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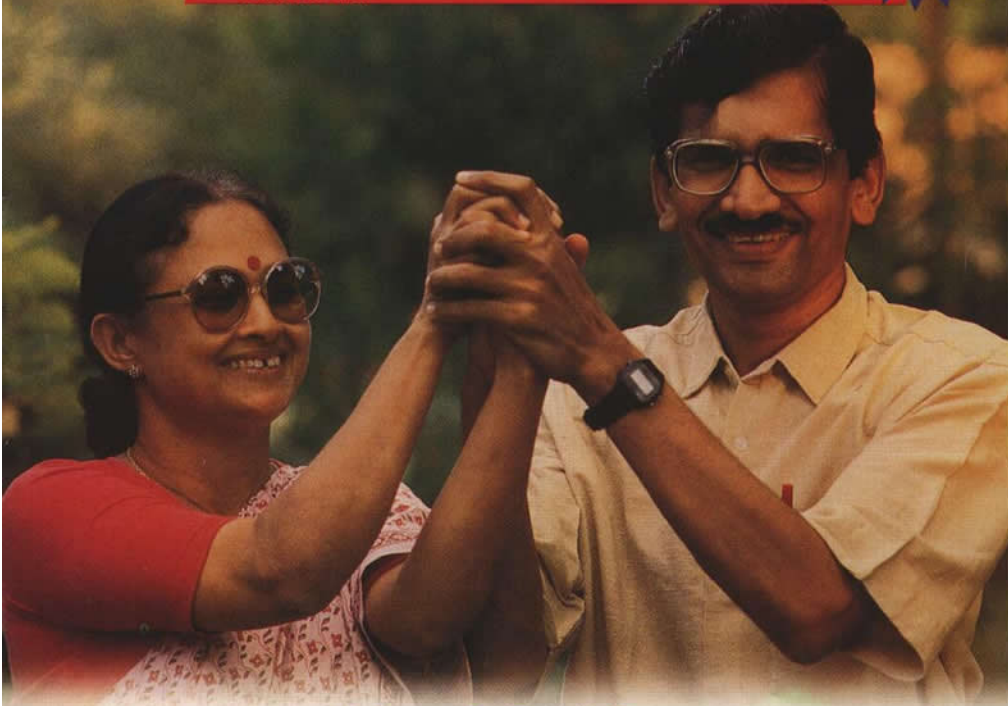
K.P.S. Gill's recipe for a killer instinct

THE

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VIDEOCON &
THE WEEK
READERS'
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CONTEST



Abhay & Rani Bang

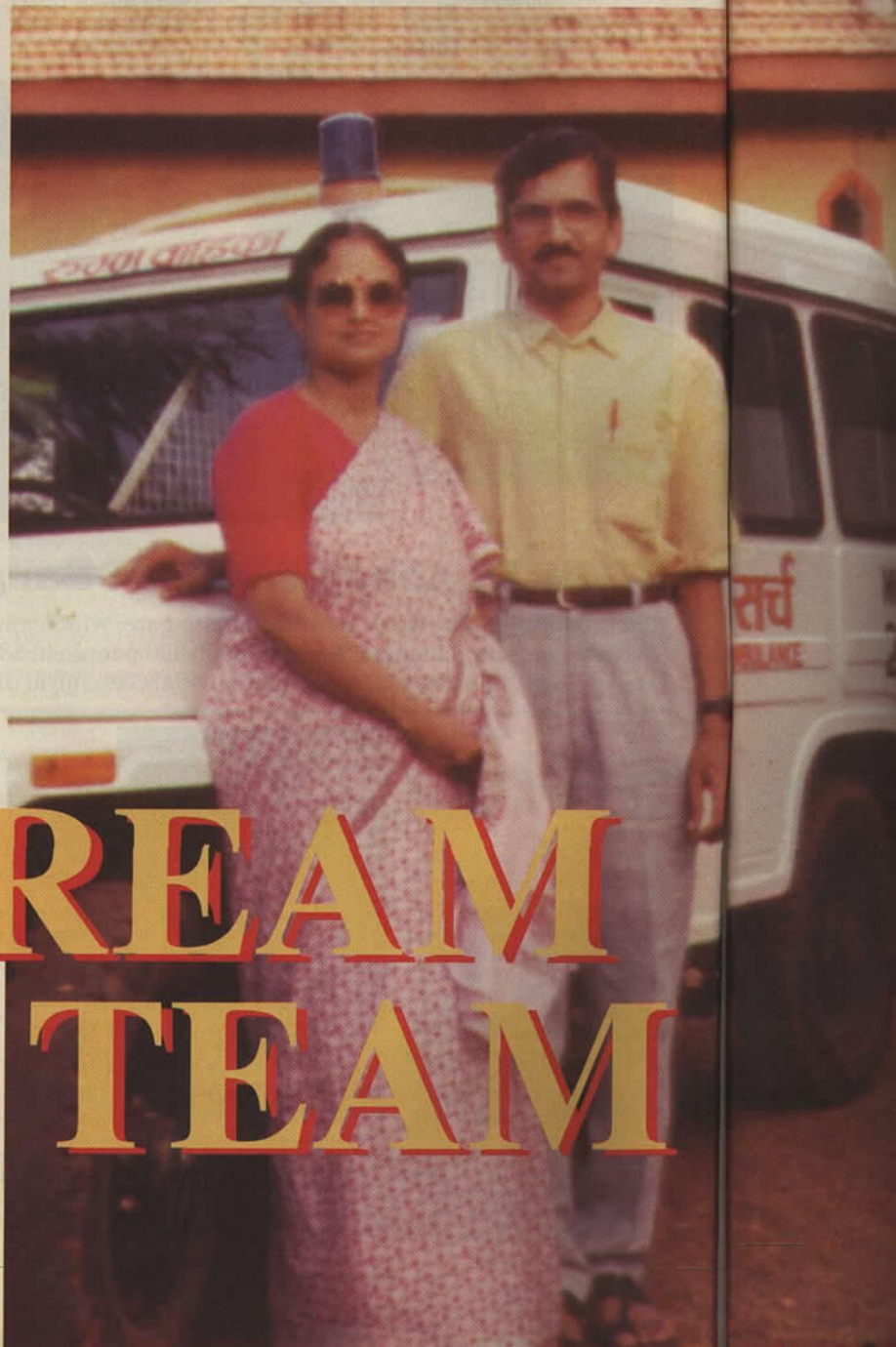
COUPLE OF THE YEAR

Shodh-gram in Maharashtra is the nucleus of a brave new experiment in medical panchayati raj. The two US-trained doctors help the villagers help themselves.

COUPLE OF THE YEAR

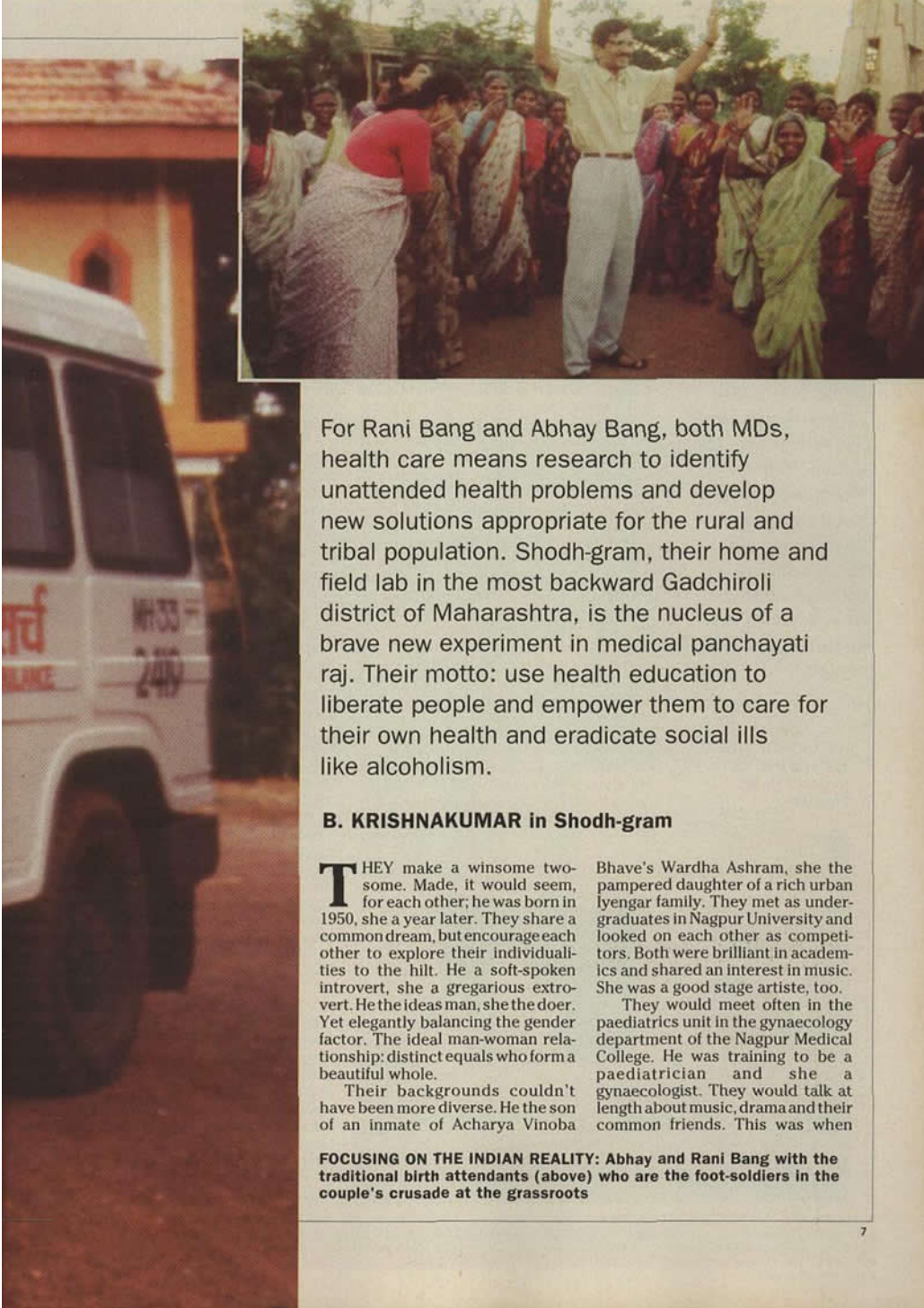


**DR ABHAY BANG
& DR RANI BANG**



**DREAM
TEAM**

PICS: S. RAM



For Rani Bang and Abhay Bang, both MDs, health care means research to identify unattended health problems and develop new solutions appropriate for the rural and tribal population. Shodh-gram, their home and field lab in the most backward Gadchiroli district of Maharashtra, is the nucleus of a brave new experiment in medical panchayati raj. Their motto: use health education to liberate people and empower them to care for their own health and eradicate social ills like alcoholism.

B. KRISHNAKUMAR in Shodh-gram

THEY make a winsome two-some. Made, it would seem, for each other; he was born in 1950, she a year later. They share a common dream, but encourage each other to explore their individualities to the hilt. He a soft-spoken introvert, she a gregarious extrovert. He the ideas man, she the doer. Yet elegantly balancing the gender factor. The ideal man-woman relationship: distinct equals who form a beautiful whole.

Their backgrounds couldn't have been more diverse. He the son of an inmate of Acharya Vinoba

Bhave's Wardha Ashram, she the pampered daughter of a rich urban lyengar family. They met as undergraduates in Nagpur University and looked on each other as competitors. Both were brilliant in academics and shared an interest in music. She was a good stage artiste, too.

They would meet often in the paediatrics unit in the gynaecology department of the Nagpur Medical College. He was training to be a paediatrician and she a gynaecologist. They would talk at length about music, drama and their common friends. This was when

FOCUSING ON THE INDIAN REALITY: Abhay and Rani Bang with the traditional birth attendants (above) who are the foot-soldiers in the couple's crusade at the grassroots

COUPLE OF THE YEAR



**DR ABHAY BANG
& DR RANI BANG**

While doing his residency at PGI, Chandigarh, Abhay found that health care projects were not focused on the Indian reality—TB, diarrhoea and neo-natal pneumonia. “I was very disturbed. ‘Is my medical education of any use to my society?’ I asked myself.”

NATURALLY TRIBAL: Waiting hall for patients in the hospital



Rani noticed that he was different from her, his ideals were different.

He was an active member of Jayaprakash Narayan's Tarun Shanti Sena, driven by the dreams of student power in those heady years of student-led revolts in France and the US. He too believed that students in India could change the society and the MBBS top-ranker in Nagpur University in 1972 readily responded to JP's call for 'Total Revolution' in 1975. His parents, who were in the forefront of the anti-Emergency agitation, were among those arrested and jailed in Nagpur. Rani came calling, to know him and his parents better.

It was a time of rude revelation for Abhay. Barring isolated incidents, all was quiet in Maharashtra's campuses. Distraught, he moved on to the Post-Graduate Institute in Chandigarh for his residency. Only to be disillusioned even more. He found that health care projects were not focused on the Indian reality—TB, diarrhoea and neo-natal pneumonia. “I was very disturbed. ‘Is my medical education of any use to my society?’ I asked myself.”

September 23, 1975, his birthday, was a day of soul-searching—to review one's life on every birthday was a family trait. “What am I doing here? I will become useless for the Indian reality,” he told himself. Abhay then informed a professor that he was quitting. The puzzled professor counselled him: “Nobody here will understand you. They will say, ‘he's not good enough for the rigorous course, so he's opting out.’”

Determined not to leave such an impression, Abhay, who was doing his junior residency, took the MD selection test. He stood first, but at what he calls the ‘grand meeting’ with the PGI faculty Abhay

FINDING SOLUTIONS

ABHAY and Rani identified the following common problems in the villages and came up with solutions with the natives in mind.

- Child mortality in rural areas
- Acute respiratory infections in children
- STD and AIDS control
- Adolescent sexual health
- Tribal health
- Women's reproductive health
- Alcohol and alcoholism
- Sickle cell disease

rejected the admission. Shocked members of the interview board insisted that the director convene the general council where Abhay could explain his drastic step.

He had two questions: Are Indian doctors being trained for the US? Is it worth spending huge amounts on some rare heart problem when the money could have been enough for the health care of one lakh rural poor? The top doctor-teachers gave a ‘we have heard this before’ smile and told Abhay: “That's all idealism at work. You can go but you will regret your decision.”

Abhay was certain that he wouldn't, but what he wasn't sure of was the replacement for the ineffective hospital-based health care system. “I went around all the medical schools in the country in search of a good programme on public health but found none. There were courses on the subject but not many takers—it was always the last option.”

In his search for an answer, the khadi-clad doctor spent six months in a rural area of Mirzapur district in Uttar Pradesh. Strengthening the commitment to rural/public health care was the Medico Friends Circle that he helped set up in 1975. Initially, it failed to move the medicos, though youth from other disciplines signed on. “The idea of social change didn't appeal to them. But they became interested I reminded them that our medical education was all wrongly focused. The reaction being, ‘Ok, it involves us all.’”

The social activist who spurned the offer from the prestigious PGI eventually completed his MD in paediatrics from Nagpur University in 1977 along with Rani who specialised in gynaecology. They decided that it was time to cement the strong bond of friendship with marriage, but Rani's orthodox parents refused consent. They suspected that Abhay was after the family's wealth.

Rani's father Dr K.V. Chari was a status-conscious physician and her grand-

COUPLE OF THE YEAR



**DR ABHAY BANG
& DR RANI BANG**

In the year spent at the Johns Hopkins University in Baltimore, US, Rani realised the importance of village-based health care solutions. It also struck her that in India doctors had absolutely no grounding in the behavioural sciences.

SPIRITED FIGHT AGAINST LIQUOR: An orientation class for alcoholics at Shodh-gram

father was the Congress MP from Chandrapur. Her mother's orthodoxy bordered on obscurantism: she had preserved the umbilical chords of her every delivery! The reason: she believed that barren women would consume them as a fertility rite and bring a *fatal curse on her* children. It took Rani's considerable persuasive powers to make her mother dump her belief.

Rani needed much more resolve than that to marry Abhay who hailed from a Sarvodaya family from Rajasthan, which equated knowledge with wealth. No inheritance, her parents warned. "Not interested," she retorted. Her parents then tried to persuade their youngest daughter to marry at Tirupati but she and Abhay went ahead with a simple ceremony conducted by Gandhiji's associate Apte Guruji at Chandrapur before 25 invitees. There was no tying the knot or distribution of sweets; they believe that such rituals are a social waste.

However, in matters spiritual Rani and Abhay are poles apart. She lights a lamp to a tribal God outside their home in Shodh-gram (shodh is Hindi for search) while he never steps into a temple. "It is a major difference between us but we don't force beliefs on each other. His *bhakti is ningun* (no particular deity). Mine is *sagun* (all gods and goddesses)," she said with a candour that is a stand-out trait in her partner, too.

For Rani Wardha was a *culture shock*. She had chucked a promotion as Reader at the Nagpur Medical College to be with Abhay and his family. She, along with Abhay's brother and sister-in-law, joined Chetna Vikas, a non-governmental

organisation (NGO) for rural development set up by Abhay's parents—Thakurdas and Suman—after an *Emergency stint in jail*.

"I had no role at that juncture. I, a workaholic, was sitting idle and inferiority complex was creeping in," she recalled. The Sarvodaya lifestyle in the Bang household was alien to her. Despite the family being very supportive, Rani felt a vacuum growing within her.

Abhay sensed this and advised her to take up a teaching job at the Wardha Medical College. She did for *nine months* but by then the realisation dawned that she had married into Abhay's family and not just Abhay. She chose to be one with them.

AS PART of Chetna Vikas's programmes, the doctor-couple began working in rural areas. But patients flocked to Abhay and addressed her as the 'nursebai'. "Even pregnant women preferred to be examined by Abhay." It was identity crisis time for a restless Rani who found some solace as an honorary consultant to the district hospital.

In 1983 came a godsend in the form of Ford Foundation fellowships to both to the Johns Hopkins University in the US for a one-year masters course in public health. That was the turning point. The couple's first-born, Anand, was just two years old and "everyone said Abhay should go ahead but he was very clear that if we are going we are going together," recalled Rani.

They were lucky to have an Indophile, Prof. Carl Taylor, in the Department of International Health. Brought up on the



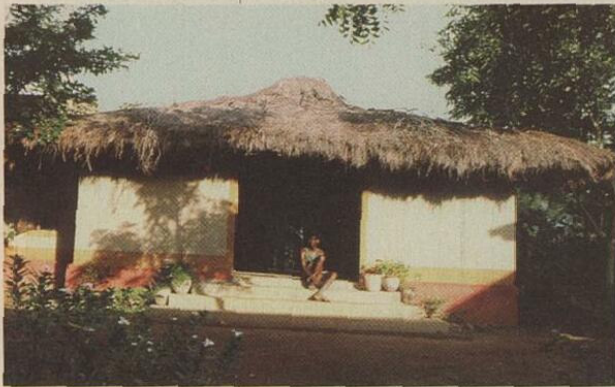
COUPLE OF THE YEAR



**DR ABHAY BANG
& DR RANI BANG**

During the farewell dinner they hosted for their guru, Prof. Carl Taylor, he asked them what they would be carrying home. "Only a slide projector," his students replied. "Then you will succeed (in your mission)," he prophesied.

RESPECTING TRIBAL SENTIMENTS: Dwellings at Shodh-gram



foothills of the Himalayas by parents who were missionary-doctors, the Hindi-proficient Prof. Taylor had an enduring interest in India. Rani wrote to him that she wouldn't be able to join the course because she could not leave her child behind. He wrote back saying he had recommended to the (varsity) board that the child's travel and education expenses should be reimbursed. The recommendation of the founder-chairman of the best-known public health course in the world had its effect.

It was an eye-opening one year's stay at the Baltimore campus of the university. Rani learnt that there was more to health care than the 'tunnel vision' of a clinic-bound doctor. It struck her that in India doctors had absolutely no grounding in the behavioural sciences. Taylor, who became their guru, impressed upon them the importance of village-based health care solutions. "He really taught us research in rural health problems," said Abhay.

They returned in 1984 armed with masters certificates in public health; Abhay had topped with 99 per cent marks and Rani was a close second. They had offers galore from different institutions in various cities to join their faculty. The Maharashtra health secretary invited them to join a government programme within seven days of their landing in India.

But they had other ideas. During the farewell dinner they hosted for Prof. Taylor, he asked them what they would be carrying home. "Only a slide projector," his students replied. "Then you will succeed (in your mission)," he prophesied.

The slide projector was to play a vital role in the Bangs' campaign to educate the tribals of Gadchiroli, 200 km from Nagpur. They had questioned the indiscriminate use of injections by doctors when oral medication would have suf-

ficed. "If you can take water and rice through your mouth why do you have to take medicines through injections?" the Bangs asked the villagers. However, the tribals believed that an injection would ensure quick and complete cure. Doctors in the rural areas had injected this idea into them.

Then came an injection-linked fatality in Porla village. A woman with body pain had approached the local 'injection-specialist', a teacher-turned-quack. He gave her an injection and she felt better. But the pain started again the next day and she returned to the quack. He was on his rounds, so his wife gave the injection only to find that the woman developing complications including massive swelling of the thighs.

Abhay, who happened to be in the village, rushed her to the Gadchiroli civil hospital where she died. Abhay and his team had taken photographs of the woman and they showed the slides in the villages to drive home the point that injections are unnecessary.

FOR ABHAY and Rani, research and knowledge were the sources of power that would change health care for 50,000 people in 58 villages of Gadchiroli district. Giving up the hospital-dependence they began interacting with community health workers. Their mission was to help villagers nominate health workers called *arogyadhoots* (health messengers), village health workers and traditional birth attendants (TBAs) or *dais*.

This approach helped in better communication and interaction: a study by SEARCH (Society for Education, Action & Research in Community Health), which they set up, came up with the startling finding that 92 per cent of the women in the 58 villages had gynaecological disorders, a good part STD-related. Another study in the same 58 villages and a control area of 44 villages revealed that pneumonia was a major child killer. The campaign was directed at educating parents and encouraging them to seek timely help.

The Bangs' philosophy of change: empower the rural folk by entrusting them with knowledge and initiative. This approach has worked wonders (see accompanying story).

The crusading couple began working out solutions with the villagers' involvement. "Doing research on rural problems in Delhi or Mumbai would be ridiculous. We selected the most backward and youngest district, Gadchiroli, which was carved out of Chandrapur district," said Abhay.

The real work started in 1986 after going through the formalities of register-

COUPLE OF THE YEAR



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In 1993 they set up Shodh-gram, 17 km from Gadchiroli, on a 13 acre plot. It is modelled on a typical Madhi-Gond tribal village, complete with a small temple for a tribal deity.

SPEAKING THEIR LANGUAGE: Rani interacting with the *dais* who have taken health care to a new high in Gadchiroli



ing SEARCH. Vasantao Sawkar, a rich tendu trader in the district gave them one of his godowns free, primarily because he was a close friend of Rani's father. By then their second son, Amrut, was born. For the next seven years SEARCH operated out of this godown; for the first six months of their stay they were virtually marooned after torrential rain lashed this usually dry belt.

In 1993 they set up Shodh-gram, 17 km from Gadchiroli, on a 13-acre plot. It is modelled on a typical Madhi-Gond tribal village, complete with a small temple for a tribal deity. The hut-like wards, the outpatient department (OPD), the canteen, all have the tribal touch. The ambiance was created to make the tribals feel at home.

On the campus is also an alcohol de-addiction centre, a pharmacy, quarters for the staff and a house for the Bangs, a prayer-cum-meeting hall, a kitchen-cum-dining hall and quarters for visitors.

It is home to the extended SEARCH family—the Bangs, their colleagues, addicts under treatment and whoever comes calling including deadly snakes like cobras, vipers and krates. The Bangs had bought the land along with another yet-to-be developed 11-acre plot from a local landlord who owned extensive forest land.

Every evening, before dinner the people of Shodh-gram gather for a prayer meeting. Strains of Gandhiji's Birla Temple gatherings; Abhay and Rani give the lead with a rendering of *Humko shakti dena data...* to be picked up by the others. Son Anand gives accompaniment, eyes closed in blissful peace, on the harmonium.

Over the years Abhay moved away from JP's Total Revolution concept to the Mahatma's ideal of evolutionary revolu-

tion. Gradual change guided by the needs of the people. In 1978, this JP fan was shocked to hear Acharya Kripalani, speaking at the 75th birth anniversary of JP, dismiss Total Revolution as "humbug". The Acharya had an explanation: "One-step revolution is a Marxist idea—if you capture political power, then you can change the society. In Gandhiji's scheme of things, a series of steps leads to evolution of society. Societies change through evolution not revolution."

Abhay and his friends were not convinced; rather they were annoyed. "Now after first-hand experience we realise that the Acharya was after all right," he said. The slogans of revolution, as Kripalani would often say, meant nothing to the villagers.

ONE CAN feel the Gandhi influence on the campus; the Bangs' sons wear khadi, attend a zilla parishad school at Gadchiroli like hundreds of others from neighbouring villages. The sons were used to wearing modern clothes gifted by friends and relatives but Abhay wanted them to switch to khadi and explained why: it was Gandhiji's idea of providing employment to so many people. More important, it was a symbol of simple living. Rationally, said Abhay, they were convinced.

Yet there was a hitch. Amrut put it across: "Nana (for father in Telugu), we have a problem: if we do not go by what you want, you will be annoyed. The other way we will feel bad." So the family worked out a compromise: the children could keep one set of non-khadi dress.

Abhay and Rani travelled extensively in all the villages where SEARCH was at work. The encounters with the rural masses taught them that the rural folk were non-materialistic and had a sturdy way of coping with their limited resources; they had so many ingenious survival techniques. In south Gadchiroli Rani's knowledge of Telugu came in handy because people of that area spoke mainly Telugu.

Interacting with the people was never a problem, but for Rani training the *dais* was, initially. She couldn't fathom how her science-tempered mind could discuss gynaecological problems with these illiterate women. Abhay persuaded her that "you can do it, that's your strength".

Recalled Abhay: "Rani influenced me with her humane qualities, her very transparent heart and her effusive warmth." These very same humane qualities that so endeared her to Abhay also rubbed off on the *dais* and health workers who now call her *aayi* (mother).

Rani picked up some home remedies from the *dais*: the tendu tree gum can be

COUPLE OF THE YEAR



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Every evening, before dinner, the people of Shodhgram gather for a prayer meeting (right). Strains of Gandhiji's Birla Temple gatherings; Abhay and Rani give the lead with a rendering of *Humko shakti dena data...* to be picked up by others.

used for permanent contraception and asafetida mixed with water is good for fungal infections like Tinea. She successfully tried this on patients.

This give-and-take bond was established only after the Bangs spoke their lingo and merged into their milieu. The locals then responded eagerly to the overtures from the doctors-turned-social healers. This unity of purpose soon resulted in the epoch-making campaign against alcoholism in Gadchiroli.

In a population of seven lakh, one lakh men were regular tipplers and 15,000 were addicts. The total booze bill came to Rs 7 crore, equivalent to the district's annual development plan. Youth and women's groups approached Rani and Abhay to lead their fight against the social evil.

"We deliberately refused to take the lead, but suggested possible ways of initiating action," the couple recalled. This was in keeping with the Bangs' policy of encouraging self-help: make people take the initiative and treat it as their problem. Merely spending money or getting things done for them would be counterproductive. "Such an approach makes them even more dependent on others. We did not want that to happen."

Soon youth groups and mahila mandals sprouted all over Gadchiroli to form the Darumukti Sanghatana (Organisation for Liberation from Liquor). A 150-village conference followed which was attended by 3,000 delegates, many of them women who trekked 50-km distances.

For Rani and Abhay, it was a dream come true. The problem had first surfaced at the health camps and jatras organised by SEARCH. "My skills as an artiste helped me take the centrestage of these movements," said Rani. Now the villagers were not only taking the initiative but also going on the offensive. As the movement spread to 200 villages, youth and women turned enforcers of the 'unofficial prohibition'. They patrolled the roads at night and women publicly humiliated the drunks.

The Porla village panchayat, acting on behalf of an action committee of 15 villages formed at a SEARCH awareness camp, pressured the district magistrate to close down two licenced liquor vends. For Rani and Abhay, it was a vindication of their guiding principle: that social change is possible only by joining hands with the people. Like the health awareness campaign backed by irrefutable research, which came to benefit thousands of villagers, the anti-alcohol campaign snowballed into a people's movement.

The Bangs won the gratitude of thousands of women and children who were liberated from physical and mental abuse

by the alcoholics. They also earned the wrath of the liquor lobby; one of the leading distributors, a Congressman who also happened to be the Zilla Parishad chairman, threatened the couple: 'you will soon see their corpses' he told a public meeting.

When such threats failed to deter the Bangs, the liquor mafia unleashed a smear campaign. Their charge-sheet, faithfully printed by some local rag-sheets: Abhay was an alcoholic and that is why Rani started the anti-alcohol drive; that, in a drunken outburst he had set Rani ablaze; that Abhay and Rani were siphoning off grants from India and abroad for personal aggrandisement; that Rani was conducting abortions on the sly. For days rumours swirled around Gadchiroli and Chandrapur and some health workers came sobbing to Shodhgram.

The state government thought it fit to order an inquiry into the last charge despite the fact that Rani had conducted abortions at the health department's request. The charge was found to be baseless; she was not doing it for money, but as social service to save the women from rapacious quacks and tantriks some of whom would sexually assault a patient before and after an abortion.

Said Subrat Ratho, who was collector



of Gadchiroli (1992-94) and strongly recommended to the state government prohibition in the district: "They (Abhay and Rani) were doing excellent work in the most difficult circumstances. Both are brilliant and worked with absolutely no infrastructure, in absolutely hostile environs and little help from the administration."

Ratho, who is now a deputy secretary to Governor P.C. Alexander, is all praise for this "absolutely self-respecting couple" who were also too self-righteous for comfort for some people. He dismisses as "all nonsense" the allegations and insinuations floated by vested interests.

The couple braved it out. Said Rani: "I have a dare-devil attitude. They said a lot of bad things about me. One day one of the leaders of the vilification campaign came home at night when Abhay was away saying a child was seriously ill in the neighbouring village. He wanted me to accompany him on his scooter to the village. I told him to get the child here. He said it was too ill to be moved out."

"I said, let us walk. Before leav-

BANGS ON TARGET

THE focus of their work covered the following areas:

Community-based participatory research: Research not on people but with people. Community-based health care in 58 villages with a population of 50,000. They do it through *jatras* (village fairs), *shibirs* (camps) and constant personal interaction.

Referral service: This is done at the small tribal hospital at Shodh-gram; 10,000 patients are treated every year.

Training: Imparted to *Dais*, village health workers, nurses, paramedic workers, youth, tribal leaders, rural men and women.

Health education: Through women's group meetings and village meetings using slide shows, video films, picture posters and flash cards by health workers.

ing I told my sons to call the police if I don't turn up. All the way I was preparing for the worst and practising karate steps in my mind. A torch and stethoscope in hand, I walked the three km in the dark along with him. I found the child really ill. After giving emergency treatment, I walked back with the man to my house."

That was a healing touch on the liquor seller, too. He began spreading the good word about Rani—that she is courageous and caring. He persuaded some of his colleagues

to stop the character assassination before moving over to the neighbouring Chandrapur town to relaunch his liquor business.

FOR ABHAY and Rani, taking their medical expertise to the tribals of Gadchiroli is part of their social obligation. They are only repaying the social costs that went into training them. Motivating them is the unshakable belief that doing good to others without expecting anything in return is a reward in itself.

In recognition of their research and social work they are on several committees of national and international organisations, including ICMR and WHO, which frame policies and outline perspectives in health care and development.

Honours and awards, though, are incidental in the Bangs' scheme of things. They would rather that their work speaks for itself. And it has, resoundingly. Rani is an acknowledged international authority on gynaecological research. Her study of the Gadchiroli tribal women's white discharge curse turned the narrow focus in women's health care from pregnancy and post-natal problems to total development of the individual.

Rani was chosen the 'Outstanding Woman Social Worker' of Vidarbha in 1991 by the Maniklal Gandhi Charitable Trust. Then came the Shamrao Babu Kavgate Smruti Puraskar in 1995 and the Natu Foundation Puraskar in 1996 for social work she had been doing for more than a decade.

The World Health Organisation has acknowledged Abhay's pioneering yet simple method of treating childhood pneumonia. Even more path-breaking was his discovery of the fatal sickle cell disease among the tribals; the state government



COUPLE OF THE YEAR



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For Abhay and Rani, taking their medical expertise, through SEARCH, to the tribals of Gadchiroli is part of their social obligation. They are only repaying the social costs that went into training them.

publicly acknowledged Abhay's contribution and honoured him with the Adivasi Sevak award in 1987. He was bestowed the Mahatma Gandhi Award (1994) and the Natu Foundation Award (1996).

Much more rewarding for the Bangs were the smiles on the faces of women liberated from the twin-curses of diseases and alcoholic husbands. The smiles were a recognition of commitment and selfless service of the SEARCH employees and the enthusiasm of the *dais*.

AFTER THREE years at Shodh-gram, life was bliss for the Bangs. The verbal fusillade from the liquor lobby had all but ceased, the court cases and inquiries emanating from wild charges made by various disgruntled elements were over.

The feeling of well-being was rudely shattered on April 18, 1995. Abhay, a teetotaler and a diet-conscious man, collapsed with severe coronary problem. Rani rushed him to the Nagpur Medical College, a four-hour drive. For once the steely individual buckled; Abhay recalled seeing her cry for the first time. During angioplasty, the inner side of the coronary artery ruptured. It was a terrifying encounter with his own mortality. As a doctor, he could clearly read the messages being sent out by the graphics on the monitors: his heart was on the brink.

"Why me?" he wondered. He assumed that he was immune to the 'diseases of affluence'—diabetes, hypertension and coronary artery disease. "They were somebody else's problems. I was sure to live at least till 80," he wrote in a self-analysis he converted into a letter to close friends. After all his grandmother lived till the age of 107; his parents were healthy and active despite being in their

late seventies, he reasoned. He ended up with diabetes at 42 and severe angina at 44.

It was time for agonising: what would happen to Rani and their sons? What would happen to SEARCH and its movement against alcohol? Rani's brave presence was a great morale-booster. He pulled himself up and had found a new topic for research. Within months he came up with some startling material: the Indian middle class was the high-risk group for diabetes and coronary heart diseases because of decreased physical activity, high intake of fat, tensions and stress.

It was time to look for remedies and spread word about the lurking danger. By a coincidence, health guru Dean Ornish's book *Reversing Heart Disease* landed on his hospital bed. He had ordered it three months before being struck down by the heart problem.

He strictly adhered to the health care programme prescribed by Ornish: only 25 gm of oil a day, no sugar, animal fat including ghee and butter, switch to skimmed milk, vegetables, beans, germinated whole grains, pulses and fruits. This and brisk walks for half an hour daily in the forests around Shodh-gram, yogasans and pranayama for half an hour, meditation for 15 minutes and deep relaxation through Shavasana twice a day.

He read what he calls the "best books on yoga and meditation"—B.K.S. Iyengar's *Light on Yoga* and *Light on Pranayama*; Vimala Thakar's *Meditation in Daily Life*; and Vinobha Bhavé's *Mahaguhame Pravesha*. He would like to reach out to every Indian and pass on this prescription.

IN THEIR larger mission, Rani and Abhay are striving to model themselves on Albert Einstein's ideal: "A human being is part of a whole, called by us the 'Universe', a part limited in time and space. He experiences himself, his thoughts and feelings, as something separated from the rest—a kind of optical delusion of his consciousness.

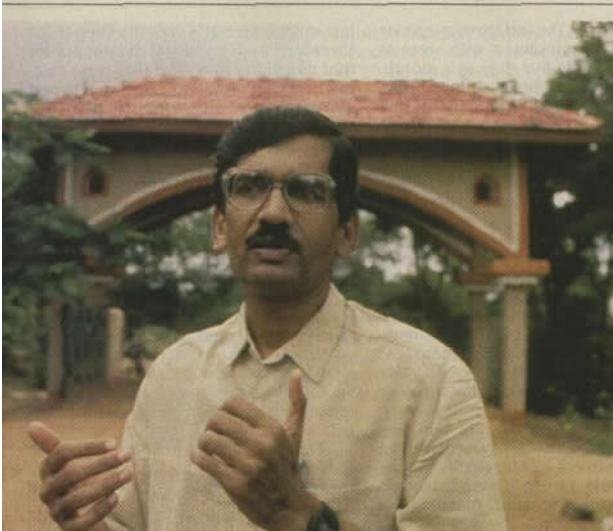
"This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest us. Our task must be to free ourselves from this prison by widening our circles of compassion to embrace all living creatures and whole of nature in its beauty." ■

PIONEERING WORK

DURING the course of their investigations into health problems of tribals, the Bangs traced many disorders to a common source: sickle cell disease. The genetic disease common among Blacks in Africa and America, they found, leads to anaemia, jaundice, severe body pain, susceptibility to infections, kidney, brain and heart diseases.

They surveyed Gadchiroli to gauge the extent of its spread; 15 per cent of the population had the disease gene and there were 6,000 severe cases of sickle cell disease. One of the measures they suggested to arrest spread of the gene was to prevent marriages among boys and girls who had the disease gene.





THE SEARCH ENDS HERE

In Gadchiroli children are born in hygienic surroundings, pneumonia deaths have dipped, there is now a way out from the curse for ignorant tribal women, and alcoholism is on the way out. All this thanks to SEARCH

NANDAMUNGATTE of Mudjha village was desperate. Mahesh, her two-year-old son was seriously ill. He had not passed motion and urine for a couple of days. His stomach was swollen like a balloon. She took him to a doctor who gave the child an injection and prescribed tablets.

The doctor never told her what was troubling Mahesh. Nanda returned home hoping that Mahesh's condition would improve. It was not to be. By evening, the child's condition worsened. She rushed to another doctor who examined the child and said it was too serious a case for him to handle. The mother, in her late teens, headed home pre-

pared for the worst. The nearest hospital was 15 km away and transport was hard to get.

Her neighbours then reminded her about Maya Umargandawar, an *arogyadhoot* (health messenger) in their midst. She examined the child, did a breath-counter check and diagnosed the problem as complications arising from pneumonia. She gave Mahesh a dose of cotrimazole syrup and powdered paracetamol tablets. After two hours, the child showed signs of improvement and passed stool and urine.

Nanda believes that Maya worked the miracle. "First, I thought Maya cannot handle the case and took him to a doctor. Now I have full

faith in her and would prefer to come to her," she said.

Maya is one of the 80 *arogyadhoots* and 120 *dais* (traditional birth attendants) trained and equipped by SEARCH (Society for Education, Action & Research in Community Health) in Gadchiroli. It is an NGO managed by a nine-member committee. But the guiding spirits are Abhay and Rani Bang who have set up base at Shodh-gram.

They started with the basics: highlighting the importance of hygiene, child-care and all-round welfare of women at group discussions, *jatras* (rural fairs) and *shibirs* (camps on the Shodh-gram) since 1985. This meant travelling to such far-flung hamlets as Chatgaon where they befriended Hiranankar Warkhede, the then Janata Dal MLA from Chandrapur.

This tribal, who is also a landlord, was with the Bangs from the beginning of the anti-liquor drive. He was also a link-man between his people and the doctors who were striving to save them from quacks and an unresponsive government health care establishment. Soon he became a member of the SEARCH family. Said Warkhede: "This is an example of a people-led movement, not a neta-led agitation. Hence it succeeded."

Warkhede encouraged his daughter Manisha, 15, to attend one of the camps. It was her mother who benefited: at Manisha's prodding, she stopped staying in an isolated hut outside during her periods. It had been the custom among the Madhi Gond tribals.

The focus of SEARCH was on research and, where necessary, on supplementing the government health service. The idea was to avoid duplicating primary health care by identifying unattended health problems of rural and tribal populations and developing solutions attuned to their needs and socio-economic environment. Funds have come from the Indian Council of Medical Research, OXFAM(UK), The Ford Foundation, and Ashoka Foundation among others.

The couple did try a joint-venture with the government, running two primary health centres, providing speciality clinical services at the Gadchiroli district hospital and introducing administrative reforms in the PHCs and the hospital.

They were to operate through the civil surgeon in charge of the

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**DR ABHAY BANG
& DR RANI BANG**

Health messenger Maya (middle) with Mahesh (on his mother's lap) who survived pneumonia because of her timely diagnosis. She used the breath-counter, devised by Abhay (right). One blue bead is moved for every 10 heartbeats. If the red bead has to be moved before the sand has passed, the child has pneumonia.



civil hospital, but the last three surgeons the Bangs had interacted with were at their post for only five days in a month. One of them was caught accepting a bribe.

Suspicion fell on SEARCH that it had engineered the arrest. One day all 11 doctors did not turn up for duty. Gradually, the non-cooperation increased. It was too much for the doctors and other staff that two outsiders were 'meddling' in their functions.

Within a year of the tie-up the SEARCH-managed PHCs topped the district for service and efficiency. Patients who used to avoid the civil hospital were now trooping in; there was a 50 per cent increase in attendance and a drastic drop in corruption. So pleased was the government that it offered to tie-up with other NGOs for turning round PHCs and hospitals in other backward areas.

It was not to be. The system was terminally-ill. The highly-centralised health department was insensitive to the people's needs; rather it was focused on achieving targets. In family planning, for

instance, Gadchiroli was the topper for three successive years. It did not matter that morbidity and mortality were rampant. Or that childhood pneumonia and gynaecological disorders were major problems in the district.

SEARCH ended the tie-up in 1988 and set out on its own to focus on its goals:

1. Community-based health care in 58 most backward and inaccessible villages comprising 50,000 people
2. Set up a small referral hospital to cover seven blocks in Gadchiroli and Chandrapur districts
3. Train *arogyadhoots* and *dais*
4. Educate villagers on the importance of health and hygiene
5. Focused research on women's health, child mortality and tribal health
6. Educate villagers about the ill-effects of alcoholism and plunder of forests

The *dais* and *arogyadhoots* were to be the foot-soldiers in this war against ignorance-borne diseases. They were trained to diagnose pneumonia in children and treat them with oral antibiotics. Abhay developed a simple device that he named 'breath counter' to monitor the respiratory system of a child.

(The device has two rods with a set of 10 blue and red beads each and a one-minute sand-timer—a miniature hour-glass. A health worker moves one blue bead for every 10 heartbeats. If she has to move the red bead before the sand has passed, it means the child has pneumonia. Even the illiterate *dais* could handle this device easily.)

In a two-year span, 2,000 cases were handled by these health workers with a negligible fatality rate of one per cent; pneumonia deaths among children fell by 75 per cent, among infants by 33 per cent and overall childhood mortality by 30 per cent.

Unlike other health campaigns which revolved around sporadic visits by doctors and assistants, SEARCH educated parents about symptoms of the disease and encouraged them to approach the village health workers.

Something that the parents of a child in Wasa village did with happy results. They rushed their child to health worker Maruti Ingle after a doctor brought from Gadchiroli refused to treat the 'high-risk' case. Ingle diagnosed the case as pneumonia and treated the child as he had been trained. For the next 35 hours he sat beside the child. For, he too was not supposed to take up such serious cases but had responded to the desperate pleas of the parents. The child recovered and Ingle became the darling of the villagers.

THE MOVING force behind the cam-



'I WON'T DRINK AGAIN': Tribal landlord Namdeorao Adkuji Marape, kicked the habit after attending a Shodh-gram camp

paign, Abhay-Rani, adopted a similar approach in identifying and demystifying custom and superstition-bound women's health problems. Rani's pioneering work on 'white discharge', considered a curse among tribal women, is now a World Health Organisation standard. Her study, based on interviews and discussions with 800 women and *dais*, found that 92 per cent of the women had gynaecological diseases, half of which were reproductive tract infections (RTIs).

Such was the stigma attached to this disease that women tried to hide it. But once it reached the fatal *pair* (tribal lingo for blood-stained discharge) stage, it showed itself as stains on garments. It was believed that the disease was the result of promiscuity—either by the woman or her man. One *dai* told Rani that she scanned linen put out to dry for tell-tale stains to identify those who are stricken.

There were other obvious signs these

HELPING HAND: Former JD MLA Hiranam Warkhede, was the link man between the Bangs and his people. He has adopted Rani as his daughter



MANJULABHA Muttelwar, a fifth-

hapless women display: general weakness, anxiety, guilt feeling, loss of libido and genital discomfort. When Rani or the SEARCH health workers asked them what the problem was, they invariably said it was because of 'white discharge'. Not in so many words, but hinting at *kamjoori* (weakness) or through sign language.

This inability or unwillingness to speak up worsened the problem. Initially, these women sought the help of the *vaidu* (the herbalist) or a *mantrik* (witchcraft-healer). Only when they got no reprieve did they approach a doctor. If the doctor was a male, as most doctors are in the rural areas, the women did not explain in detail their genital problems. He had to base his diagnosis on what he could make of the signs and hints. The women kept harping on 'weakness' and the doctors treated them for anaemia. The basic problem remained unattended.

The SEARCH *dais* and the female health workers bridged this communication gap. The *dais*, particularly, have deep insight into the patient's psyche and the added advantage of grasping the real meaning of the signs and hints. Rani and Abhay too are now experts in 'diagnosing' these felt symptoms.

The health workers prescribed medicines as taught by Rani and Abhay on the campus and counsel the patients that these were more effective than the traditional remedies. Yet many women also insisted that the tender shoots of the *katsawari* tree were most effective. There is no knowing for sure, but the *katsawari* tree is fast disappearing from the tribal belt.

The *dais* have been trained to handle this disease and also childbirth in a hygienic way. Said Jayawantia Naitam of Dipna village: "After our interaction with the doctors (Rani and Abhay), our work has improved considerably. Earlier, we never used gloves or washed our hands with soap or disinfectant. Now these have become the rule." She has been with SEARCH ever since she attended a camp at Shodh-gram five years ago.

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**DR ABHAY BANG
& DR RANI BANG**

SEARCH is now giving high priority to sex education. Already 15 camps have been held in Shodh-gram, each attended by 150 girls and boys on an average (pic of some girls and boys who attended an AIDS camp). The message conveyed is that sex is not sinful but can be dangerous if precautions are not taken.

generation *dai*, recalled how in the old days she would pour thick warm gruel over a child immediately after delivery, cut the umbilical chord with a sickle and check the newborn's hearing by hitting a steel vessel with a metal piece. She would then literally whack the head into shape!

Today she is learning to use forceps, washes her hand with soap and disinfectant before and after delivery, uses a sterilised pair of scissors to cut the chord, bandages the navel (in the old days, a paste of mud and oil or turmeric powder and oil was used to cover the navel) and clean the mother and child with sterilised cloth. She would also insist that the child be breast-fed immediately (previously, there used to be no breast-feeding for three days after delivery because the sticky first output was believed to be impure).

Now Manjulabha uses violet solution to clean the wound and asafetida powder and ointments for fungal infections and GBH solutions for scabies.

The *dais'* medical kit includes iron and calcium tablets (to be given to babies after three months), ointment for neonatal conjunctivitis, anti-septic ointment for cracked nipples, artificial nipple to be attached to the breast if the original was not visible, cotrimazole syrup for pneumonia, paracetamol tablets, vitamin A capsules for night blindness and glycerin for mouth infections, disinfectant, soap and condoms.

Since injections are taboo in the Bangs' scheme of things, the *dais* and health workers are trained to convince people that tablets and syrups are as effective. They are also encouraged to propagate home remedies (five spoons of sugar, one spoon of salt in 5 gm of water for dehydration, for instance).

The SEARCH team

- *Dais*: 120
- Village health workers or *arogya dhoots*: 80 (45 women, 35 men)
- Field supervisors: 5
- Social worker
- Anthropologist
- Computer programmer
- Statistician
- Office and support staff
- Nurses (all tribal girls)
- Lab technician
- Microbiologist
- Pathologist with special training in lab techniques for STDs
- Gynaecologist with public health and research expertise (Rani Bang).
- Physician with public health and research expertise (Abhay Bang).



Manjulabha was first trained in the modern ways at a UNICEF camp in 1982. Later she also worked in a government project where she was paid Rs 300 a month as honorarium. She said it was just an eyewash. "We were asked to give our thumb impression and collect the money. There was no proper training, monitoring or follow-up. It is far better here."

Sindhubhai of Mudjha village was delivered of her second child by a *dai*. Every second day *arogya dhoot* Maya Umargundawar dropped in to check on the mother and child. This continued for 28 days and if any of them had problems Maya would visit them every day with medicines and advice. Once a week a team from Shodh-gram led by Dr Santosh Baithule did the rounds of the village on a monitoring-cum-follow-up mission.

The practice in Mudjha, as in other tribal areas in Gadchiroli, was to confine the mother and child to a room for five days. All excretions, the placenta, the umbilical cord and the discarded bandages were stuffed in a hole on the floor. This is still prevalent in some areas and SEARCH has it as a priority on its hit-list.



The mother and child had to endure the stink and the germs because that was the custom which also dictated the child was not to be covered with a cloth for two months. This was probably one contributing factor to the high pneumonic fatalities among infants in the tribal district.

Maya, who claimed to have handled nearly 100 neo-natal cases—50 of them pneumonia-related—in her two years with SEARCH, said more and more people were abandoning such harmful practices. "More gratifying, they have faith in us."

This 11th standard drop-out, who can read and write Marathi, attended a camp at Shodh-gram along with five other women from Mudjha. Each village nominated potential *dais* and *arogya dhoots*. The Bangs talked to them, tested their basic skills and asked them about their experience in delivery and child care. Finally one is selected as *dai* or *arogya dhoot*.

The health workers also spread

the word about the ill-effects of drinking on one's health and the family, particularly the children. Educating the tribals about the liquor menace became something of an obsession with Abhay and Rani. With magnificent results.

Manohar Kute, a farmer-shop-keeper of Mandatola village, said he was into hard drinking every day. Abhay, whom he met through his friend and former MLA Hiran Warkhede, counselled him to get himself admitted in a de-addiction clinic. He didn't bother.

Six months later when Shodh-gram started such a centre he joined the fourth batch for a 15-day 'residential course'. "I have never had a drink after that. My father, wife and children are all happy now," said Kute who is an active participant in cultural activities organised by SEARCH to promote abstinence from alcohol.

The message spread by word of mouth. Sundarbhai Ramaji Gaekwad got her son-in-law Jamnadas to join the clinic. Her daughter told her

that a friend's husband who had a drink problem had got himself cured at Shodh-gram.

A similar tip-off from a friend, who got over the addiction thanks to his stay at the clinic, brought Tejram Chaurav, a pan-cigarette stall owner of Chandrapur, to Shodh-gram. He used to spend more than half his earnings on country liquor and had serious liver problems. Even after eight days at the clinic, his sickly face told it all. But he was certain that he had got over the craving and intended to remain a teetotaler.

Pramod Jhanjad started drinking for fun at the age of 25. In seven years he had become an addict, graduating from mahua to country liquor and finally Indian-made foreign liquor. On an impulse, he joined the SEARCH course. There was no urge to drink now, said Pramod who works as a clerk at the OPD in Shodh-gram. "My life has changed dramatically. My wife and two sons are very happy and I have left my friends who were basically 'glassmates'," he said.

Namdeorao Adkuji Marape, a tribal landlord, was well on his way to a political career when partying to celebrate his progress became a habit. A keen sportsman who represented Maharashtra in kabaddi, volleyball and kho-kho at the national school games, Marape was at one time sarpanch of Malemal village.

He had no issues from the first marriage, so he married again in 1990 and has three children now. But there was no let-up in his drinking. "I used to beat my wife and abuse her if she did not give me food that I demanded after my late-night binges. I stopped drinking after attending a camp from September 28. I am sure I will not drink again," he said.

Prabhakar Kelsarkar's wife and three children beamed with joy when they were asked if he had really quit drinking. A tailor from Talodi Mokasi village, he had started quaffing mahua when he was just 10. He used to buy the stuff for his father, a 'ghost-buster', who would offer him a sip or two. Then he began drinking with his friends even if it meant borrowing money.

Along the way he joined SEARCH as a health worker and later became a field supervisor but the addiction remained. None at SEARCH knew of his problem. He had been hearing of

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The SEARCH-light is a beacon of hope and help for the 50,000 people of 58 villages in Gadchiroli.

CARRY ON DOCS:
The Bangs with the sons Anand (right) and Amrut who go to the local school

terrible deeds by drunken husbands/fathers and was feeling miserable that his own addiction was ruining his family.

On December 15, 1992, he confided in Abhay and Rani and sought help. They first pulled him off the field job and put him in the computer room to check the paper, etc. Then they treated him for withdrawal symptoms and sent him to two de-addiction centres to learn more about the anti-liquor campaign. Six months later Prabhakar, now 43, was a sober man travelling through a hundred villages spreading the gospel of de-addiction.

WITH THE AIDS scare looming large—there have been two full-blown AIDS cases (both sex workers) in Gadchiroli—SEARCH is now giving high priority to sex education. Already 15 seven-day camps have been held in Shodh-gram, each attended by 150 girls and boys on an average. That girls, too, attended has encouraged SEARCH. The idea is to convey the message that sex is not sinful but can be dangerous if precautions are not taken.

Archana, 18, is convinced that the camp was helpful. A higher secondary student, she says the information about sexually transmitted diseases, scabies and illicit relationships was invaluable. Six of the camps—three each for boys

and girls—were for students of ashram schools run by the government, eight for illiterate youth and one for teachers.

They were also given a free medical check-up; some of the boys had STD. Omkumar Mane, 20, learnt about the dangers of liquor and AIDS at one such camp. His ex-serviceman father, an alcoholic who became a reformed man after a course at Shodh-gram, sent the son over for the camp. Says Omkumar: "We could ask questions we didn't know whom to ask. We were satisfied with the answers. Our doubts were cleared. We learnt that we should behave better with girls."

He and his friends who attended the camp believe that sex education in schools and colleges will help. They also understand that going to a sex worker could mean contracting VD/AIDS and that liquor brings down the sperm count.

The arrival of Abhay, Rani and their dedicated team has been a god-send for this backward area. They work quietly and with a conviction that reaching out to people is the best way to solve their problems. Every morning, teams set out from Shodh-gram for far-flung hamlets to organise jatras, plays, debates and camps. The SEARCH-light is a beacon of hope and help for thousands like Omkumar and Anuradha in Gadchiroli.

