. Having a public projection, especially in Europe because of the success of my first book, "Bombay Smiles: The Trip That Changed My Life", gives me the opportunity of having a platform that can be useful in order to raise awareness about the needs and the vulnerability of a lot of citizens in the slum areas of Mumbai. Before taking any step as a journalist, writer or public figure, I always ask myself: "How will it impact the people I am devoted to?" Because I have chosen to follow this path of serving the poorest of the poor citizens of Mumbai, I want my professional

actions as a journalist and writer to be converted into improvements for the communities we work with.

My job as Executive President of Mumbai Smiles includes the enormous task of communicating to anyone who is willing to listen to me about the situation of the most deprived and underprivileged ones in this city. I deeply feel that my job should be a combination of leadership, management, constant contact with the field and the communities and, of course, communication.

What would you say is your biggest achievement? Where do you see yourselves in the next three to five years?

Let me reiterate: the biggest achievement of Mumbai Smiles and the communities, because every achievement is the result of teamwork, is something beyond numbers and impact assessment. Witnessing first-hand amazing individuals who have been able to use the tools we provided in a remarkable way, and have progressed to become self-sufficient and free citizens is a validation of the sacrifices and hard work that has been invested. This is the biggest achievement: to observe, day after day, the freedom that Mumbai Smiles has been able to give to amazing and extraordinary citizens I am blessed to be working with. ■





India International CSR Conclave & Awards 2017

The much awaited and prestigious CSR Excellence Conclave and Awards 2017, the most inclusive and diverse awards of its kind, was held in New Delhi on May 11, 2017. The event provided a common platform to CSR professionals for exchange of ideas about strengthening CSR ecosystem in India for sustainable impact. It celebrated business excellence and innovation in Corporate Social Responsibility across a broad range of disciplines, making it the only one of its kind in India.

At the inaugural session, the Chief Guest, Krishna Raj, Minister of State for Women and Child Development, Government of India, said, "Women Empowerment in CSR aims to enable women with skills and providing them with livelihood for a secure future. Today, women are making their presence felt in every field. It is important to recognise their role in the progress and development of society."

Speakers at the event included MDs, CEOs, CMOs, CSR Heads, CSR Managers, Strategy Heads, Health, Safety and Environment Managers, Public Relations and Communication Managers. The event showcased world class presentations and interactive sessions from leading practitioners on

how organisations use CSR to integrate economic, environmental and social objectives with their operations and growth. Expert speakers provided in-depth analysis of contemporary CSR issues, trends, challenges, standards and strategies.

Speaking on the occasion, Sarvesh Kumar Tiwari, Founder and Managing Director, PR Professionals said, "The prime objective of business has been to make profits by exploiting natural and human resources. Such practices have caused crisis that we are currently facing while also endangering our future generations. CSR is an important function for businesses to establish themselves as well-wishers in the social development as well as preventing natural and environmental crisis. Every individual should be accountable in fulfilling their responsibility towards the society, environment and planet."

The mega event also hosted a panel discussion moderated by Ritu Jhington, Head, Project Nandghar, Vedanta Limited, Charudutt Panigrahi, Founder and Mentor, FIDR and Abhishek Ranjan, Global Head - Sustainability and CSR, Brillio Technologies. Members in the discussion were Dr. S. Sundar Manoharan, Vice Chancellor, Karunya

University, Vijay Chadda, CEO, Bharti Foundation, etc.

The discussion centered on The Ethical and Economic Aspects of CSR, CSR Approach in a Developing Country and Developing Sustainable and Responsible Business through CSR.

Some of the key panelists were Dr. Manoharan, Vice Chancellor, Karunya University, Mohini Daljeet Singh, CEO, Max India Foundation, and Shrikant Sinha CEO, NASSCOM Foundation. Each session witnessed keen interest and eagerness from the audience which interacted with the panelists to discuss opportunities of arriving at sustainable and replicable solutions.

For the awards ceremony, over 200 delegates, both local and international, were present, including some of the region's most established organisations. Winners from different categories who were awarded for excellence in their respective fields included, among others, Tech Mahindra Foundation - CSR Company of the Year, Toyota Kirloskar Motor Pvt. Limited - CSR Practice of the Year and Mohini Daljeet Singh, CEO, Max India Foundation - CSR Leader of the Year. ■



Promoting Positive Behaviour Change Through Health Communication

Meera Tenguria

Threats to public health through diseases and environmental calamities are rooted in human behaviour. Change Communications is thus a necessary component of any effort to achieve positive health outcomes. Throughout the past few decades, organisations such as WHO and USAID have used health communications as an important tool of development and have recognised it as a critical component to address various social issues. Numerous studies have found that mass communication interventions can significantly influence the health of communities.

Let us talk about the relationship of communications with CSR and public health.

Causes of human behaviour are complex and reside at multiple levels that reinforce each other; thus promoting any behavioural change needed for a multi-disciplinary approach that bridges gaps between different groups to promote health in a variety of contexts. However, interventions for change in human behaviour do not fall into a social vacuum. Rather, the information provided is seen through the perspective of individuals and social prisms that determine what is understood from communication, at both the individual and the macro-social levels. Across the world, the poor and vulnerable that bear the larger burden of diseases are always looking for new ways to improve their well-being and value health information that is relevant to them. This, however, is

dependent on how effectively this information is communicated to them.

An example is useful for conceptualising this. Imagine a community trying to launch a cleanliness awareness campaign. At first glance, the message for this seems to be simple. Obviously, the campaign should explain why cleanliness is good for overall health. However, this does not take into account the other possible reasons the community may not be having a clean environment. It is possible that the people already know and agree that cleanliness is better, but may believe that they have rights only within their own homes, and perhaps, they cannot afford hiring people to keep the areas around them clean, or perhaps, there is water shortage in the area, or, they do not have access to civic services and do not know how to manage the complex environment, or, certain community or religious beliefs do not allow them to touch certain products. All of a sudden, the idea of promoting cleanliness becomes a little more complex.

An understanding of the community and what actually motivates them to make healthy behaviour choices is key to developing healthcare awareness campaigns that address the root of the problem. By integrating the goals of public health policy and the motivations of the community, health communication can implement more successful outreach and awareness campaigns.

So how can CSR professionals use health communication initiatives more effectively to promote positive behaviour change?

Focus on Empowerment: In the end, much of an individual or community's health is a result of their own behaviour. Health communication can help lead to healthy behavioural change by providing the framework for ethical decision-making.

Taking an Ecological Approach: All behaviours are not the choices of individuals; some are tightly woven into social norms e.g. smoking, pan chewing, food habits, cleanliness, etc, that an ecological approach targeting the community and broader environment is

“

India's centuries-old caste system, in which members of the lowest group clear away human waste, is a major mental block act in emptying the pit latrine associated with home toilets

”

essential. There is a better chance at changing some behaviour with this comprehensive approach.

Information, Education and Communication

An interesting story was in the news a while back of a village where a cement toilet was built in each house. In most cases, the villagers used that space for storing grains, as that was the only cement structure in their house. Its use for grain storage was felt to be more productive for the family. In this case, the awareness and education component of the importance of sanitation programme is a critical aspect of sustained behavioural change. The government budget for raising awareness, sadly, largely remained unspent for years.

In an interview to a journalist, India's Minister for Rural Development, Sanitation and Drinking Water, Chaudhary Birender Singh said, "Even as we accelerate toilet construction now, much more needs to be done to persuade people to use them. For long, we assumed that if toilets were built, people would automatically use them."

The same article in Washington Post says the unintended consequence of Ad campaigns has been the perception that toilets are just for women. India's centuries-old caste system, in which members of the lowest group clear away human waste, is a major mental block in emptying the pit latrine associated with home toilets. "The act of emptying the pit latrine is associated with the socially degrading caste system," said Sangita Vyas, Managing Director at RICE (Research Institute for Compassionate Economies), a New Delhi-based research group that studies sanitation issues. "People fear a situation when their pit fills up and there is nobody willing to clean it because of the social stigma. That fear discourages sustained use of toilets."

Information, Education, and Communication (IEC) campaigns involving communities and grassroots organisations can accelerate the process of any change and hasten the adoption of healthy practices. However, these efforts

must address socio-cultural attitudes, educate the public, create awareness regarding good health practices, provide solutions to areas in need, build alliances with like-minded organisations and the community as a whole, and create long-term success by facilitating community involvement and ownership.

Research consistently shows that evidence-based communication programmes can increase knowledge, shift attitudes and cultural norms and produce changes in a wide variety of behaviours. Strategic healthcare awareness communications have proven effective in several health areas, such as increasing the use of family planning methods, preventing HIV and AIDS, reducing the spread of malaria and other infectious diseases, and improving newborn and maternal health.

So let us also see what health communication is, as well as what it can and cannot do.

The CDC defines health communication as the "study and use of communication strategies to inform and influence individuals and community decisions that enhance health."

According to the US Department of Health & Human Services 'Making Health Communication Programs Work', health communication can:

- Increase knowledge and awareness of a health issue
- Influence perceptions, beliefs, and attitudes
- Prompt action
- Demonstrate or illustrate healthy skills
- Show the benefit of behaviour change
- Advocate a position on a health issue or policy
- Increase support for services
- Debunk myths and misconceptions

Health Communication cannot:

- Make up for a lack of access to health services
- Produce sustained change without a larger programme
- Be equally effective in addressing all health issues



A Strategic Communications Framework on behaviour change must begin by understanding the audience:

- Level of awareness of health risks and protection
- Feelings of personal relevance to the health risk
- Knowledge of appropriate health behaviours or policies to mitigate risks and promote health
- Confidence that they can take the recommended actions
- Sense that the recommended actions are endorsed by their community
- Belief that the benefits of implementing actions outweigh the costs

Preventive healthcare needs significant attention and investment as it directly improves health, well-being and productivity of community/population, families and individuals, and promotes equity by benefiting the most disadvantaged and marginalised groups. This is where the CSR efforts of organisations can play a key role by developing communication programmes at the grassroots level, engage at the village level and taking up behavioural change communication to positively influence these social dimensions of health and well-being. ■

Meera Tenguria is a Stakeholder Engagement Strategist and Trainer with over 20 years of experience in Corporate Communications, Crisis Communications, Stakeholder Communications, Content Strategy, Sustainability and CSR Communication

New Way of Thinking for Solving the Healthcare Crisis in India

Dr. Vikram Venkateswaran



India is a unique paradox, where tradition and modern ideas coexist. In healthcare, we see this in a complex ecosystem, where traditional remedies like Ayurveda, Siddha and Unnani merge with modern allopathic medicines and are supplemented by alternate treatments like homeopathy. India faces a very unique challenge of trying to cover almost 1.2 billion with limited infrastructure, limited trained doctors and medical equipment that is mostly located in the cities. What makes the challenge even bigger is the geographic distribution of the population spread across almost seven lakh villages.

The Current Scenario

Many approaches that have been taken in the past have yielded mixed results. We initially started out by building a system like the National Health Service (NHS) in the UK, with the Central Government Health Scheme (CGHS). This along with the affiliated State bodies continues to serve the healthcare needs of India but limited by coverage and by rough estimates covers

10-15 percent of the population. The private sector covers most of the country, with almost five to seven percent covered by some form of insurance and the rest depend on funding healthcare 'Out of the Pocket'.

Strategic Roadmap

The solution is to take a holistic approach to the issue and the key is to build a strategic roadmap keeping in

mind the growing population, changing demographics and evolving disease patterns.

Below are the areas of a healthcare industry consulting template that I feel we should take to build this roadmap.

- 1) **Understanding Macro Economic Factors** - I strongly feel that planning has to start from the macro-economic factors. These



Defining the Future End State therefore simply means that these patients do not have to travel all the way. Access to care can be provided in their local centres with care delivery for serious issues still requiring intervention from urban hospitals



vary from State to State and region to region. Healthcare parameters are better in States like Kerala and in regions like the NCR. Now this would involve looking at factors like the State GDP, Price Index, Interest Rates etc. These become very important to assess what kind of healthcare needs would be required by this population group.

- 2) **Defining a Future End State**
Based on the macro-economic factors, the Future State can be defined by taking certain key health indicators like the number of physicians per population or infant mortality rate. We can also look at health parameters like reduction in patient re-admissions to hospital or reduction in the prevalence of infectious diseases in the region.
- 3) **Building a Proof of Concept**
Based on our Future End State, we can start putting together a pilot. Let me take an example. If we want lower patients visiting the hospital with diabetes-related complications, then we might want to construct a pilot that focuses on raising awareness through local health centres and leveraging technology to pass on health information messages through

mediums like SMS. It might also involve investing in analytics and a monitoring mechanism for platforms like social media and building a local population health mechanism for the same.

- 4) **Rejigging the Resources**
Based on the pilot, we may need to add extra resources or re-train existing resources. We may also need to hire technologists as in the case with the diabetes management system. This step may also involve removing existing processes and adding new ones to ensure that the future end state is met.
- 5) **Establishing a New Ecosystem**
The final step is to take the success of the pilot and deploy it at scale across the entire healthcare ecosystem in question.

How it Can Work in India

A good example of using this consulting template is in establishing decentralisation across the healthcare ecosystem in India.

Let me first explain what the term decentralisation is. In my opinion, it is moving the decision-making away from central urban areas to the peripheral regions. So in case of healthcare, it would be removing the dependency of patients and the patient parties in the rural areas to travel all the way to big cities to seek care. A good example is when my cook's daughter in rural Odisha was diagnosed with dengue; she had to be taken all the way to Puri for treatment.

So in understanding the macro economic reality, we can have daily wage earners in rural India travelling all the way to cities for treatment. For them, cost of treatment is not the only factor but there is also the loss of wage, which is a double blow.

Defining a Future End State therefore simply means that these patients do not have to travel all the way. Access to care can be provided in their local centres with care delivery for serious issues still requiring intervention from urban hospitals.

So building a proof of concept would require such a system to work in a way that the rural centres rely on experts and physicians in the cities without patients having to travel to the cities. A few good examples include the Philips e-ICU launched in Tier 2 cities some time ago.

Rejigging of the expertise, tools and processes would work as it requires expertise, training and capability that can be shared leveraging technology. As a science that both doctors and hospitals have spent time mastering, care delivery via hospitals is more dependable than resorting to solutions from untrained and ill-informed quacks or godmen. Decentralised access and centralised delivery have been used by startups like Path Lab - Life Cell that are using this model and leveraging digital to the fullest.

An End State would see hospitals in urban areas leveraging their existing bandwidth to accommodate the rural consultations in a way that optimises the capital investment made in a truly decentralised model.

Conclusion

Some experts like Dr. Ashwin Naik of Vatsaalya Healthcare make a strong case for the need to understand that innovation is not just about creating a better ECG system, but to discover a better way to rethink our existing ecosystem. Start-ups have a significant role to play in the process of making healthcare more accessible.

Albert Einstein once said, "We cannot solve our problems with the same thinking we used when we created them."

So a future without hospitals where care is delivered home, especially in cases of monitoring and tracking on a digital backbone, is therefore possible. ■

Dr. Vikram Venkateswaran is a healthcare influencer and thinker. He writes a blog advocating the use of technology in healthcare at Healthcare in India.

He can be reached on twitter @drvikram



Doctors ^{For} You

Reaching Out to the Most Vulnerable with the Healing Balm

A discussion between friends who were pursuing a Masters degree at the KEM Hospital, Mumbai in 2007 regarding the need to kickstart a blood platelet donation drive to offset the severe shortage of blood platelets due to the outbreak of dengue, set the tone for the genesis of Doctors for You with its vision, 'Health For All'. At the helm of this pan India humanitarian organisation is 'Health for All' is **Dr. Ravikant Singh** who became even more convinced that he needs to dedicate his entire career to public healthcare when he went through a personal tragedy. There has been no looking back since. Doctors For You (DFY) has been working in various disaster-hit zones for the last nine years. It focuses on providing medical care to the vulnerable communities during crisis and non-crisis situations, emergency medical aid to people affected by natural disaster, conflicts and epidemics. Regarded as the country's foremost medical relief specialist, Dr. Ravikant Singh, Founder, Doctors For You, spoke with **Atula Imchen** on what it means to take a call between big money and public healthcare, the various projects undertaken by DFY so far and the road ahead.

Doctor, tell us something about you and what made you give up a lucrative private practice to provide healthcare to Mumbai's poor?

I did my MBBS & MD from KEM Hospital Mumbai. Ever since my under-graduation days, I was always interested in doing wholesale business and not retail, meaning I was more interested in doing something at the State or national level rather than open my own clinic or hospital. I was also not interested in cut practice business or do anything unethical to run a clinic, so private practice never attracted my attention.

When and how did you start Doctors For You? What are the various healthcare services provided by the organisation at Govandi? Do share some information about this area and why did you choose it to set up your centre?

I started DFY in August 2007. It was not a planned venture. There was a big outbreak of dengue, leptospirosis and malaria in Mumbai in 2007. Most of the blood banks, including KEM Hospital blood bank, were out of platelet (A blood component require to stop bleeding in case of severe dengue or malaria cases). I was a regular platelet donor so I started an awareness drive to promote platelet donation. Many people, including medical students and doctors, were not aware of the fact that you can donate platelets every 15 days, coming up to a

total of 24 times a year, while blood donation can only be done at a maximum four times a year (once every three months). Fortunately, this drive went off very well and many donors across Mumbai came forward to donate platelets. We organised many blood and platelet donation drives thereafter and registered the organisation as 'Doctors For You' because of the good response and the many lives saved due to this platelet donation.

Doctors For You set up a centre at Govandi, which is in M - East Ward, the Ward with the lowest Human Development Index, despite having the highest density of doctors and social science institutes like TISS, Mumbai. One of the reasons is that all that has been done in the past many years was study, survey and publication with no action on ground. Things changes only by action, not by discussing the problems.

So we decided to intervene head on, and fortunately, MMRDA provided us the space to run health centres in slum resettlement colonies for Project Affected People (PAP's). We are currently running three health centres focused on providing basic maternal and child healthcare like General OPD, Immunisation, Antenatal checkups, Dental and TB DOTS centres. Since the past two years, we have started specialty services also like Gynaecology, Skin, Ophthalmology, Psychiatry, Physiotherapy, Orthopaedic, Diabetes Hypertension OPD & Geriatric care services. Apart from the fixed health centre-based activities, we do many community outreach programmes, immunisation drives, household health checkups and

awareness drives. Our focus is on providing comprehensive preventive, promotive, curative and rehabilitative services unlike the curative services provided in private hospitals. We want to see the overall improvement in health indicators on the community, NOT just on one person.

Apart from health, we are also involved in many other activities like malnutrition

“

The number of severely malnourished children is very high (>80Lakh) that it is impossible to admit and treat them in hospital as there are not enough paediatric beds to accommodate them.

So under the Community-based Management of Acute Malnutrition (CMAM) programme, we treat cases/patients at their respective homes and only very serious or complicated cases are admitted in hospital

”



“ Things changes only by action, not by discussing the problems ”

treatment and women empowerment by training local girls as Nursing Health Assistants and other livelihood generating activities.

As you stated, DFY was established in 2007. What are the guiding principles and core values of the organisation?

Doctors for You is a social organisation (Registered as a Society) with a mission to providing sustainable, equitable, effective and efficient healthcare services to the most vulnerable individuals and communities.

Our guiding principles are Rapid Response, Reaching the Unreached, Accountability to our Partners, Donors and Communities, Community Participation in decision making.

Our core values of being a neutral, non-political, non-religious social organisation with transparency and evidenced-based actions have been the driving force for us and we always try to adhere to these values for all projects.

Which are the different areas of operations that you are involved in and the States where these humanitarian services are being implemented?

We are mainly involved in three types of operations: Disaster Relief and Response, Strengthening of the Public Health System and, Community

Development Initiatives. We are currently working in seven States across India - Assam, Bihar, Delhi, Kashmir, Madhya Pradesh, Gujarat, Maharashtra and Tamilnadu.

Let me quote you from an interview you gave to a newspaper daily a few years back. "For their own sake, the rich must ensure the poor have access to healthcare facilities. TB, for instance, is no longer a poor man's disease. A single patient can infect 15 people." Share with us the work DFY is doing in this field through Project Poshan.

Yes, tuberculosis is a huge problem now especially with a high number of Multi Drug Resistant (MDR) TB cases. TB does not discriminate. Anyone can be infected if their immunity is down or if they are in close contact with a TB patient. Tuberculosis is common even among well-to-do families and well-known personalities. We have to diagnose and treat all TB cases in the community. Only then can it be eliminated. No family is safe if the people they interact on a daily basis are suffering from tuberculosis.

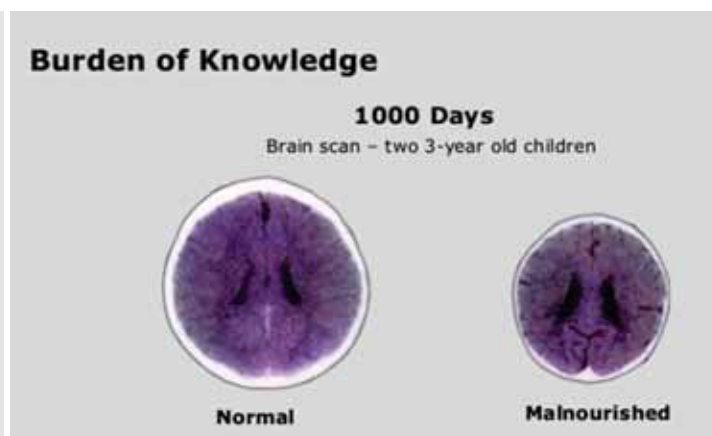
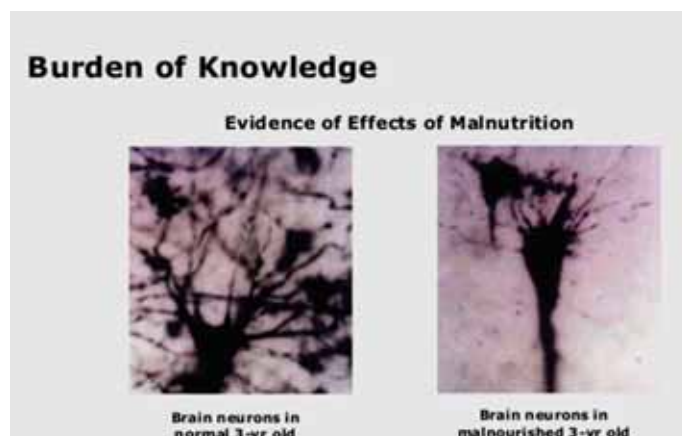
Under Project Poshan, we are providing protein-rich nutritional support (around 16-18 kg dry ration per month) to each MDR patient during the first six months of treatment as most MDR TB patients

are bedridden, jobless and not able to afford a protein rich diet (a vital requirement). We are currently running this project in six States (Assam, Bihar, Delhi, Madhya Pradesh, Maharashtra and Gujarat) targeting 1500+ MDR patients. We are also monitoring the weight gain and compliance to the treatment after this nutritional support. If successful, the government can replicate this in other States too.

Malnutrition among under-five children is a major public health problem and underweight children in India are among the highest in the world, nearly doubling that of Sub-Saharan Africa. What are the steps taken by DFY through CMAM in combating malnutrition in India?

Yes, malnutrition is a big problem as you can see from the two images below and the damage it is causing to the country's workforce.

Brain damage occurs in the first 1000 days (nine months intrauterine and two years after birth) and it is irreversible after this period. So we have to work on a war footing to save this irreversible brain damage otherwise we will produce large numbers of children with low IQs and poor physical build up manpower which will eventually lead to GDP loss as high as 11 percent.



The number of severely malnourished children is very high (>80Lakh) that it is impossible to admit and treat them in hospitals as there are not enough paediatric beds to accommodate them. So under the Community-based Management of Acute Malnutrition (CMAM) programme, we treat cases/patients at their respective homes and only very serious or complicated cases are admitted in the hospital.

Our outreach workers and regular follow-up by mothers with malnourished children is the key component of this programme. We are currently running CMAM in Bihar and Maharashtra, covering more than 300 children.

Which State, according to you, is a worst case scenario of child healthcare and malnutrition? What are the measures taken to tackle this situation?

If you ask me, Bihar is at the bottom due to a very weak public health system (80 percent medical care is run by the private sector), poorly skilled manpower and corruption at many levels. After Bihar, Uttar Pradesh, Madhya Pradesh, the Chhatisgarh tribal belt and Jharkhand are the other States with a large number of malnourished children. Urban slums with poor water and sanitation conditions also have a large number of such children.

Malnutrition is not just about lack of nutrition. There are many other reasons for this, ranging from illiterate mothers, lack of toilets, climate change and so on. So we have to focus on many areas, most importantly, on water, sanitation,

nutritional support to vulnerable children and ensuring family economic security by creating more jobs. The Government should spend more money on the social sector (Health, Education, Nutrition and Social Welfare). This will ensure good returns in the long run.

WASH is another major programme which your organisation is involved in. How have the various camps and awareness programmes conducted by DFY impacted the different States where this project is running? Any plans on extending it to other States?

Yes, after being in the medical field for over ten years now, I realised that building toilets and creating awareness about cleanliness and hand washing is much more effective than any multivitamin or antibiotics intake to improve the health of the country. Under WASH, we are doing mainly three types of activities which are also keys for the success of Swachh Bharat Abhiyaan.

1. Construction of Toilets - We are building more than 500 toilets in Bandipora district of Kashmir as well as in 24 schools in Bihar.

2. Maintenance of Toilets - We provide hygiene kits (bucket, mug, water tank with tap, brush and Harpic toilet cleaner) to each beneficiary so that they can maintain the cleanliness of their toilets.

3. Behaviour Change Among Users - This is the most important component. Under this, we are promoting behaviour

“

Malnutrition is not just about lack of nutrition. There are many other reasons for this, ranging from illiterate mothers, lack of toilets, climate change and so on. So we have to focus on many areas, most importantly, on water, sanitation, nutritional support to vulnerable children and ensuring family economic security by creating more jobs. The Government should spend more money on the social sector (Health, Education, Nutrition and Social Welfare). This will ensure good returns in the long run

”

change among school children, the community and all other stakeholders to bring a positive change in the community towards use of toilets and therefore do away with open defecation. Under the hand washing promotion





programme, we have 'Soap For Hope' where we collect used soaps from five star hotels, clean and crush them and then recycle them into new soap bars. We give these soaps to school students and vulnerable communities free of cost to promote hand washing. It is a very successful programme and is bringing a lot of change at the grassroots.

There are many facets to the after-effects when disaster strikes a place or region. What are your objectives and commitment towards emergency relief and response

“

Our aim is to identify the most disaster-prone districts in India and keep doing local resilience building and community development programmes so that these communities can eventually sustain and take care of themselves without any external support

”

as well as rehabilitation, and the States you have been engaged in for relief programmes?

Medical relief and response during humanitarian crisis across India is our USP. We have won two international awards for our disaster response work (British Medical Journal Award for Best Medical Team in Crisis Zone, 2011 and SAARC Youth Award 2009 for Outstanding Work in the Aftermath of Natural Disasters).

Our aim is to provide quick medical response after disasters to restore emergency medical care and restore public health services ASAP. Our target is maternal and child health as they are the most vulnerable and they suffer maximum preventable morbidity and mortality post crisis. Doctors For You provide medical relief in all kinds of disasters like flood, earthquake, conflicts or man-made disasters.

In the acute phase of disasters which usually last for six to eight weeks, our focus is usually on reaching maximum number of people and providing immediate medical support. We would then gradually take up rehabilitation and work in strengthening the public health system like building toilets/hospitals, training doctors, strengthening immunisation, etc. We continue with these two projects in the affected zone even after the relief work is over to build the resilience of the community. We are lucky to have very good partners who understand the importance of disaster risk reduction

and provide all support to build the local capacity along with local government departments and the community.

Our aim is to identify the most disaster-prone districts in India and keep doing local resilience building and community development programmes so that these communities can eventually sustain and take care of themselves without any external support. That is our ultimate goal. North Eastern States, Bihar, West Bengal, Uttarakhand and Kashmir, are priority States for us in terms of disaster risk reduction work. We always work with local governments and try to strengthen their system and not replicate or run any parallel system. Therefore, all projects have State government officials are our main partners.

Capacity building is another area where you have been working on. Do share with us the progress in this area.

We started capacity building programmes in 2012 in Assam and we have trained more than 5000 doctors and paramedics from the North East. Apart from that, we have also conducted trainings in Kashmir, Uttarakhand and Bihar. We train doctors, paramedics and the police force on mass casualty management, hospital preparedness, public health in emergencies, WASH in emergency, mass gathering event management, crowd control, trauma care etc. We have developed modules and trained Accredited Social Health Activists (ASHAs), Aanganwadis and Auxiliary Nurse Midwives (ANMs)

from villages on disaster management and basic public health activities to be done during emergencies, so that they can provide essential and emergency services till specialised doctors involved in emergency management are able to reach ground zero. We are now expanding these programmes to other States as well.

Are you also looking beyond India to reach out to those facing challenges in healthcare as well as relief operations?

Yes, we would like to expand our services to the entire South Asian countries like Bangladesh, Bhutan, Nepal, Pakistan, Afghanistan, Maldives and Sri Lanka if we get sufficient support and resources. We have partners in all the SAARC countries. We have been a member of ADRRN (Asian Disaster Reduction and Response Network) for the past five years. We hold exchange programmes for our staff, for example, we had two last year, with Bangladesh and Afghanistan. The Nepal Earthquake Response was our major medical response outside India. We are still involved in Nepal for research and best practices documentation work, post 2015 earthquake.

Working in challenging situations and areas also has its share of richly encouraging comebacks and testimonials. Share with us some inspirational incidents you have encountered in your journey so far.

There have been innumerable incidents

that have impacted and altered the course of my life but I would like to mention a few here.

Death of a Team Member on Field

This was our first relief work post Koshi Floods in Bihar in 2008. Dr. Chandrakant Patil was my junior from KEM Hospital, Mumbai, and one of the first doctors who responded to help me deliver relief work in Bihar. While we were tirelessly working there, an unfortunate thing took place on September 21. Dr. Chandrakant lost his life when he was struck by lightning at the residential camp in Supaul District. It was a devastating time for me as well as the entire team. We returned to Mumbai within two days. As I sat and ponder about my friend and a precious life being lost, I also realised that I should not give up as the people of Bihar desperately needed our help. A week later, I went back to Bihar and decided to finish the work started by Dr. Chandrakant. The Team and I stayed there for almost six months. Our relief work in Bihar received much appreciation internationally. I was honoured with the SAARC Youth Award 2009, becoming the first Indian to do so.

Prior to this, I will not deny admitting that I was quite ambitious. But somewhere along the way, especially after losing my friend, I had to take a call between big money and public healthcare. I chose the latter and there was no looking back after this. I felt at peace knowing I made the right decision.

Medical Equipments Support Post-Earthquake in Nepal

DFY has provided five ventilators along with other medical equipments like X-ray, C-arm, implants and medicines to the Nepal Government after the devastating earthquake of 2015. When our ventilators reached Kathmandu by truck, two ventilators were immediately shifted to TUTH (Tribhuvan University Teaching Hospital) and ICU patients were thus saved from untimely deaths. It was a poignant incident which reminds us the importance of rapid response post disasters.

Importance of Data

I would like to mention here the importance of collection, compilation and analysis of all healthcare-related information into data forms so that it can be utilised appropriately to improve care for patients. Good data from the field improves the quality of intervention to a great extent and has more impact than just sharing some good stories. For example, during the Kokrajhar violence in Assam, we were working in some of the biggest relief camps and treating malnourished children as well. Incidentally, Mr. Rahul Gandhi visited one of the camps and we presented him with a data of severely malnourished children. The detailed data and evidence of the facts on the ground spurred him to act immediately. Within two days, we received a truckload of eggs and bananas. We were ecstatic with the quick response from him. This timely intervention enabled us to feed and take care of the children and pregnant mothers staying at the camp, thus reenergising them for the tough days ahead. ■





Sightsavers India

Helping the Blind See

Working mainly in developing countries to combat avoidable blindness and promote equal opportunities for disabled people, Sightsavers India has been working in this direction since 1966. Its vision is to create a world without blindness from avoidable causes and to find visually impaired people participating equally in the society with no discrimination meted out to them. **Avijit Dey**, Director, Funding & Marketing, Sightsavers India talks to **Archana Sinha** about their work and future aspirations.

Being an international organisation, how many countries is Sightsavers working to help overcome avoidable blindness?

We work in more than 30 countries across Asia and Africa to eliminate avoidable blindness and support people with visual impairments to live

independently. We do what we do because 80 percent of blindness in the world is avoidable.

What is your operational plan and the specific areas you extend help to local organisations, for example, help in funding, setting up centres,

coordinating with trained doctors and their visits to the centre, etc.

We work in a sustainable way to promote lasting change – by strengthening existing health systems, seeking to advocate with and influence governments and by demonstrating best





practises. A fundamental principle of Sightsavers' work is the delivery of services through local partners, which has underpinned the organisation's activities for more than 60 years, globally. Sightsavers' objective is to learn from its partners while assisting them in building their capacity for sustainability of service in the long term.

Sightsavers works with a broad range of partners - medical, non-government, government, community organisations, centres of excellence and membership organisations. We also network with like-minded organisations to enable exchange of ideas and to advocate for the rights of the disabled.

How many people in India have benefited from your efforts?

Our commitment to the cause has strengthened in the last 50 years with Sightsavers impacting the lives of people in 100 districts across eight priority States of Rajasthan, Madhya Pradesh, Jharkhand, Chhattisgarh, West Bengal, Andhra Pradesh, Orissa and Maharashtra.

Sightsavers focuses on collaborating with various State government departments to scale up operations for social inclusion, inclusive education and eye health - our three core areas of work.

To summarise our mission, we aim to eliminate avoidable blindness and help bring about equality for people with disabilities. In other words, we:

- Help blind people to see
- Prevent others from going blind unnecessarily
- Support people to live independently if their loss of sight cannot be restored for some reason



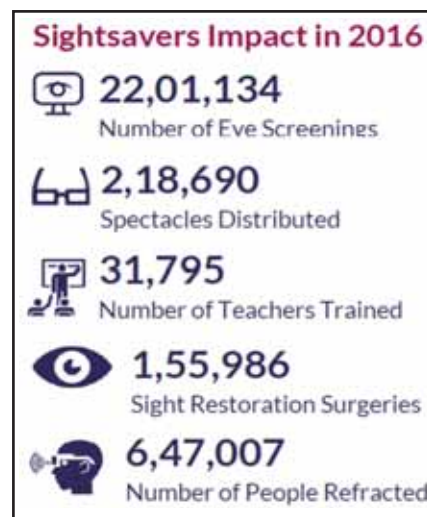
The reasons behind avoidable blindness run deeper than eye diseases that cause them. They result from, and lead to, poverty, and are often accompanied by social exclusion and early death. So, instead of slapping a sticking-plaster on the problem, we work to ensure that people who are visually impaired or blind have access to preventive, curative and rehabilitative services without financial hardships

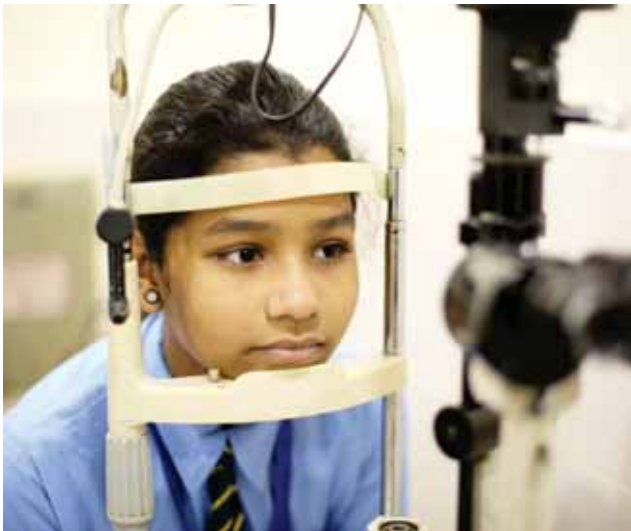


The reasons behind avoidable blindness run deeper than eye diseases that cause them. They result from, and lead to, poverty, and are often accompanied by social exclusion and early death. So, instead of slapping a sticking-plaster on the problem, we work to ensure that people who are visually impaired or blind have access to preventive, curative and rehabilitative services without financial hardships.

12 million people are blind and that is a huge number. How do you propose to help these people in India?

Sightsavers' work in India, which started in 1966, has supported the treatment of millions of people with eye disorders and brought eye services to some of the least served areas of the country. In





addition, thousands of people who are irreversibly blind have received rehabilitation and educational support to enable them to lead lives of independence and dignity.

There are still many remote areas in our country that are cut off from the rest of the country. Do you try to reach those areas via local organisations, the Government and NGOs?

Sightsavers' presence has been in some of the remotest parts of the country where medical services are lacking. These include areas like the remote islands of Sundarbans. The Sundarbans are located in the extreme south of West Bengal, comprising small remote islands

with tidal rivers and estuaries, thus making access to the interior regions extremely difficult. It is an area of extreme poverty, exacerbated by accessibility difficulties.

Sightsavers has supported the establishment of two eye hospitals and two vision centres in the region. The hospitals provide secondary level eye health services whilst the vision centres provide primary health services including screening and provision of spectacles. Sightsavers has also made inroads in the tribal belt of Chhattisgarh and Jharkhand. The arid and difficult terrain of Rajasthan is also where Sightsavers works.

Educating blind people is a difficult task and instructors need special training. How do you help provide them?

The inclusive education programme is being implemented by Sightsavers over the past two decades. The programme works on two components – Quality of Learning Outcomes (HR Development, Inclusive Pedagogies, Learning Assessments, ICT-supported Education) and Enablement (Availability of Assistive Devices and Accessible Education Materials, Provision for Compensatory Skills Training, Infrastructure accessibility, Engaging Community and Family, Building Education Management and Leadership, Access to Finance, Accessing Entitlements and other services).

Sightsavers currently has MoUs with the Governments of Rajasthan, Bihar and Jharkhand for strengthening the inclusive education component under the SSA programme in these States.

There have been many instances where eye operations to treat cataract and glaucoma have gone awry in India. How do you ensure such incidents do not occur in the areas/centres funded by you?

Yes, we make sure that such unfortunate incidents do not take place during our operations. This is the reason we work closely with the Government and a team of expert health workers to ensure quality training of its field staff. While choosing our implementing health partners, special care is taken into account by checking the background of our partner hospital so that patients who come to us avail the best possible care and return home knowing that they were well taken care of, every step of the way.

We have been working with local partners since 1966 to eliminate avoidable blindness and support people who are irreversibly blind or disabled. As I mentioned earlier, we have supported the treatment of millions of people with eye disorders and brought eye services to some of the least served areas of the country. That gives us a great sense of fulfilment. There is a long way to go, but a lot has been done too. ■

“

We have supported the treatment of millions of people with eye disorders and brought eye services to some of the least served areas of the country and that gives us a great sense of fulfilment

”

Fortis Foundation Charting a New Path under CSR



Jasbir Grewal



Corporate Social Responsibility refers to the ethical commitment of a Company to give back to the environment and society in which it functions. According to Schedule VII of the Companies Act, 2013, CSR activities can be in various areas such as eradicating poverty, malnutrition and hunger, preventing infant and child mortality, preventive and promotive healthcare, promoting education, women's empowerment, rural development, promoting livelihoods, advocating for gender equality, environment sustainability, enhancement of vocational skills, and promotion of rural sports, among others. CSR initiatives by Indian companies saw a substantial increase in 2016, according to CRISIL Foundation, the philanthropic arm of credit-rating firm CRISIL. Their report shows overall spending increased by a significant 22 percent, with the majority of funds going to education, skill development, healthcare and sanitation initiatives. Average spending rose 29 basis points to 1.64 percent as compared with 1.35 percent in 2015.

“

Many more stakeholders are now entering the healthcare field which goes on to show that it is not just restricted to hospitals and healthcare service providers anymore. This is how CSR has helped expand healthcare in India

”

CSR is now being recognised as a tool for development and is collaborative and organised in nature. Companies can set up their own Foundations or work with NGOs to execute their CSR activities in a structured manner. Since health infrastructure and systems present a huge challenge in India and government resources are not adequate to meet these, health as a sector has been a focus area for many corporations and organisations as part of their CSR. Lifebuoy's campaign connects hand washing habits to save lives of millions of children under the age of five; Dettol brand providing health education to new mothers on immunisation and educating school children on healthy sanitary habits; Abbott India's thyroid campaign and Coal India's programme on eye check-up camps are some examples. Today, organisations are looking at comprehensive health programmes that focus on preventive rather than curative health. All programmes with regard to health have a 360 degree view angle and are viewed through broader lens. Many more stakeholders are now entering the healthcare field which goes on to show that it is not just restricted to hospitals and healthcare service providers anymore. This is how CSR has helped expand healthcare in India.

In line with the growing need for better healthcare services, especially to the

underprivileged, Fortis Foundation has also been ardent in its quest to do its part in easing the pain and burden, physically and financially, of those needing help, thus giving them a new lease of life. The work of the Foundation is supported and executed by two entities - The Fortis Charitable Foundation (FCF) - a Trust set up in 2005 and The Fortis Foundation (FF) - a Section 8 Company set up in 2013. The Foundation was formed with the aim to provide preventive and curative healthcare to the unprivileged sections of society. The philosophy of the Foundation revolves around building partnerships with other like-minded organisations and people which support sustainable, scalable and high impact programmes. There are three programmes which operate under the ambit of the Fortis Foundation: Sewa, Aanchal and Savera.

Sewa

In a disaster situation, timely medical help and assistance is one of the primary needs. Under the Sewa programme, Fortis Foundation recognises this and seeks to provide and support relevant emergency medical services. The programme does this by planning, preparing and executing an organised response to disasters. Volunteers are trained in first-aid and basic life-support. Proper equipment, protocols and logistics are established to help the workers navigate safely in disaster-struck areas. Sewa has reached out to over 24,000 people affected by disasters. The resources available under this programme are also leveraged for running charitable dispensaries and health camps. These initiatives help improve access to basic health services and bring awareness on health and hygiene amongst the public.

Aanchal

A programme that focuses on the health and well-being of mother and child, Aanchal strives to ensure a healthier start in a child's life by working with, and through, the mother. To drive a deeper impact, Aanchal has identified target intervention areas under its Umeed initiative facilitating surgeries for children with congenital heart defects.

Congenital Heart Defect (CHD) is the structural or functional abnormality in the heart that are present at birth. This may pose a grave threat to the well-being of the child or can even lead to death. Despite the magnitude of the CHD problem, it is still largely unrecognised and understated. Fortis Foundation (FF) treats over 400 underprivileged children suffering from Congenital Heart Defect (CHD) every year. The Umeed-Dhadkan initiative has set a high benchmark and FF works closely with key partners like Being Human Foundation, Rotary Trust, Swadesh Foundation, CM Relief Fund, Genesis Foundation and Needy Heart Foundation to provide treatment to children. Umeed is designed to provide healthcare service for children from underprivileged section of the society suffering from CHD and who may not have access to quality healthcare. Fortis Foundation has so far supported 3,895 children who were suffering from congenital heart defect.

Case Study: Krishna was diagnosed with congenital heart defect at birth. His father worked as a cook at a small restaurant, earning a meagre salary of Rs. 800 per month. Initially, the owner of the restaurant assured the family of financial support but later retracted his offer. With no option left to finance his child's surgery, Shyam (Krishna's father) approached Fortis Foundation (FF) and Being Human Foundation (BHF) for help and they readily agreed to support the surgery. Shyam, said, "Managing the medical expenses for Krishna has been very difficult. I have sold all my assets and taken loans from several people. Getting support for his treatment from Fortis Foundation and Being Human



Foundation was a miracle at a time when I had lost all hope.”

Cleft Lip and Palate

Cleft Lip and Cleft Palate deformity is another area where the Foundation provides intervention and help. Cleft Lip leads to problems where the child has difficulty in eating, drinking, breathing and speaking. There are an estimated 35,000 children who are born with this problem who need surgical treatment. The surgery required to remove a cleft lip is immediate and transformative in nature. The Umeed-Smile initiative started in Gurgaon in February 2015 and expanded to three centres including Ludhiana and Jaipur. 78 children have had corrective surgery till date.

Case Study: Two patients, Pranav and Varun, were born with cleft lip. They were able to successfully undergo surgery because of the effort put in by Fortis Foundation. In Varun's case, he had already undergone a surgery in a government hospital which did not go well in his favour. This resulted in him being unable to eat properly for nearly a year post the surgery. As a result, he was required to undergo surgery again, this time facilitated successfully by FF.



Savera

Savera is a programme that focuses on developing, collating and providing access to healthcare information. It leverages different channels of communication – children's books, audio-visuals, posters, and social media to create awareness on nutrition, health

and hygiene. It seeks to provide a platform to initiate and share research to create awareness on critical health issues and work towards driving opinion and public policy around viable options. Savera aims to create a credible knowledge repository of disease-related information under an open platform for sharing. Different aspects of health are extremely useful ensuring that there are higher chances that the right steps will be taken to ensure a healthy life.

Savera has also identified target intervention areas working with partners focusing on awareness about tobacco control with specific focus on educational institutions and an Academy for First Aid and BLS training.

Acid Attack Survivors (AAS)

Acid attack refer to a form of assault where acid (a corrosive substance) is thrown onto a person with the intention of maiming them. It is a violent form of torture that causes permanent disfigurement of a person. The number of acid attacks has grown greatly in India. It is a sign of an unrestrained person inflicting great pain upon another individual, traumatising them and leaving them scarred for life. Since 2013, acid attack has been recognised as a separate offence under Section 326 A and 326 B of the Indian Penal Code. In 2014, 225 cases were reported. This rose to 249 in the year 2015.

FF has focussed on providing comprehensive treatment to acid attack survivors. The Foundation not only provide medical and psychological support, it also ensures that through continuous interaction, survivors regain their confidence in society.

Case Study: Inderjeet Kaur is a visually-handicapped girl who is a personification of determination and resilience. She is an acid attack survivor as well. In 2011, Inderjeet and her mother filed a complaint when a local boy began to harrass her. They withdrew the complaint on the promise that the boy would stay away. However, the very next day, the boy threw acid on Inderjeet causing her excruciating pain. She had to undergo two painful, unsuccessful surgeries. In 2012, Fortis Mohali heard

“

Savera aims to create a credible knowledge repository of disease-related information under an open platform for sharing. Different aspects of health are extremely useful ensuring that there are higher chances that the right steps will be taken to ensure a healthy life

”

about her condition and with FCF's help, Inderjeet's treatment is now being facilitated and she is striving to live a normal life.



Inderjeet Kaur before the acid attack

Even as our initial area of focus is towards curative healthcare, our long term objective is to deliver programmes in the area of preventive healthcare and improve the overall quality of life for our stakeholders and the society at large. This is in line with our core beliefs that as participants of society, we have an obligation to leave a better world than the one we inherited. ■

Jasbir Grewal
Head, Fortis Foundation



Endless Possibilities Without Reservations

MBCN's Quest for Holistic Development of Children with Autism

Dr. Vandana Sharma

As the world celebrates April 2 as World Autism Day, activists are trying to heighten the awareness and how people with autism can get treated.



Understanding Autism

Autism is a lifelong neurological condition, a developmental disorder that typically occurs in the first three years of life. Autism manifests as differences in development in three main areas: communication (verbal and non-verbal), social interactions and imagination, which can be seen in repetitive and restricted play or leisure activities. Many individuals with autism have different ways of 'sensing' their world. For example, some may not like being touched gently but prefer a firm hold. Others may have difficulty in brushing their teeth or having a haircut. Given these differences in communication,

social interaction, imagination, in 'sensing' their world, many people with autism may have very unusual behaviors and atypical ways of relating to people, objects and events in the environment. As a result, they are often mistakenly thought to be 'disobedient' or 'badly behaved'.

Autism is not a rare or uncommon disorder. It is the third most common developmental disorder, more common than Down Syndrome. Recent international studies show that about one in 68 people have autism and the overall incidence of autism is believed to be consistent around the globe. This means that there are over 18 million

people with autism in India. At this point in time, the causes of autism are unknown.

Role of MBCN

Mata Bhagwanti Chadha Niketan is one institution in India where rehabilitation of more than 1000 specially-abled children is undertaken. Spread in an area of 2 acres, this is a part of The Ponty Chadha Foundation under the philanthropic wing of the Wave Group. As its corporate social responsibility, the Group trains autistic children to develop social skills so that they can mingle with the society in a positive way. It is a charitable organisation that is dedicated

to take care of these children. It is the largest day care special school.

MBCN has a special section to address the needs of autistic children. The school has 94 such children out of 1000 different disabilities children. The staff closely works for holistic and complete learning which aims at maximising their potential in daily activities, communication, social understanding, play and leisure. The training programmes start with an initial assessment of the child. Based on the child's strengths, behaviours, learning patterns, and the teaching and learning methods best suited to him/her, an individualised educational plan is made keeping in mind the child's current needs as well as the parents' immediate concerns.

The school believes that if people with autism are to have an opportunity to reach their maximum potential, the community of parents, siblings, other relatives and professionals will have to continue to work together as a team

Use of Technology

The school uses the latest assistive technology to improve expression in children with autism. The school has developed an android application VAAKYA which can be used as a very effective and useful tool for alternative augmentative communication especially for individuals with autism. It can be a valuable asset for them to express themselves.

VAAKYA is an extremely diverse and flexible AAC application which does not rely on internet connectivity. The custom information added to the application such as user accounts/actions are stored

within the application itself. This utilises the phone's own memory, thereby marginally increasing the size of the application depending on user accounts/actions created.

Multiple User Accounts: Educators, rehabilitation professionals, can add multiple students/patients to the application with unique actions and speech relatable to each individual. This reduces cost as most applications available can register only one user on each device and would require multiple devices for different individuals.

Language Flexibility: Speech associated with actions can be recorded and played back in any language.

Image/Action Flexibility: Images for actions can be replaced with existing images on a user's device or through the user's camera device directly. Additional actions can be added to each user's account.

Flexibility of Use: Parents/guardians can use the application differently by adding situations instead of users and images associated with each situation for the individual.

Integrated Shopping Portal

The school website, apart from providing quick and easy access to essential information about the school, therapies, success stories, counselling, etc., now also includes an integrated shopping portal. This portal allows customers to buy handmade products made by the special children of the school. These products are the outcome of years of vocational training which is given to these children. The profit earned from the sale of these products is given

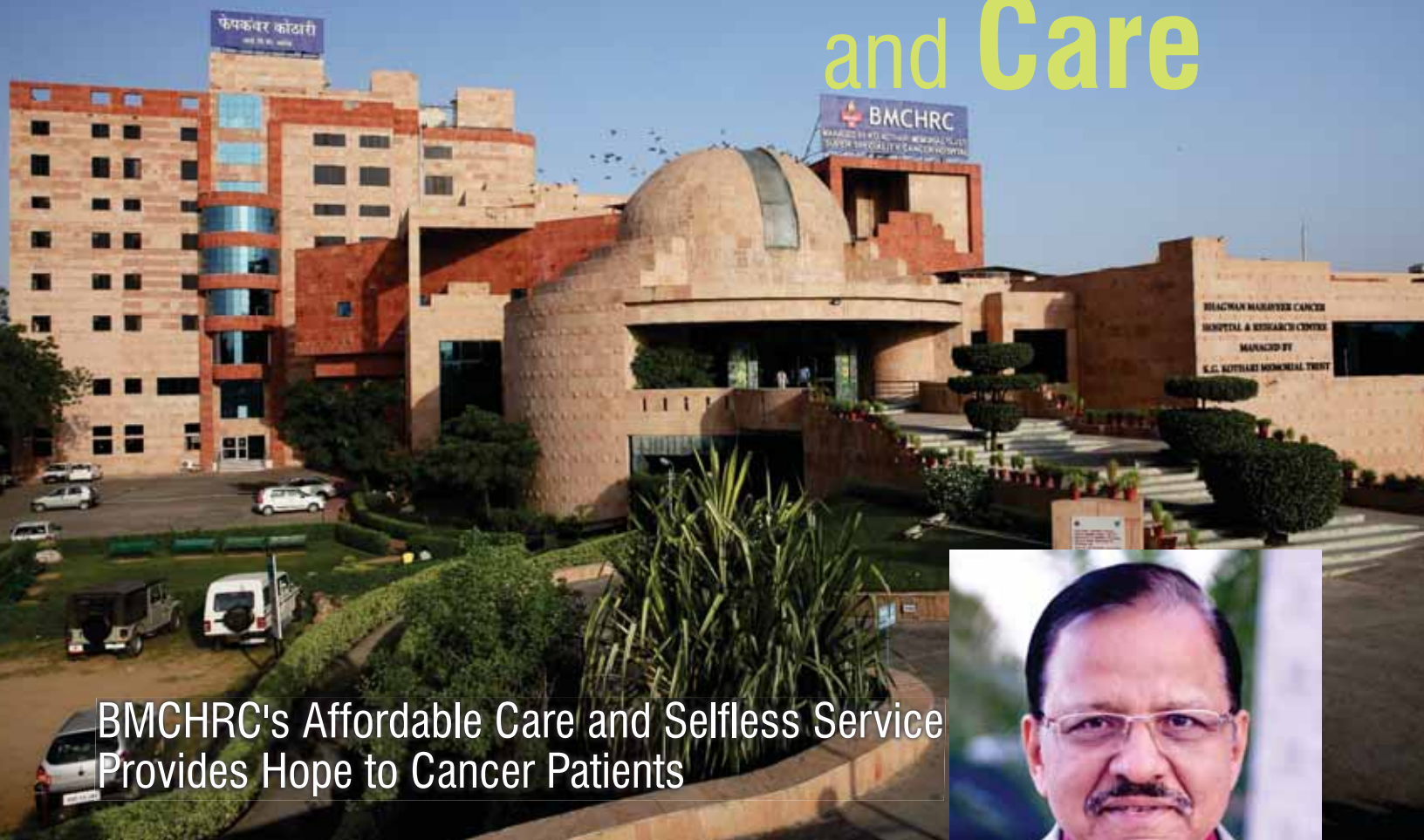
The school believes that if people with autism are to have an opportunity to reach their maximum potential, the community of parents, siblings, other relatives and professionals will have to continue to work together as a team

back to them. With the help of this portal, people can admire the work of these special children. The shopping menu consists of different product categories like wedding gifts, packaging items, office stationery, paper bags, etc. Product details like price, size and other specifications have been mentioned along with customer reviews as well. The prospective buyers can log on to the school's website, select the products and add to the shopping cart using the simple user interface.

Dr. Vandana Sharma is Director, Mata Bhagwanti Chadha Niketan. She carries 23 years of rich experience in the field of disability. She started MBCN Charitable School for Children with Special Needs in 1999 with 20 children. She is a trained special educator from National Institute for Mentally Handicapped (Ministry of Social Justice, Govt. of India)



Humanity, Compassion and Care



BMCHRC's Affordable Care and Selfless Service Provides Hope to Cancer Patients

North India's second largest and Rajasthan's only Single Super Specialty Cancer Hospital & Research NABH accredited institution, Bhagwan Mahaveer Cancer Hospital and Research Centre, offered cancer prevention, treatment, education and research with just 50 beds during its initial years. Eighteen years down the line, it grew into a super-specialty, 200-bedded hospital with leading edge infrastructure housing several wards, laboratories, utility services and specialties.

BMCHRC was established with the

mission to provide most advanced medical services to cancer patients in an environment that primarily focuses on humanity, compassion and concern. The hospital aims to serve patients not only within Rajasthan but also from neighboring States who earlier had no alternative other than to go to metro cities. With this approach, BMCHRC effectually eradicated numerous hassles faced by the patients including heavy financial burden due to high cost of accommodation in far-off cities. Besides, BMCHRC under its objective of lending



Major General (Dr) S. C. Pareek

a hand to the underprivileged not only treat patients under BPL category for free up to 25 percent of the total cost, it also offer subsidised cost of treatment for patients belonging to the weaker strata.



“

BMCHRC was established with the mission to provide most advanced medical services to cancer patients in an environment that primarily focuses on humanity, compassion and concern

”

Mr. Navrattan Kothari, Chairman, BMCHRC has been managing the hospital for over 18 years. Under his guidance, the institution has achieved numerous milestones with manifold growth. His spirit of imparting knowledge to the next generation has been inspirational and has motivated the hospital to achieve tremendous success.

Organ specific departments at BMCHRC include Surgical Oncology, Medical Oncology, Radiation Oncology, Radiology, Pathology and Blood Bank. A separate seven-storied IPD (In-Patient Department) block is a recent addition in the better interest of patient care. Armed with exceedingly qualified and infinitely experienced team of medical professionals, BMCHRC has been able to achieve significant landmarks and reached numerous milestones in the past two decades. The institution is always ahead of the curve by acquiring the latest technologies in cancer treatment.

Over one lakh patients have been registered since its foundation was laid in October 1997. Considering the yearly inflow of more than 10,000 new patients from all over Rajasthan and adjoining States, this hospital has proved to be a regional cancer care centre.

BMCHRC has been rendering free services to the economically weaker sections ever since its inception; receiving unbroken support from corporate entities, philanthropic organisations and generous individuals who are sensitive to the misery caused by cancer. We endeavour to accomplish our goals by providing the best treatment to all our patients and by providing free treatment up to 25 percent of the total cost for IPD & OPD patients who are from the economically weaker strata or falls in the BPL (Below Poverty Line) category. Above all, patients at BMCHRC are always backed by the generous moral support of our Ladies Wing 'Cancer Care' which is accessible at





all times to facilitate patients and their attendants. Our mission revolves around affordable care with a humane touch to all sections of the society, irrespective of economic considerations. We are spurred on by the vision of making BMCHRC a comprehensive world class cancer treatment facility with cutting-edge technology.

In conjunction with the services, the welfare initiatives of the hospital truly defines the core objective of the institution, i.e. to selflessly serve mankind, and at BMCHRC, Cure is Care!

Overall, the hospital has an eminent medical and professional staff, the latest in life-sustaining equipment and supporting laboratories, nutritious food, and dedicated employees.

Some of the diagnostic services of the hospital are its Nuclear Medicine Department which has the first PET CT Scan-16 slice in Rajasthan, and Gamma Camera (for bone scan); Radio Diagnosis Department that has CT Scan, PET CT, Gamma Camera, Mammography, Sentinel Node Imaging Biopsy, Ultrasound and X-Ray, 2D Echo and OPG; and a Pathology Department having Clinical Biochemistry, Clinical Microbiology & Serology, Clinical Pathology, Cytopathology, Hematology including Flow Cytometer, Histopathology, Frozen Section and IHC Tumour Marker.

The hospital has two prominent treatment services – (i) Radiation Therapy Department with two linear

accelerators with IGRT/IMRT & 3DCRT and Brachytherapy; and (ii) Nuclear Medicine Department – the only centre in Rajasthan with Radio Iodine Therapy for cancer thyroid patients.

BMCHRC also offers complimentary services to patients by providing vehicle assistance with a 25 percent price cut to the weaker section, a 24 hour operational blood bank along with a pharmacy, cashless treatment facility for ECHS, Railway, ESI and bank employees. Even outside the hospital premises, BMCHRC actively participates in providing health assistance. Our varied curriculum includes oncology and blood donation camps, cancer awareness and prevention programmes in addition to Cancer-Care Catalogue that works with Dream Foundation which helps fulfil the dreams of child patients.

The welfare initiatives of BMCHRC are centered around projects like 'Donate a Life' which includes free treatment for leukemia patients under 14 years of age. Another initiative is surveillance and early detection of breast and cervical cancer. This is a free annual check up for women who are 40 years and above. We also have an initiative for chronic myeloid leukemia patients called Freedom from Cancer and the Wilms Tumour scheme which offers free treatment for children below 10 years who are suffering from cancerous tumour of the kidney.

The special cancer awareness programmes include preventive camps in remote areas with the aim to detect





The welfare initiatives of BMCHRC are centered around projects like 'Donate a Life' which includes free treatment for leukemia patients under 14 years of age. We also have an initiative for chronic myeloid leukemia patients called Freedom from Cancer and the Wilms Tumour scheme which offers free treatment for children below 10 years who are suffering from cancerous tumour of the kidney

college to offer M.Sc. Nursing (Medical Surgical Nursing) programme in Rajasthan.

We strive to make this institution far more competent and self-sufficient with enhanced quality of services and expanded facilities not only to serve the disadvantaged but also contribute to medical tourism by offering our services to non-natives as well.

Major General (Dr) S. C. Pareek is the Medical Director, BMCHRC. A hospital administrator par excellence, he has commanded Military Hospital, Jaipur, Military Hospital, Meerut and Command Hospital (Central Command), Lucknow. He has served in the Armed Forces for 36 years. He is a member of the Academy of Hospital Administration and Assessor for National Accreditation Board of Hospital.

early cancer and also make the public aware about the dreaded disease. This initiative has been taken in the interest of the general public residing in far-flung sub-urban areas where facilities are non-existent. Since 1999, the hospital has organised around 1000 camps and screened about 1,60,000 patients in Rajasthan, Madhya Pradesh and Haryana. In the larger interest of the community, camp teams comprising of a General Physician, Oncologist, Gynecologist, ENT Specialist, Radiographer, Paramedical and Nursing Staff render their services at the doorstep of needy and deserving patients. The department's Nargis Dutt Memorial

Mobile Vans and Women Health Vans which are fully equipped with mammography, X-ray machine, dark room, laboratory procedure room, telemedicine, have proved their worth for early detection of breast cancer and lung cancer, etc.

BMCHRC is also active in the education segment and has marked its unmatched presence by introducing College of Nursing in 2006 with the purpose of moulding qualified aspirants into competent nurses to meet the increasing demand of the healthcare industry. The institute offers Diploma in General Nursing & Midwifery, B.Sc. Nursing and Master's degree in Nursing. It the first





Because Life Matters

Equitas Holdings: Providing Better Quality of Life to the Underserved

PN Vasudevan

Equitas Holdings Limited is a diversified financial services provider focused on individuals and micro and small enterprises (MSEs) that are underserved by formal financing channels. Founded in 2007, Equitas deals with clients from financially excluded segments that do not have adequate access to organised financial markets. This is done by providing transparent and trustworthy access to financial and other relevant products and services. It has developed a wide range of ecosystem initiatives towards improving the quality of life of its members through different skill development programmes, food & security, healthcare & education.

Since its inception, we have been clear that we would not profiteer out of the poor – and we have clearly informed investors at every stage that Return on Assets will be same at any point of time. We have always stood committed to the economic and social development of the

society. We took a voluntary decision of contributing five percent of our profit to Equitas Development Initiatives Trust, as against the statutory two percent requirement now prescribed. Within seven years of our existence, we have operated five schools through the Trust for children belonging to low-income households besides undertaking what is arguably the largest medical services programme by any Corporate in India.

Equitas Healthcare Initiative

We have, since the beginning, focussed on individuals and micro and small enterprises (MSEs) that are underserved by formal financing channels. Understanding that access to affordable healthcare is a key pain point for members, we have conducted health camps in partnership with leading hospitals and healthcare providers and include general health camps, eye camps, cancer detection camps etc. A monthly

budget of Rs. 2000 (\$50) has been allocated per branch to conduct these camps. Every branch is mandated to conduct one free health camp per month covering 150-200 beneficiaries with one CSR officer to serve every 10 branches with a corresponding supervisory staff.

Healthcare tops our non-financial services as it is one of the major pain points of this low income segment. This include health education, linkage to hospitals for subsidised treatment, pharmacies for discounted medicines and evening clinics for doctor's consultation. The end-to-end health services offered are:

1. **Primary Health Care:** Our free primary healthcare medical camps have benefited cumulatively 39,44,133 members of the low income community so far which is a record in the MFI sector globally. We have also distributed 85,232 spectacles and conducted 26,478

cataract operations free of cost across India wherever our branches are located.

2. **Secondary Healthcare:** Our tie-up with many hospitals has enabled our clients to get treated for serious illnesses at a discounted cost, with nearly 21,105 people benefitting from this facility. The cumulative benefit derived by these clients is about 5.29 Crores, which translates to an average Rs. 2500/- per client across India.
3. **Health Helpline:** Members from the SHG community call this dedicated line for serious ailments and the operator guides them to network with hospitals best suited to address their problem. The health helpline has benefited over 18,240 members till date across India.
4. **Health Camps:** We conduct health camps in Transport Nagar Chennai to screen truck drivers and cleaners for general health, eye and also educate them on AIDS awareness. We have been able to screen 45,127 beneficiaries so far.
5. **Equitas Sugam Clinics:** We run 15 evening consultation clinics in slums and villages across Tamilnadu and track the health of the community, either free or for a nominal consultation fee.
6. **Health Education:** We conduct five hours of health education classes across Tamilnadu based on the module developed by Freedom from Hunger & Microcredit Summit which enables women to easily learn early detection methods of non-communicable diseases. This is imparted to 50,000 women a year.

Other Recent Health Camps

A month-long free eye check-up camp was recently organised by one of the branches of Equitas SFB in Tamilnadu. The camp focused on screening patients who had vision problems, providing both consultation and distribution of eye drops as part of the initiative.

An awareness camp to understand the vital role of Liver Care was organised in

association with Jammi Pharma & Liver Care Clinic at Equitas Headquarters, Spencer Plaza, Chennai. A TB Awareness Camp was conducted at Ezhil Nagar, Chennai in which 129 members have benefited. These camps are conducted in partnership with leading hospitals and healthcare providers and include general health camps, eye camps, cancer detection camps, etc.

We have conducted Cancer Screening Camps across India for the benefit of low income households. Various tests, which were free of cost, were conducted for women in villages to diagnose breast cancer, stomach cancer, and cervical cancer.

Free Heart Surgery

Free heart surgery for children in partnership with Apollo Children's Hospital has helped saved more than 58 children from serious heart ailments. The children were screened at different places in Tamilnadu and brought to Chennai for treatment.

Telemedicine

Equitas strongly believe that telemedicine is the future in health sector; capable of taking quality healthcare facilities like diagnosis, treatment and prevention of diseases to underserved rural and urban slums beyond the walls of the hospital in a cost-effective model. A Pilot has been launched in partnership with Apollo Telemedicine Centre at three centres in Chennai. 14,268 members have benefitted from this initiative.

Equitas Bird's Nest - Housing the Homeless

The daily sight of entire destitute families on the streets of Chennai stirred my heart to do something life-changing for them. We decided to establish an organisation dedicated to alleviating extreme poverty. We started by offering microloans so poor individuals can pull themselves out of poverty. However, microfinance was not able to help the poorest of the poor. To refocus efforts on ultra poor populations such as pavement dwellers, we created the Equitas Development Initiatives Trust.



Equitas Bird's Nest, a partnership we undertook with Unitus, rolled out in 2008. This initiative to rehabilitate pavement dwellers, uses a multi-stage filtering process to select the poorest of the poor households. As per the 2001 Census conducted by Government of India, over 9000 families are residing on the pavements of Chennai.

Equitas Bird's Nest is divided into several stages to make the process smoother. The first stage is called as Pre-Selection in which field staffs visit various pavements to assess the density of households, duration of stay, etc. The second stage is the Community Self Selection in which communities are selected based on willingness and interest. Next is the Validation Stage in which repeated checks at different times are conducted to ensure genuineness of pavement dwellers. Timely feedback from other NGOs working in and around the area is also taken. The last stage is termed as Ultra Poor Surveys where an assessment survey is conducted in each household (administered by a field staff). Ultra poor families are identified based on Grameen PPI indicators and EBN's Ultra Poor Indicators.

Impact:

We set up a dedicated team that identified 102 families residing in the pavement for the pilot phase of this



initiative. The programme was presented to these families and was launched with their support. As a first step of this programme, financial support for housing was provided to these families. This support met the expenses of rental advance and the first six months' rental expenses. During this period, the adult members of these families were given skill development and vocational training on agarbathi (incense sticks) rolling, phenyl manufacturing and other vocational skills is imparted to these families. They used these skills to augment their income. With this increased income, they are expected to afford their housing expenses. Equitas Dhanya Kosha also provided grocery items worth Rs. 350 per month for free for

“

Equitas strongly believe that telemedicine is the future in health sector; capable of taking quality healthcare facilities like diagnosis, treatment and prevention of diseases to underserved rural and urban slums beyond the walls of the hospital in a cost-effective model

”

a one year period. At the end of the support phase, the families are expected to be self-sustainable. In the pilot phase, 102 families attained self-sustainable status. All of them received voters ID for the first time in their lives and are now eligible to apply for ration cards.

Encouraged by the success of the pilot, the second phase took another 500 families. Most of them have become self-reliant. We intend to move 300-500 families from the pavements. Cumulatively, 711 families have been rehabilitated till date.

Placement Cell:

In another proactive step, we conducted job fairs for unemployed children of Equitas Development Initiative Trust (EDIT) members with the help of recruiters and employers to enable employment opportunities and help them with job placements, according to their profiles, in companies like Nokia, tech companies, and retail outlets like textile showrooms, KFC, malls, hospitals etc. Till date, 60,000 ward members have been able to find gainful employment.

EDIT members are from innumerable underserved and underprivileged categories which were identified by us during the scanning phase. During our field survey, we found families living on pavements without any KYC Document (Voter ID or Ration card). When an in-depth survey was done, we found that as many as 9600 homeless families were living on the pavements of Chennai city alone. This is also captured in the Census document. After protracted interaction with these families, we came to understand that they had migrated many years ago from neighbouring dry villages where there was literally no source of income. Left with no other alternative, they ventured to Chennai with the hope of finding livelihood and survival.

Books for the Brain

Education is a key lever to enable upward social mobility for low-income children. We have rolled out our Gurukul initiative to empower children of Equitas members through high quality education at an affordable cost.

Equitas Gurukul schools aim to provide the best quality of education comparable with the best of schools in India. Gurukul conforms to the Matriculation syllabus and is imparted in English medium. There is no system of entrance test or interview and students are admitted on a first-come-first-serve basis. There is also no upfront donation and the fee is structured to ensure it is affordable for members.

Gurukul follows the concept of 'Project-based Learning' to foster creativity and critical thinking skills. Students from Class I onwards are taught basic computer training and have access to computer labs as part of their daily learning. They also have access to the library and have music, dance as well as yoga classes. Workshops are conducted for the Principal and teachers as well. They are frequently reviewed on not just teaching methodology but also on various aspects. Parents are encouraged to spend a few minutes in the classroom to observe a lecture in progress and then give their feedback.

Equitas Development Initiative Trust (EDIT) is currently running seven such schools at Trichy, Dindigul, Salem, Sivakasi Karur, Cuddalore and Coimbatore with 5322 students. More schools are in the pipeline. Equitas has the Board's approval for investing 15 percent of its net worth to purchase land and construct its own school buildings. At present, the Company leases the buildings free of cost to the Trust to operate the schools.

Ninety eight percent of Gurukul students are from BC, MBC and SC categories while eighty percent of Gurukul parents are from economically weaker sections.

Various health camps (paediatric, eye, skin, dental and general) are conducted every quarterly in all the schools. The health data is then documented for future reference. A follow-up is done on a periodic basis by involving the parents in the process. ■

PN Vasudevan is Managing Director, Equitas Small Finance Bank.

Engendering Development Through Education and Healthcare

**Desai Foundation's Projects
Serves as an Impetus for
Women to March
Forward**

With multiple goals, especially in empowering women and girl children, Desai Foundation, a US-based NGO has been working in several areas of South Gujarat in India and a few areas in the United States. With a mission to improve social and economic life in the villages of India and to develop and implement educational programmes to promote Indian culture and heritage in the United States, the Foundation has been working to achieve these goals over the last two decades,. The Foundation envisions a society where everyone leverages their experiences and resources to reach out to others in greater need to promote health and education.

Extending their work steadily, the Foundation has included health, education, Indian art & culture, technology and community support. Their primary focus is to elevate health and livelihood, particularly for women and children, through community development programmes. Their Sanitary Napkin Programme empowers women and girls in rural South Gujarat by providing employment and menstrual health education. **Megha Desai**, President, Desai Foundation, in conversation with **Archana Sinha**, talks about the journey and the way forward.

“

Partnering with people and organisations at the grassroot level in India is a crucial part of our model.

We wholeheartedly believe in a ground-up approach, that is, empowering the communities through developing leaders within the communities

”

How do you mobilise women and girls to produce these napkins?

We are able to help these women mobilise because they understand the challenges of promoting menstrual health in their communities better than anyone else. Many are hungry for the opportunity to do something about it while also improving their income through a new, fulfilling job. Their work tackles the stigma surrounding menstruation and lack of access to proper hygiene products that would otherwise prevent women and girls from working or going to school. Making these products easily available also

reduces serious health risks caused by using rags and other makeshift materials during menstruation.

Deep understanding of the obstacles to self-care motivates these women and makes it easier for them to recruit other women to join the programme. Our job is to provide the resources and support to help make this happen.

Women are trained and employed in two teams: manufacturing and sales. The former operates easy-to-use machines that make pads from materials we provide to ensure a comfortable and hygienic product: wood pulp, cardboard, and tissue paper. The sales team distributes the product and help educate the community on menstrual health management. These jobs provide women with a stable source of income besides the satisfaction of learning a new skill. We typically identify women to lead the programme from local self-help groups but are working to develop it so that employees can effectively recruit other women to join the programme. This is how we aim to generate support among the greater community.

When did you start the programme? What has changed since then?

We piloted the programme in 2013. Since then, much has changed. The original machines we were using to manufacture the product kept breaking and were not user-friendly. We spent a good amount of time researching many manufacturers for the production. Materials are also important to us. We wanted to produce a

high quality, lower-cost product that was also safe for the environment. Our products are now 98 percent biodegradable. We also shifted our outreach and sales programme. We have found that women actually are more successful in small teams, so we have been shaping that training. We imagine that we will always continue to improve and tweak this and all our other programmes so that they can evolve according to the needs of the community. Eventually, we hope to include men in this process so that they too can learn to de-stigmatise the issue of menstruation. We also look forward to the day when this programme becomes successful on its own merits and operate without us. We build all our programmes with sustainability in mind.

Which are the districts covered by this programme? Do you have plans for expansion into other districts/States, etc?

After successfully piloting the programme in the village of Kharel in Navsari district and opening our second centre in Talangpur, Surat, we are working to implement it in Untdi, Valsad district, Gujarat. We also hope to expand in Gandhinagar and other regions of South Gujarat. We want to impact 250,000 women and girls through it. We are also looking at fine-tuning the programme by improving the training curriculum, the menstrual hygiene education, working more closely with women to better understand their needs, working with local schools and hospitals to expand usage, and much more.





Since the projects undertaken by the Foundation are fundamentally women-centric, are women educated on their reproductive health, pre and post natal care? If yes, what has been the impact?

We have many other programmes at Desai Foundation that cover these areas. The main service that we offer in terms of reproductive health is pre and post natal care - providing vital health education to teach women on how to care for themselves and their newborn during and after pregnancy. This helps promote hygiene, nutrition, and other good practices during this critical time. Additionally, our gynaecological camps provide much needed check-ups for around 400 women. Our other general health camps across the region particularly emphasise on women and children's health.

How often do you travel to India to oversee your campaigns? Do you have a team of people here working at the grassroots level to see the campaigns reaching the desired target audience and bringing the change you wish to see?

Yes, partnering with people and organisations at the grassroots level in India is a crucial part of our model. We wholeheartedly believe in a ground-up

approach, that is, empowering communities by developing leaders within the communities. In fact, many people who are served by the Desai Foundation would not recognise the Foundation's name! That is actually something we are quite proud of. We tap the resources closest to the people we are serving, and that is really the only way to have a lasting impact. We are also very hands on. We travel frequently, several times a year, to meet with our leaders, our supporters, our partners, and those we serve.

What are the other health enhancement programmes being undertaken?

We have several health-focused programmes. Our Bal Mela health camps, in particular, serve up to 2,000 young children at a time across many regions. These lifesaving camps which are conducted several times a year provide screenings, hygiene training, health education, nutrition education as well as fun games and activities so the children can take them home and share with their family members as well.

We also provide hygiene training for women to help prevent dangerous diseases and infections, as well as prenatal care camps and trainings. We offer hygiene education in a couple of schools in the region with the hope that the consistent message imparted in the classroom will help these children carry this knowledge with them their whole lives, and perhaps even bring that

knowledge home to their families. We also do some health programmes in the US that address some of the challenges that South Asians living in America face.

Do share with us the other projects the Foundation is currently involved in.

We place great emphasis on our health programmes, but I would also love to point out that we also have several powerful programmes across education and vocational training for women. These include:

- A highly innovative partnership with IIT Gandhinagar, inspired by our work with Columbia University's Community Impact in NYC, activating students as volunteers to transform communities around the school vicinity.
- Science Schools (Lok Vidhyalay School of Math and Science) serving 13 villages in rural Gujarat.
- Computer Classes and Computer Literacy Training for village youth, as well as women and adolescents.
- Sewing Classes that employ women, providing them with a job and dignity.

These are still small steps, but inroads have been made. There is still much work to be done but the gratifying aspects of these programmes are that they are starting to bear fruit. ■

Pathbreaking Journey

Vanarai: Leading the Way for Others to Follow



A single man's initiative, Vanarai has become a people's movement, bringing 250 villages under the Integrated Rural Development Programme and creating sustainable models of livelihood, education and healthcare.

Formed by Late Padma Vibhushan, Dr. Mohan Dharia in 1986 to create a sustainable model for Integrated Rural Development, Plantation and Reverse Migration, Vanarai has created a yardstick of inclusive society. An NGO which started with one man's desire to see villages prosperous, has now become a people's movement of sorts, integrating villages into clusters, and working towards sustainable development of villages through people's

participation. Watershed management, afforestation, women empowerment, education, health, sanitation and training villagers in modern agricultural practices are some of the landmark initiatives Vanarai has been involved in where development, self-reliance, people's participation and reverse migration are the only mantra.

Today, 90,000 hectares of wasteland has been made productive and more than 1,85,314 villagers throughout Maharashtra have united and benefited through Vanarai's intervention. Rural communities in Western Maharashtra, Marathwada, Konkan and Vidarbha regions, under the leadership of Gram Panchayats

and affiliated NGOs, are living an enlightened life with better education, sanitation, water conservation and having a green cover of more than 20 million plants of various species.

The sole vision of the NGO is to empower rural India through the management of natural resources that would lead to enhancement of the socio-economic condition of villagers. It has also garnered support of the government and the corporate sector in carrying out the noble activities and bring many people back to the villages where they have found a fulfilling life by engaging in meaningful and economically productive activities. **Ravindra Dharia**, President, Vanarai, talks to **Archana Sinha** about their astounding journey.



“ We undertake health camps, trainings and awareness programmes in every village we work. The training programmes are conducted at the various Vanarai Training Centres. Skill development is our prime objective. With these trainings and health camps, we aim to improve the socio-economic position of the beneficiaries ”

Although Vanarai is better known for its work in restoring community eco-system, it has made forays into healthcare and education. Share with us the education and healthcare programmes being provided in the rural areas of Maharashtra.

Vanarai focuses on health management and sanitation. We conduct awareness camps; construct individual toilets and toilets blocks for girls in high schools. This has substantially diminished the drop-out rate of adolescent girls from schools.

We undertake health camps, trainings and awareness programmes in every village we work. The training programmes are conducted at the various Vanarai Training Centres. Skill development is our prime objective. With these trainings and health camps, we aim to improve the socio-economic position of the beneficiaries.

We have made considerable strides in the area of education, mostly in redeveloping the infrastructure.

Renovation of Schools

We did a complete renovation of two schools by repairing the toilets, ceilings, flooring, stage, furniture etc., as well as painting and electrification work. The schools were fitted with electric equipment like fans, LED bulbs, mikes, loudspeakers. Underprivileged students attending government schools were

provided school bags, shoes, sandals, sports material, etc. This has made a huge impact in creating a pleasant and clean environment conducive for education.

Computer Lab and E-learning Kits

In order to bring computer education at



“

One of our key areas of work is providing clean water and sanitation which are the basis of good health.

We have installed water filters in more than 10 drought-prone village schools. More than 1,720 students from these schools now have access to pure drinking water resulting in better health and increase in school attendance. This has also minimised the risk and spread of water-borne diseases

”

par with urban schools, Vanarai has been striving to impart computer education and e-learning at the village level. This measure would ensure that children from the villages would not be deprived of quality computer education. We aim to convert at least one school a year in the villages where Vanarai is present. For a little over a decade now, we have



converted 11 schools into computer-oriented schools. An air-conditioned computer and science lab with generator facility was constructed. 32 computers, four printers and necessary furniture were installed. We facilitated e-learning kits (including projector and screen board) to 27 schools and around 10,000 students were benefitted. This has developed interest for academics and computer science among students and will help the young recipients grow in terms of education at par with their urban counterparts.

What are the initiatives undertaken to promote general health?

One of our key areas of work is providing clean water and sanitation which are the basis of good health. We have installed water filters in more than 10 drought-prone village schools. More than 1,720 students from these schools now have access to pure drinking water resulting in better health and increase in school attendance. This has also minimised the risk and spread of water-borne diseases.

We also help conduct regular health camps and check-ups so that villagers live a healthy life. Hospitals and other healthcare centres within the region are regularly monitored and upgraded to tackle various cases.

Do you also offer education programmes for better farming techniques and promoting ecologically-balanced agriculture practices?

Yes, because we are mostly working in rural areas, we feel that education on farming techniques should be one of our main areas of work.

Jal Sanvardhan Panchayat - Ek Lok Chalwal

Vanarai has teamed up with the Government of Maharashtra, Maharashtra Pollution Control Board and ZEE 24 channel to run a campaign called “Jal Samvardhan Panchayat – Ek



“

Water is the major essence of sustainable development. Hence, Vanarai initiated various watershed management activities in order to increase the groundwater level, slow down velocity of rainwater run-off, conserve soil and water, and to support protective irrigation

”

Lok Chalwal” all over Maharashtra. One hundred villages will be chosen where water conservation, afforestation, water budgeting, improved agricultural practices training will be given to the villagers, with an objective to make them sustainable and self-reliant. This movement was inaugurated by Shri Devendra Fadnavis, Chief Minister of Maharashtra and Shri Ramdas Kadam, Minister for Environment, Government of Maharashtra.

Krush Melawa

We conduct Krushi Melawa for farmers under the guidance of the taluka agriculture officer, horticulture specialist and agriculture experts from time to time to sensitise the community about good practices and other benefits of integrating modern living and technology with the rural lifestyle. They explain the new variety of rabi crops, vegetables, harvesting, grading and other factors. These kinds of camps are organised in a number of villages by Vanarai wherein approximately 4000 farmers are benefitted every year. This has helped to increase agricultural produce and it has also reflected positively in the socio-economic

condition of farmers.

Agricultural Tours

Agricultural tours for farmers and villages were conducted in Dhapoli Krishi Vidyapeeth, Baramati Krishi Vigyan Kendra etc., to understand modern practices of agriculture, pre and post methods for cultivation and harvesting etc. Farmers in various villages have started adopting this methodology. They are equipped with modern practices of agriculture and hence have benefitted financially from such tours.

Share with us the various watershed management activities undertaken.

Water is the major essence of sustainable development. Hence, Vanarai initiated various watershed management activities in order to increase the groundwater level, slow down velocity of rainwater run-off, conserve soil and water, and to support protective irrigation. We adapted various scientific methods like identifying aquifers and its optimum usage for increase in groundwater level.

All the watershed management activities

will show very good results in the coming monsoon. Increased groundwater levels as well as surface water levels and storage at various structures will definitely help the villages get an additional crop of rabi. Moreover, it will also help solve the problem of drinking water for villagers, as well as meet the water requirements for livestock and agriculture even during the summer season. The most significant achievement is active participation of local people in the projects and positive steps taken to utilise available water effectively as well as the maintenance of structures created under this project.

Ground Water Research Study

Vanarai and Advanced Centre for Water Resources Development and Management (ACWADAM) have initiated joint efforts for Ground Water Research Study. Through this programme, a research study of the village was conducted. Our objective was water testing and basic monitoring of water to keep a check on its contamination and quality. We also prepared a spring inventory of the village to discover water resources, geological mapping for groundwater resources, its usage and recharge. ■

Watershed Management Activities		
Sr. No	Particulars	Work Completed
1	Continuous Contour Trenches	38,920 (over 139.04 hectares)
2	Continuous Staggered Trenches	7850 (over 37 hectares)
3	Loose Boulder Structure	2100
4	Plantation	500
5	Vanarai Bunds	37
6	Cement Bunds	20
7	Gabion Bunds	13

A Nudge in the Right Direction

Women on Wings: Helping Women Reach their Potential



Although India is a large and rapidly expanding global economic power with the middle class having more spending power, rural India is still living on just two dollars a day. Paid work in rural India is few and far between and the wages are meagre. Lack of decent income continues to keep people under prolonged poverty, malnutrition and illiteracy.

Women on Wings, together with its business partners, aim to create one million jobs for women in rural India. A job means an income, economic autonomy and an escape from the cycle of poverty. Research shows that women spend their income on their families, for example, sending their children to school, which increases their chances of a better future. **Shilpa Mittal Singh**, Joint MD, Women on Wings talks to **Archana Sinha** about their nine year journey so far and how they are planning to create 207,500 sustainable jobs for rural women and send 622,500 well-nourished children to school.

How did this journey of making village women financially empowered, start? Could you apprise us of the beginnings and interesting but inspiring interludes of this journey?

Our co-founders Ellen Tacoma and Maria van der Heijden had come on an

exchange programme to Udaipur in 2007. During the course of the programme, they worked with Sadhana, a women-based cooperative. They made handcrafted products from environmental friendly cotton and silk and colours from natural dyes. The women at Sadhana earn a fair income based on work they deliver per piece.

While here, Ellen and Maria realised that Sadhana has grown inorganically to a point and there was a huge gap of business knowledge to take the cooperative to the next level. Slowly and steadily, they started plugging the gaps and the business started making huge profits. Due to this collateral effect, more women were employed. They found out



bank accounts and started small lending and borrowing activities. This has resulted in growing self-esteem and immense respect for themselves. This is a milestone achievement for the rural

there would be so many more social enterprises in India that would benefit from capacity building and upscaling to provide more jobs to women in rural India. Thus the seeds of WOW were planted and the beautiful journey started.

What were the obstacles you faced initially while convincing these women to come out of their homes and take up these jobs?

Women on Wings collaborate with social enterprises to mobilise women to come out of their homes and work. These women do face a lot of obstacles as they are not allowed to venture out and earn a

livelihood. Ground level NGOs have done a phenomenal job of including these women in the workforce. They have conducted many sessions and met up with the families to convince them to allow their womenfolk to engage in some form of vocational activity.

What are the changes these experiences have brought in their lives?

First and foremost, the confidence of the women has gone up tenfold. Financial empowerment is the biggest advantage that these women get. They have been mobilised into self-help groups, opened

“
Women on Wings collaborate with social enterprises to mobilise women to come out of their homes and work
”

sector where old values and traditions still hold roost. One or two women in this group shine and become role models for others. Subsequently, the task of including women becomes much simpler. They start mobilising each other. The SHGs are then formalised in a





“

Research has continuously proven that income in the hands of womenfolk always leads to better education and nutrition of the family. That has been the collateral effect of our work in this sector

”

producer organisation, co-operative or a society and some economic activity then begins. An additional point of the change is that these women are becoming more and more self-reliant. Families are now accepting the fact that additional income



is beneficial and it increases the family standards for education, nutrition and general living.

Which are the States and districts covered under this programme?

Our goal is to provide mentorship to social enterprises. We work with partners pan India and are present in small pockets in some of the northern States. We are currently extensively engaged in the north and north eastern states of Rajasthan, Gujarat, Assam, Meghalaya, Manipur, etc.

We are also working in certain pockets of Telangana, Andhra Pradesh and Tamilnadu empowering women in different economic activities ranging from apparel making to food and agriculture to even forestry and dairy farming.

Financial literacy is a part of financial independence. Do you also focus on that aspect of development?

Financial management is a key training that Women on Wings provide for the social enterprise. Our aim is to support social enterprises to be financially stable and growing so that jobs for rural women continues to grow and become sustainable.

Educating a girl child is another area which is closely related to women empowerment as it continues the momentum that is derived from the initial efforts. Are you also looking into this aspect?

When we work with social enterprises, our single focus is to increase jobs, thus resulting in more income for women. Research has continuously proven that income in the hands of womenfolk always leads to better education and nutrition of the family. That has been the collateral effect of our work in this sector.



Similar is the need for taking control of health and hygiene, and complete charge of their reproductive health. Is your organisation working in these areas too?

One of the key programmes that we run jointly with Dharma Life is in sales and distribution of sanitary pads in Munger and Bhagalpur, Bihar. This is part of the programme, “Making Periods Normal” with Rutger Simavi and their local partners, like BVHA (Bihar Voluntary Health Association), Restless Development, Sewa and Pratham.

The goal of the programme is to create jobs for women and make menstrual hygiene products accessible to the female population of Munger and Bhagalpur.

The roles and responsibilities of Dharma Life and Women on Wings have been divided where Dharma Life manages the sales and distribution programme at the grassroots level and Women on Wings transfers knowledge regarding sustainable business models in production, sales and distribution of sanitary pads, based on local entrepreneur and ownership.

How do you assist them get financial help to start a business?

We work primarily in scaling up the existing business. We have a clear



measure of the jobs created. Till now, we have created 207,500 jobs. We also support social enterprises in financial planning. Some of the enterprises have inroads to Venture Capitalists or Social Investors. We guide and consult them to make robust plans which have helped them raise funds and attract investments.

What message would you like to send to the affluent people of India to help more women strive for financial independence thus becoming economically productive for themselves and their society?

Women are the backbone of the rural economy. Women empowerment is a

“
Women are the backbone of the rural economy. Women empowerment is a must. Financially independent women are a necessity. Our message is that people should start focusing on starting or building enterprises which can create jobs in this sector. This will also reduce migration to cities
”

must. Financially independent women are a necessity. Our message is that people should start focusing on starting or building enterprises which can create jobs in this sector. This will also reduce migration to cities. Products and services made by rural artisans should be bought, consumed and exported. Increase in sales of handicrafts, textiles and agri products is a boost to rural artisans, helping them become self-reliant and financially independent. Collateral effect of this work is also the preservation of our culture and traditions. ■



Conserving Water, One Drop at a Time

On World Water Day, Bisleri Leads by Example

“

Only about one-third of rural households in India is reached by piped water supply. The balance two-third of rural households are still living 'beyond the pipe'

”

Around 60 percent of agriculture in India is dependent on rain water; and while India receives ample monsoon rainfall, more than 90 percent of this rain water is lost through run-off into the sea. With hardly five percent of the available rainwater being put to use, the huge wastage of this precious resource is alarming. Our carelessness in making effective use of rainwater has led to the declining level of ground water. Moreover, with unpredictable monsoons, many villages, i.e. about 70 percent of India's population, face water scarcity throughout the year which makes it difficult to sustain normal life.

As a result, farming and related activities get adversely affected. Water is the key to prosperity. It is a basic necessity, and because of shortage of water, farmers are not able to cultivate their lands leading to abject poverty. They have no choice but to migrate to cities for employment and for survival.

Not just that, only about one-third of rural households in India is reached by piped water supply. The balance two-third of rural households are still living 'beyond the pipe'. It is said that India loses 73 million working days annually in the process of collecting water.



Drip or Drop, We are Saving it: Overview of Bisleri's CSR Initiative

For years, Bisleri has been on a mission to ensure that every Indian gets access to pure and safe drinking water. The brand that pioneered the concept of mineral water in India, Bisleri also focuses on sustainable growth. Which is why, through all its endeavours, Bisleri tries to give back more to nature.

As part of our Corporate Social Responsibility, known as "Our Social Responsibility" at Bisleri, we have undertaken several initiatives like rainwater harvesting through check dams and roof top rainwater harvesting and PET recycling to give back to mother earth. As part of these initiatives, effort is made to proactively involve as many consumers as possible in making our planet a healthier place to live in.

Every drop of rain water is God's given gift to us. There is no replacement to it hence, everyone should understand its importance and utilise this natural resource responsibly. Hence, while we cannot create water, we at Bisleri are taking small steps towards conserving it.

Rainwater harvesting is the most sustainable and effective way to address the water woes we are facing today. It is a low-cost method with plenty of benefits. It not just helps put rain water to effective use but also help in recharging the groundwater level for the future.

Bisleri's initiative on rainwater harvesting are centered on building and restoring check dams in rural areas and installing rooftop rainwater harvesting

system in urban areas. Of all the initiatives undertaken by us, the one that has created the greatest social impact is Project Nayi Ummeed through which we aim to conserve rainwater by building and restoring check dams.

What is a Check Dam?

A Check Dam is a small size dam constructed across a swale, drainage ditch, or seasonal stream to conserve rain water. They store surface water for use both during and after the monsoon and also help in groundwater recharge of the area.

Compared to big dams, check dams have a faster implementation timeline, are cost effective, and are simpler to construct. Because of this, their implementation does not typically displace people or communities nor does it destroy natural resources.

Check dams are economical, convenient and sustainable structures with high impact to harvest rain water and help recharge the ground water. Check dams create a reservoir of water that helps increase the water tables in the nearby wells and borewells across the stretch; farmers are able to grow multiple crops in a year, thus increasing their earnings. Thus, check dams not just conserve rain water, they actually help in transforming lives, powering prosperity and growth.

Project Nayi Ummeed

Bisleri undertook the first Check Dam Project in 2001 at village Bara in Kutch, Gujarat. Since then, more than 50 check dams have been built or restored across Gujarat and Western and Central parts of Maharashtra. These check dams have

“

“Thousands have lived without love, not one without water”

- W.H. Auden

”

covered more than 70 villages and benefitted around 8,000 families till date. As of 2016, they have helped harvest more than 11,000 million litres of water, recharge hundreds of wells and borewells, and helped irrigate more than 3,000 acres of land. As a result, the past few years have witnessed an average yearly income of each family increased by Rs. 50,000. In fact, for every one litre of bottled water produced, Bisleri replenishes around eight litres of water to nature.

All our initiatives involve the participation of the community. Our rainwater harvesting initiatives are done in collaboration and with active participation of the community. This is done to ensure sustainability of the initiatives and create ownership amongst the community.

While several villages and families have benefitted from Nayi Ummeed, Lohnubhai's story is a live example of how check dams have changed the lives of farmers.

Kolvera is one of the villages of Kaprada Block, Valsad district, Gujarat. The village has been facing many problems,



like water supply shortage, electricity outage, rationing of food grains issues, health issues, etc.

Lohnubhai Dhoom was unable to put his land to productive use due to acute shortage of water. With no money to meet even the basic necessities, the situation was quite grave. This compelled him and many others to migrate to cities in search of livelihood.

He said, "Lack of water was a major problem for us. It was the cause of our poverty." His wife, Dhakliben Dhoom added, "We did not have enough to eat nor had means to earn money."

Bisleri extended its support by restoring the check dam in their village. Its restoration was made possible with the cooperation of the village panchayat and villagers. The village now has good supply of water for a major part of the year. The harvested rainwater is used for irrigation, enabling farmers to cultivate their land not once, but multiple times a year. This has helped farmers become self-sufficient, thereby reducing migration to cities. The check dam has not only helped in putting rain water to better use but has also helped families stay together thereby strengthening their bond within the community.

Improvement in productivity of land has led to growth in income, resulting in better standard of living for farmers. They are now able to afford basic necessities of life and provide better nutrition to their families, but many of



them are also able to send their children to school.

Lohnubhai Dhoom rightly summed up what every villager felt. "Check dams have made our lives better. We were able to use our land and earn money by farming. This has helped us meet our daily and medical expenses. Check dams have really improved our lives."

This World Water Day, Bisleri Spread the Message to Save Water

On the occasion of World Water Day i.e. 22nd March 2017, Bisleri associated with Mumbai Dabawallas who performed a flash mob outside Churchgate Railway

Station in Mumbai to spread the message of conserving water. Earlier in March, Mumbai Dabbawalas also distributed Bisleri bottles containing eco-friendly colours to spread awareness of saving water on Holi. These bottles were delivered with the tiffin boxes by the Dabbawalas across Mumbai. Bisleri representatives also gathered at different toll nakas in Mumbai to give away colours promoting a waterless Holi.

We are extremely grateful to our customers as their decision to choose Bisleri has helped the brand take small steps in bringing a positive difference in people's lives. ■



Crop Grown After Check Dam Repair

Water Conservation: Reduce, Recycle and Reuse

Sajiv Nath

Water in India is profoundly interlinked with the tradition of a country having social and economic undertones. Reckoned as the second most populated country in the world with over 1.2 billion people (Census, 2011), India's natural resources are under tremendous pressure; water being the most vital among them. Increasing population has decreased the per capita water availability from 2,309 cu m (Sharma & Bharat 2009) in 1991 to 1,588 cu m in 2001 (CWC, 2010). If taken into account the projection of population growth by 2025, the per

capita water availability can further decrease to 1,000 cu m leading to a situation called 'Water Scarcity'.

At present, India does not fall under the category of 'Water Scarce' nation though it would be truly stated as a 'Water Stressed' nation. Many towns and villages in various parts of the country are fighting with water stress and ironically, quality of water is a serious concern even in those areas where water is available.

The rapid growth of the Indian economy filled by higher purchasing



“

As per report by ASSOCHAM and Skymet Weather Services, with prominent upsurge in the number of hot days and day and night temperature, India is drying out marked by persistent moisture shortfall condition interpreted into Latur-like water crisis

”

power, lifestyle changes and increase in urban population, are increasing the challenges to depleting water resources. This situation is aggravated by unfriendly climatic conditions like rapid decline in the Himalayan glaciers and snow fields, increasing drought and flood conditions spreading across the country.

As per report by ASSOCHAM and Skymet Weather Services, with prominent upsurge in the number of hot days and day and night



“

I strongly believe that the country's engineering technical community need to come together and form a panel, stand united in order to break silos between old and new technology, understand the need of their respective cities and focus on reducing water wastage and providing standardised drinking water to the citizens

”

temperature, India is drying out marked by persistent moisture shortfall condition interpreted into Latur-like water crisis. The report states that nine States are reeling under drought and it is also reported that there is an increase in the mean annual air temperature in many regions of the country. So what does this mean? Will there be shortage of water?

The Ministry of Urban Development (MoUD) has conducted a survey and the findings are scary. It is seen over the years that most of the cities in India do not have 24*7 water supply and there is increase in sanitation coverage but resource sustainability has weakened.

Non-Revenue Water (NRW) Scenario

Non-Revenue Water (NRW) is defined as the difference between the amount of water put into the distribution system and the amount of water billed to consumers. NRW is a good indicator for water utility performance. High levels of NRW typically indicate a poorly managed water utility. In addition, published NRW data is often problematic, suspicious, inaccurate, or provide only partial information. The causes of NRW, such as leakage due to

ageing pipes, theft through illegal connection and meter tampering are major impediments to effective use of water. Water management skill sets need to be upgraded in India. Wastage of water at various points can be reduced as city development and regulations departments have not been able to keep the required pace with population growth and urbanisation which has resulted in increased wastage of water. This has raised the demand for better waste water management, which is the urgent need of the hour.

Japan's average nationwide NRW, at less than 10 percent, is remarkably low by global standards. The Japanese are meticulous in completing their projected work as they believe in technology advancement and diligent approach to their jobs. In our country, cities having population of one million people require 210 liters/day per capita while they receive a supply of 25 liters/day per capita owing to water loss due to leakage, of which, 35 percent sometimes is even difficult to track. Successful utilities actively address NRW by controlling physical losses, ensuring quality DMA metering, customer meter accuracy and making every effort to keep the number of illegal connections nil. Adopting these measures can boost revenue by increasing the amount of water that can be billed while reducing wastage. This increases profitability and improves the return on investment which the utility can then reinvest, retain earnings and improve its productivity.

Targeting 24*7 Water Supply

In the recent Union Budget 2017-18, there were various policy initiatives introduced such as UDAY, amendments in National Electricity Act, new solar RPO target for States, bio-fuel policy, small hydro policy, offshore wind policy, and the new hydrocarbon policy. These would, in a way, help boost the ecosystem and have the ability to attract global investors to India. On the other side, we regularly read about water mismanagement and clashes over water resources between States. If any war should occur in the near future, it will be fought for water. Reforms are required

and the focus should be to reduce non-revenue water, groundwater exploitation, and steps should be taken for waste-water controlling, recycling and reuse of waste water.

There are cities which are not serious about water conservation/management thus resulting in increased water shortage. Some of the recent initiatives by the Government in instilling hope are the 100 Smart Cities project, National Mission for Clean Ganga, and Total Sanitation Campaign. In 2015, the Integrated Urban Water Management (IUWM) created a new agenda and approach for efficient water management in the country. The best part of this initiative is to adjust their current planning and management practices, technology advancement for water management.

I strongly believe that the country's engineering technical community need to come together and form a panel, stand united in order to break silos between old and new technology, understand the need of their respective cities and focus on reducing water wastage and providing standardised drinking water to the citizens. Natural water resources, storm water/rainwater catchment system as a potential source need to be conserved and maintained to take care of future water requirements. This is possible by introducing new age technology which would help conserve natural resources.

Today, the world is keeping a close eye on India as they would like to see how it can translate words into actions as well as accelerate the reform momentum for more sustainable and comprehensive growth.

Let us all come together to build a green infrastructure for our country. Let us reduce, recycle and reuse water. ■

Sajiv Nath is Managing Director, Endress+Hauser, India, a Switzerland-based instrumentation and process automation company which holds 6000 patents in the area of water management and energy conservation. The Company has been active in India for the past two decades and has more than 50 years of global experience in this area of municipal wastewater, industrial wastewater and portable water.

INFORSECON-2017

**International Conference on
Forensic Science and Cyber Security**

**5-6 October, 2017,
GFSU Campus, Gandhinagar,
Gujarat - India**



Organisers



CSR *Mandate*

Impact Survey & Awards 2017

The first ever CSR Impact Survey will be conducted on 16,000 companies who have been undertaking various initiatives at the grassroot level under the Companies Act 2013 .

The CSR Mandate Impact Awards will recognise and felicitate achievers in various CSR fields.

Partner with us in this important initiative which will help, touch and transform millions of lives across the country.



Instituted by:

Contact:
Veerendra Bhargava
New Media Communication Pvt. Ltd, New Media House,
1, Akbar Villa, Opp. Old State Bank Bus Stop,
Marol Maroshi Road, Andheri (E), Mumbai - 400059
E: enquiry@newmediacomm.biz
Tel: +91-22-29255279/29208888



An Initiative of:

