



▲ ಎ.ಟಿ. ಬಾಬುವಿನ ಹೆಂಡತಿ ಮತ್ತು ಮಕ್ಕಳು

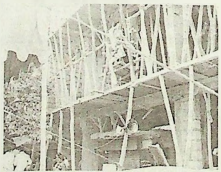
ತಿರಸ್ಕರಿಸಿದ ಬಾಬು ವೈನ್ ಸ್ಟೋರ್ ಮುಚ್ಚಿಸಿಯೇ ಸಿದ್ಧ ಅಂದುಬಿಟ್ಟಿದ್ದಾರೆ. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಒಂದಿಷ್ಟು ತಲೆ ಓಡಿಸಿದ ಕುಮಾರೇಗೌಡ, ಶಾಸಕ ಸುರೇಶ್ ಕುಮಾರ್ ಮತ್ತು ಇತರರ ಮುಂದಲ್ಲ - 'ಬಾಬುವು ಲಕ್ಷ ಕೇಳಿದ ನಾನು ಕೊಡಲಿಲ್ಲ. ಅದಕ್ಕೇ ವೈನ್ ಸ್ಟೋರ್ ಮುಚ್ಚಿಸ್ತೀನಿ ಅಂತಿದ್ದಾನೆ' ಎಂದು ಸಾರಿಕೊಂಡು ಬಂದಿದ್ದಾನೆ.

ಈ ಸುಳ್ಳು ಆರೋಪದಿಂದ ಕನಲಿದ ಬಾಬು ಕುಮಾರ್ ವೈನ್ ಮುಚ್ಚಿಸಿಯೇ ಸಿದ್ಧ ಎಂದು ಓಡಾಡತೊಡಗಿದ್ದಾರೆ. ಇದೇ ಸಂದರ್ಭದಲ್ಲಿ ಪಾತಕಿ ಪಾಯ್ಸ್ ರಾಮನೊಂದಿಗೆ ಒಂದು ರಾಧ್ಯಾಂತವನ್ನೂ ಮಾಡಿಕೊಂಡಿದ್ದಾರೆ.

ಅವನು ಜಗದೀಶ ಶೆಟ್ಟಿ

ಹದಿನೈದು ವರ್ಷದ ಒಂದೆ ಕುಂದಾಪುರದಿಂದ ಚಿಂಗಳೂರಿಗೆ ಬಂದ ಜಗದೀಶ ಶೆಟ್ಟಿ ಎಂಬಾತ, ಕಂಠೀರವ ಸ್ತುಡಿಯೋ ಬಳಿ ಒಂದು ಕ್ಯಾಂಟೀನ್ ಇಟ್ಟುಕೊಂಡಿದ್ದ. ನಂತರ ರಾಜ್ ಕುಮಾರ್ ಸಮಾಧಿಯ ಬಳಿ ಬ್ರಹ್ಮಪೀಠ್ ಸ್ನೇಟ್ ಅಂತ್ ಕಾಂಡಿಮೆಂಟ್ ಅಂಗಡಿ ತೆರೆದ. ಇಂಥ ಜಗದೀಶ ಶೆಟ್ಟಿಗೆ, ಅದು ಹೇಗೋ ವಿನೋ ಪಾತಕಿ ಪಾಯ್ಸ್ ರಾಮನ ಎರಡನೇ ಹೆಂಡತಿ ಖಾರದಪುಡಿ ಶಾರದ ಎಂಬಾಕೆಯ ಪರಿಚಯವಾಗಿದೆ. ತುಂಬ ಬೇಗನೆ ಆಕೆಗೆ ಶೆಟ್ಟಿ ಅತ್ತೀಯನಾಗಿದ್ದಾನೆ. ಹಿಂದೆಯೇ ಪಾಯ್ಸ್ ರಾಮನ ಪರಿಚಯವೂ ಆಗಿದೆ. ಕೆಲ ದಿನಗಳಲ್ಲೇ ಪಾಯ್ಸ್ ರಾಮನಿಗೆ ಜಗದೀಶ ಶೆಟ್ಟಿ ಅದೆಷ್ಟು ಅತ್ತೀಯನಾದ ಅಂದರೆ-ಆಕ್ರಮಣಕ್ಕೆ ವ್ಯವಹಾರ, ದೀಲಿಂಗ್ ಗಳಿಗೆ ರಾಮ, ಜಗದೀಶ ಶೆಟ್ಟಿಯನ್ನೇ ಮುಂದೆ ಬಿಡುತ್ತಿದ್ದ. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಚೆನ್ನಾಗಿಯೇ ಕಾಮು ಮಾಡಿಕೊಂಡ ಜಗದೀಶ ಶೆಟ್ಟಿ ಮೊದಲು ಸ್ನೇಟ್ ಕಾರು ಖರೀದಿಸಿದ. ಹಿಂದೆಯೇ ಕಾರ್ಪೊರೇಷನ್ ಬ್ಯಾಂಕಿನಲ್ಲಿ ಹತ್ತು ಲಕ್ಷ ರುಪಾಯಿ ಠೇವಣಿ ಇಟ್ಟು ಕುಂದಾಪುರದಲ್ಲಿ ಸ್ನೇಟ್ ಖರೀದಿಸಿದ. ಕಡೆಗೆ, 2008ರ ಮಾರ್ಚ್ ನಾಲ್ಕನೆಯ ಕುಡಿದು ಕಾರು ಓಡಿಸುತ್ತ, ಕೆಂಪೇ ಗೌಡನಗರದಲ್ಲಿ ಆಕ್ಸಿಡೆಂಟ್ ಮಾಡಿಕೊಂಡು ಸತ್ತೂ ಹೋದ.

ಶೆಟ್ಟಿಯ ಅಂತ್ಯಕ್ರಿಯೆ ಮುಗಿದ ತಕ್ಷಣ ರಾಮಕೃಷ್ಣ ಶೆಟ್ಟಿ ಹಾಗೂ ಶಿವು ಶೆಟ್ಟಿ ಎಂಬ ಇಬ್ಬರು ಕೇಡಿಗರ ಚೊತೆಯಲ್ಲೇ ಜಗದೀಶ್ ಶೆಟ್ಟಿಯ ಹೆಂಡತಿ ಲಲಿತಾಳ ಮುಂದೆ ನಿಂತ ಪಾಯ್ಸ್ ರಾಮ - 'ನಿನ್ನ ಗಂಡ ನನಗೆ ಹಣ ಕೊಡ



▲ ಕುಮಾರ್ ವೈನ್ ಇರುವ ಕಟ್ಟಡ

ಬೇಕಿತ್ತು. ಕೆಲವು ಲ್ಯಾಂಡ್ ದೀಲಿಂಗ್ ನ ದಾಖಲೆ ಪತ್ರ ಕೊಡಬೇಕಿತ್ತು. ಅದನ್ನೆಲ್ಲ ಕೊಟ್ಟು ಬಿಡು' ಎಂದು ಬೆದರಿಸಿದ್ದಾನೆ. ರಾಮ ಮನೆಯಿಂದ ಹೊರ ಹೋದ ತಕ್ಷಣವೇ ಈ ಲಲಿತಾ ಓಡಿಬಂದು ಬಾಬುವಿಗೆ ಎಲ್ಲ ವಿಷಯ ತಿಳಿಸಿದ್ದಾಳೆ. ನನಗೆ ಸಹಾಯ ಮಾಡಿ ಸಾರ್ ಎಂದೂ ಕೇಳಿಕೊಂಡಿದ್ದಾಳೆ. ಎಷ್ಟಾದರೂ ಹೋರಾಟಗಾರನ ಮನಸ್ಸು ಲ್ಲವೆ? ಬಾಬು ತಕ್ಷಣ ಒಪ್ಪಿಕೊಂಡಿದ್ದಾರೆ. ಬಾಬುವಿನ ಬೆಂಬಲ ಸಿಕ್ಕ ತಕ್ಷಣ ಅಂಥ ಪಾಯ್ಸ್ ರಾಮನನ್ನೂ ಲಲಿತಾ ಒಂದಷ್ಟು ದಿನ ಆಟ ಆಡಿಸಿ, ಕಡೆಗೆ ಆರು ಲಕ್ಷ ರುಪಾಯಿ ನೀಡಿ ಇಷ್ಟೇ ಇರೋದು ಅಂದುಬಿಟ್ಟಿದ್ದಾಳೆ. ಇದರಿಂದ ಸಿಟ್ಟಿಗೆದ್ದ ರಾಮ ಸೀದಾ ಬಾಬು ಬಳಿ ಬಂದು ಇದೆಲ್ಲಾ ನಿನ್ನಿಂದಾನೇ ಆಗ್ತಿರೋದು. ನಂಗೆ ಇನ್ನಷ್ಟು ದುಡ್ಡು ಕೊಡಿಸು ಎಂದು ಕೂಗಾಡಿದ್ದಾನೆ. ಬಾಬುವಿನ ದೋಂಟ್ ಕೇರ್ ಶೈಲಿಯಲ್ಲೇ ರಾಮನನ್ನು ಆಟ ಕಳುಹಿಸಿದ್ದಾರೆ.

ಸೈಚ್ಚು ರೆಡಿಯಾಯಿತು

ಸ್ವಾರಸ್ಯವೆಂದರೆ, ಪಾಯ್ಸ್ ರಾಮನೊಂದಿಗೆ ಜಗದೀಶ ಶೆಟ್ಟಿಯ ಹೆಂಡತಿ ಲಲಿತಾಳ ಮುಂದೆ ನಿಂತು: ಆಪಾಚ್ ಹಾಕಿದ್ದ ರಾಮಕೃಷ್ಣ ಶೆಟ್ಟಿ ಹಾಗೂ ಶಿವು ಶೆಟ್ಟಿ, ಕುಮಾರೇ

ಗೌಡನ ಅತ್ತೀಯರು. ಈ ಮೂವರೂ ಶಾಸಕ ನರೇಂದ್ರ ಬಾಬು ಹಿಂಬಾಲಕರು. ಪಟ್ಟ ಶಿವುರು. ಎಲ್ಲರೂ ಮಾತಿಗೆ ಕೂತಾಗಲೇ ಎ.ಟಿ.ಬಾಬು ವಿರುದ್ಧ ಪಾಯ್ಸ್ ರಾಮ ನಿಂತಿದ್ದಾನೆ ಎಂಬ ವಿಷಯ ಹೊರಬಿದ್ದಿದೆ. ಅಕ್ಷಣದಲ್ಲಿ ಬಾಬುವನ್ನು ಮುಗಿಸಲು ಸೈಚ್ ರೆಡಿಯಾಗಿದೆ. ಹಣದ ಜವಾಬ್ದಾರಿಯನ್ನು ಕುಮಾರೇಗೌಡನೂ, ಹಂತಕರನ್ನು ಒದಗಿಸುವ ಕೆಲಸಕ್ಕೆ ಪಾಯ್ಸ್ ರಾಮನೂ ನಿಂತುಬಿಟ್ಟಿದ್ದಾರೆ. ಈ ಹತ್ಯೆಯ ನಂತರ ಬಹುವಾಗಿ ಬೇಕು ಎಂಬ ಉದ್ದೇಶದಿಂದಲೇ ಹಳೆಯದೊಂದು ಪ್ರಕರಣದ ಚಾರ್ಮಿಸು ರದ್ದುಗೊಂಡಿದ್ದ ಸೆಪದಲ್ಲಿ ರಾಮ ಮುಂದೆ ಬಿಟ್ಟು ಸೇರಿಕೊಂಡಿದ್ದಾನೆ. ಆತ ಬಿಟ್ಟು ಸೇರಿದ ನಾಲ್ಕೇ ದಿನಕ್ಕೆ ಬಾಬು ಕೊಲೆಯಾಗಿದೆ. ಅಲ್ಲಿಗೆ, ಪಾಯ್ಸ್ ರಾಮ ಕಾರಣವಿಲ್ಲವೆಂದು ಬಿಟ್ಟು ಸೇರಿದರೆ, ಅದು ಒಂದು ಹತ್ಯೆಗೆ ಮುಹೂರ್ತ ಎಂದೇ ಅರ್ಥ ಎಂಬ ಮಾತು ಮತ್ತೊಮ್ಮೆ ನಿಜವಾಗಿದೆ.

ಪೊಲೀಸರು ಗಮನಿಸಲಿ

ಪಾಯ್ಸ್ ರಾಮನ ಪಟ್ಟಿ ರಿಪ್ಪ ಕಡಲುಗೆರೆ ಭವಾನಿಯ ಸೇತೃತ್ವದಲ್ಲಿ ಈ ಕೊಲೆ ನಡೆದಿದೆ ಎಂಬುದು ಹಲವರ ಅನುಮಾನ. ಈ ಮಧ್ಯೆ ಬಾಬು ಹತ್ಯೆಯ ಮರುಕ್ಷಣವೇ ಬಾಂಬೆ ತಲುಪಿಕೊಂಡಿರುವ ಕುಮಾರೇಗೌಡ-ನನ್ನನ್ನು ಈ ಕೇಸ್ ನಿಂದ ಬಿಡಿಸಿದವರಿಗೆ ದುಡು ಲಕ್ಷ ಕೊಡ್ತೀನಿ ಎಂದು ಹೇಳುತ್ತಿದ್ದಾನೆ ಎಂಬ ಇನ್ನೊಂದು ಸುದ್ದಿಯೂ ಕೇಳತೊಡಗಿದೆ. ಬಾಬು ಕೊಲೆ ಪ್ರಕರಣದ ತನಿಖೆಗೆ ಹೊರಟಿರುವ ತನಿಖಾ ತಂಡದವರು ಈ ಎಲ್ಲವನ್ನೂ ಗಮನಿಸಲಿ.

ಎಲ್ಲ ರಾಜಕೀಯ ಒತ್ತಡವನ್ನು ಮೀರಿ ಹಂತಕರನ್ನು ಬಂಧಿಸಲಿ.

ಒಂದು ಹುಳ ತೊಲಗ್ತು ಅಂದ್ರಂತೆ!

ಮದ್ಯಪಾನ ವಿರೋಧಿ ಆಂದೋಲನದ ಮೂಲಕ ಬಾಬು ರೋಲ್ ಕಾಲ್ ಮಾಡುತ್ತಿದ್ದರು. ದುಡ್ಡು ಮಾಡಿಕೊಂಡಿದ್ದರು ಎಂದೆಲ್ಲಾ ಕುಮಾರೇಗೌಡ ಮತ್ತು ಅವನಂಥವರು ಹೇಳುತ್ತಾರೆ ನಿಜ. ಆದರೆ, ವಾಸ್ತವವೆಂದರೆ ಬಾಬು ಹಾಗಿರಲಿಲ್ಲ. ದೊಡ್ಡ ಬ್ಯಾಟಿಗೆ ಈದಾದ ನಂತರ ಕೂಡ ಅವರಿಂದ ದು



ಪ್ರಕಾಶ ನಗರದ ಚಿಕ್ಕ ಮನೆಯಲ್ಲೇ. ತಮ್ಮ ಸಂಘಟನೆಯನ್ನು ಚಿತ್ರದುರ್ಗ, ಮೈಸೂರು, ವಂದ್ಯ ಜಿಲ್ಲೆ ಗೂ ವಿಸ್ತರಿಸಿದ್ದ ಬಾಬುಗೆ ಯಾರನ್ನೂ ಬೇಕಾ

▲ ನರೇಂದ್ರ ಬಾಬು ದರೂ ಎದುರುಹಾಕಿಕೊಳ್ಳಬಲ್ಲ ಧೈರ್ಯವಿತ್ತು. ಈ ಹಿಂದೆ, ಮಂಜುನಾಥ ನಗರದಲ್ಲಿ ಅಂದಿನ ಸಚಿವ ಚೆನ್ನಿಗಪ್ಪನ ಮಗನ ಬಾರ್ ಇತ್ತು. ಅದನ್ನು ಮುಚ್ಚಿ ಸಲು ಬಾಬು ಹೋರಾಟ ಶುರುವಿಟ್ಟರೆ- ಬಿಟ್ಟು ವಾಪಸನ ಗೆಟ್ಟಿಸಿ ನಲ್ಲಿ ಬಂದ ಚೆನ್ನಿಗಪ್ಪನ ಮಗ ಗೌರಿ ಶಂಕರ, ಈ ಬಾರ್ ತಂಟಿಗೆ ಬಂದರೆ ಕೊಲ್ಲಿಸಿ ಬಿಡ್ತೀನಿ ಹುಶಾರ್ ಎಂದು ಅಬ್ಬರಿಸಿದ್ದ. ಆಗ ಜಿಲ್ಲೆಗೆ ಬಿದ್ದ ಬಾಬು, ಕಡೆಗೂ ಬಾರ್ ಮುಚ್ಚಿಸಿದ್ದರು.



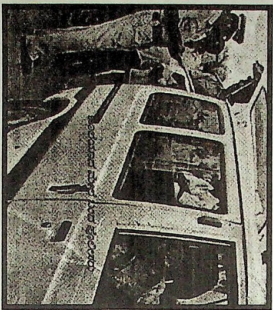
ಈ ಮಧ್ಯೆ ಕಾಂಗ್ರೆಸ್ ನಲ್ಲಿ ತಮಗೆ ಸರಿಯಾದ ಸ್ಥಾನಮಾನ ಸಿಗಲಿಲ್ಲ ಎಂಬ ಕಾರಣದಿಂದ ಕಳೆದ ಚುನಾವಣೆ ಸಂದರ್ಭದಲ್ಲಿ ಬಿಜೆಪಿ ಸೇರಿ, ಮಹಾಲಕ್ಷ್ಮೀಲೇ

▲ ಆರ್.ವಿ. ಹರಿಶ್ ಡಿಟ್ ನಿಂದ ಸ್ಪರ್ಧಿಸಿದ್ದ ಆರ್.ವಿ. ಹರಿಶ್ ನನ್ನು ಬೆಂಬಲಿಸಿದ್ದರು. ನರೇಂದ್ರ ಬಾಬು ಯಾವುದಾದರೂ ಶಂಕು ಸ್ಥಾಪನೆಗೆಂದು ಬಂದರೆ, ಅಲ್ಲಿ ನಡೆದಿರುವ ಹುಳು ಕುಗಗಳನ್ನೆಲ್ಲ ತೋರಿಸಿ ಕಿರಿಕ್ಕು ಮಾಡುತ್ತಿದ್ದರು. ಇದರಿಂದ ನರೇಂದ್ರ ಬಾಬುಗೆ ಎ.ಟಿ. ಬಾಬು ಕುರಿತು ವಿವರೀತ ಸಿಟ್ಟಿತ್ತು. ಆ ಸಿಟ್ಟು ಯಾವ ಮಟ್ಟದಲ್ಲಿತ್ತು ಅಂದರೆ - ಮೊನ್ನೆ ಬಾಬು ಕೊಲೆಯಾಯ್ತು ಎಂದು ಯಾರೋ ಫೋನ್ ಮಾಡಿದಾಗ - 'ಒಳ್ಳೇದಾಯ್ತು ಬಿದ್ದೀ, ಒಂದು ಹುಳ ತೊಲಗ್ತು' ಅಂದರಂತೆ ನರೇಂದ್ರ ಬಾಬು!



(71 ನೇ ಪ್ರಕಟಣೆ)

ವರ್ತಮಾನದ ಮುಖಾಂತರ... ಬರವಣಿಗೆ... ಸಂಪಾದಕರಾಗಿದ್ದಾಗ... ಬರವಣಿಗೆ...



ವರ್ತಮಾನದ ಮುಖಾಂತರ... ಬರವಣಿಗೆ... ಸಂಪಾದಕರಾಗಿದ್ದಾಗ... ಬರವಣಿಗೆ...

ಹೆಂಡತ್ಕೆ ಜೀವ ದಂಪ

ಅವರ ದೇಹವು ದುರದೃಷ್ಟಿ ಸಂಭವಿಸಿ... ಸಾವು ಜನರ ಪ್ರಜ್ಞೆಗಾಗಿ ಮರಣಾಂಶ...

ಮಗನ ಜೀವಕ್ಕೆ ತಕ್ಕಾಂತಿ? ಅವರ ಗಿರಿ ಹಿಡಿದಾಗ ದೇಹ ಅಂಚು ತ್ಯಾಜ್ಯ ಮಾಡಿತು...

ತಾಳ್ಮೆ ಶ್ರೀ ಇಂದ್ರನಾಭ ಶೆಟ್ಟಿ... ಸಾವು ಜನರ ಪ್ರಜ್ಞೆಗಾಗಿ ಮರಣಾಂಶ...

ಅವರ ದೇಹವು ದುರದೃಷ್ಟಿ ಸಂಭವಿಸಿ... ಸಾವು ಜನರ ಪ್ರಜ್ಞೆಗಾಗಿ ಮರಣಾಂಶ...

ಅವರ ದೇಹವು ದುರದೃಷ್ಟಿ ಸಂಭವಿಸಿ... ಸಾವು ಜನರ ಪ್ರಜ್ಞೆಗಾಗಿ ಮರಣಾಂಶ...



ತಾಯಿ ಮತ್ತು ಮಗನ ದೇಹ...

ಇಲ್ಲಿಯೇ ಇದ್ದು... ಸಾವು ಜನರ ಪ್ರಜ್ಞೆಗಾಗಿ ಮರಣಾಂಶ... ಅಲ್ಲಿಯೇ ಇದ್ದು...

ಚಳವಳಿ ಕೊಟ್ಟಿದ್ದು ಬಿಬಿಎಂಪಿಗಳನ್ನೇ...

ಇನ್ನೂ ಮೊಟ್ಟಮೊದಲನೆಯ ಬಾರಿಗೆ... ಚಳವಳಿ ಕೊಟ್ಟಿದ್ದು ಬಿಬಿಎಂಪಿಗಳನ್ನೇ...

ಇನ್ನೂ ಮೊಟ್ಟಮೊದಲನೆಯ ಬಾರಿಗೆ... ಚಳವಳಿ ಕೊಟ್ಟಿದ್ದು ಬಿಬಿಎಂಪಿಗಳನ್ನೇ...



ಇನ್ನೂ ಮೊಟ್ಟಮೊದಲನೆಯ ಬಾರಿಗೆ... ಚಳವಳಿ ಕೊಟ್ಟಿದ್ದು ಬಿಬಿಎಂಪಿಗಳನ್ನೇ...

ಇನ್ನೂ ಮೊಟ್ಟಮೊದಲನೆಯ ಬಾರಿಗೆ... ಚಳವಳಿ ಕೊಟ್ಟಿದ್ದು ಬಿಬಿಎಂಪಿಗಳನ್ನೇ...

ಇನ್ನೂ ಮೊಟ್ಟಮೊದಲನೆಯ ಬಾರಿಗೆ... ಚಳವಳಿ ಕೊಟ್ಟಿದ್ದು ಬಿಬಿಎಂಪಿಗಳನ್ನೇ...

ಕುಡಿಯಲಾಗಿ ನೋ ಎಂಟಿ...

ಕುಡಿಯಲಾಗಿ ನೋ ಎಂಟಿ... ಕುಡಿಯಲಾಗಿ ನೋ ಎಂಟಿ...

ಕುಡಿಯಲಾಗಿ ನೋ ಎಂಟಿ... ಕುಡಿಯಲಾಗಿ ನೋ ಎಂಟಿ...

ಅವರ ಕಾರಿಗೆ ತ್ರಿವಾರೇ ಇರಲಿಲ್ಲ...

ಅವರ ಕಾರಿಗೆ ತ್ರಿವಾರೇ ಇರಲಿಲ್ಲ... ಅವರ ಕಾರಿಗೆ ತ್ರಿವಾರೇ ಇರಲಿಲ್ಲ...

ಅವರ ಕಾರಿಗೆ ತ್ರಿವಾರೇ ಇರಲಿಲ್ಲ... ಅವರ ಕಾರಿಗೆ ತ್ರಿವಾರೇ ಇರಲಿಲ್ಲ...

ನಿನ್ನಾಗ್ಯೂ, ಕಾಣೆ ನೆರೆದವರಾಗಲು ತಿನ್ನದ ಮಡದ ನೆನ್ನೆಗ
 ಮದ್ಯ ತರಬೇಕು ಉಳಿಸಬ್ಬಿದ ಮದ್ಯಕಾರ ನಿನ್ನದ
 ಹೋಗುವಂತದ ಸುಖ ಮಾರನೋಸಿಬ್ಬಿರಬ್ಬಿದ
 ಪ್ರಕಾಶನಗರದ ಬಾಬುಶೆಟ್ಟಿ ಅಲಿಯಾನ್ ಎ.ಟಿ.ಬಾಬು
 ಇನ್ನಿಂದ ಕೆಲವು ನೆರೆಪಟ್ಟೇ!

ಮೊನ್ನೆ ಸೋಮವಾರ ನಡೆವಾಣ್ಯಾಪ್ತೆ, ಬೆಂಗಳೂರು-ಮೈಸೂರು
 ಹೆದ್ದಾರಿಯಲ್ಲಿ, ರಾಜನಗರದ ಸಮೀಪ ಎ.ಟಿ.ಬಾಬು ಶ್ರೀಸ್ವಾಮಿ
 ಮಗ್ಗುಲಿದ್ದ ಅಬ್ಬಿ ಕಾರನ್ನು ಅಪ್ಪ ಕಾಣದ ಪರಂತೆ ಪಟ್ಟೆಳು,
 ಬಾಬುನನ್ನು ಯಾವ ಪರಿ ಕ್ಷಮಿಸಿದ್ದಾರೆಯೆ; ಆತನ ನೆತ್ತಿಯ
 ಮೆಚ್ಚು, ತೆದುಕೊಂಡೇಗಿ ಕೂಡಲೆ ಸಮೀಪ ರಸ್ತೆಗೊಳಿಸಿರಬೇಕು.
 ಬಾಬುನು ಬ್ಯಾಗ್ಸ್ ಕ್ಷಮೆಯನ್ನೇ ಭದ್ರಗೊಳಿಸಿಕಾಣತಕ್ಕ
 ತಕ್ಕಾಂತ ಹೊರತೆಕ್ಕೆ ಕತ್ತು ಕೂಡ ಸೇಳುವೆನಾಗಿ ಎ.ಟಿ.ಬಾಬು
 ಕುಳಿತಲ್ಲೇ ಹೋಗಿದ್ದರು.

ಎ.ಟಿ.ಬಾಬುವರವರ ಹೋಗುಬಾಕದನ್ನು ಈ ಪರಿ
 ಭೀಕರವಾಗಿ ಕೇಳುವುದು ಅನಾವಶ್ಯಕ ಯಾರಿಗಿತ್ತು? ಮೂಲತಃ
 ಆತ ರಾಜಿಯ್ಯಾ, ರಾಜೀಗೇ ಒಡನಾಟವನ್ನೂ ಅಷ್ಟಾಗಿ
 ಇಬ್ಬುಕೊಂಡವನಲ್ಲ. ಅಲ್ಲಾಪ್ಪರನ್ನು ಭೂಗತ ಜಗತ್ತಿನಲ್ಲಿ
 ಪ್ರಜ್ಞೆಕಾರ ರೂಪದಲ್ಲಿ ಮಾತ್ರ ಜರುಗಿಸುತ್ತಾರವ ಇಂತಹ
 ಭಯಂಕರ ಪಟ್ಟೆಗೆ ಬಾಬು ಶೆಟ್ಟಿಗಿಲ್ಲದರೂ ಯಾಕೆ? ಇಂತಹ
 ಪ್ರಜ್ಞೆಗಳೇಗೆ ಪೋಷಣೆ ತಲೆ ತಿನ್ನೆತ್ತಿದರೇನು.

ಈ ಕೊರೆಯನ್ನು ಎಲ್ಲಾ ವ್ಯವಸ್ಥಿತವಾಗಿ
 ಮನುಷ್ಯನು ಮಾಡಲಾಗಬಹುದೆಂದು, ಪರಂತೆ ಪಟ್ಟೆಳು ಯಾವುದೇ
 ಸುಲಭವು ಮುಚ್ಚಿಕೊಂಡ ಪರಿಣಯವಾಗಿದ್ದರೆ, ಮಂಡ್ಯಕ್ಕೆ
 ಹೋಗಿದ್ದ ಬಾಬು ಅವರ ಕಾರನ್ನು ಬೆಂಗಳೂರಿನವರಂತೆ
 ಎದುರಿಸಿದ ಮತ್ತು ಸ್ಯಾಟರ್ನೋ ಒಪ್ಪಾಟದಲ್ಲಿ ಒಪ್ಪಾಟಿಸಿದ
 ಹಂತೆಗಳು, ಬದಲಿ ಮತ್ತು ರಾಜನಗರದ ಮದ್ಯ
 ಸಾಯಂಕಾಲಕ್ಕಿರುವ ನಿರ್ಜನ ಪ್ರದೇಶಕ್ಕೆ ಕಾಠಿ ಬುಟ್ಟಿದ್ದಂತೆಯೇ
 ಅಲ್ಲದಾಕಾಶ್ಚಂದ್ರ, ಮೊದಲೆಗೆ ಕಾರನ್ನು ಎದುರೂ ಬಿಡುಬಿಡ
 ಒಪ್ಪಿಕೊಳ್ಳುವ ಮನೋಧರ್ಮವು

ಸುಮಾರು ಸುಮಾರುಮುನ್ನಿನ ಬಾಬು
 ಜೊತೆ ಜಗಳ ತೆಗೆದು ಕಾಣದ್ದು
 ನಂಬಿಸುವಂತೆ ಮಾಡಿದ್ದಾರೆ.
 ಮರುಕ್ಷೇತ್ರಣಕ್ಕೆ ಒಪ್ಪಿದಿಯಾದ
 ಧರ್ಮಿಷು, ಬಂದ ಸ್ಯಾಟರ್ನೋ
 ಕಾಂಪ್ಲಿಡ್ಡ್ ಹಂತೆಗಳು ಜೀವಾಗೃಹದ
 ಎದುರ ಅಲ್ಲದಾದ ಮೊದಲೇ
 ಬಾಬುನನ್ನು ಪಟ್ಟೆಗೆ ಬುಟ್ಟಿದ
 ತೆಗಳಲ್ಲಿ ಕೊಂದುಬಿಟ್ಟಿದ್ದಾರೆ.



ನರಸಿಂಹಪ್ರಸಾದ್

ಶಾಸಕ ನರೇಂದ್ರಬಾಬು ಶಿಷ್ಯರ ಸ್ವಚ್ಛಾ ಇದು?

ಬಾಬು ಶೆಟ್ಟಿ ಬಲಿ!

ಮೊನ್ನೆ ಸೋಮವಾರ
 ನಡೆವಾಣ್ಯಾಪ್ತೆ,
 ಬೆಂಗಳೂರು-ಮೈಸೂರು
 ಹೆದ್ದಾರಿಯಲ್ಲಿ,
 ರಾಜನಗರದ ಸಮೀಪ
 ಎ.ಟಿ.ಬಾಬು ಶ್ರೀಸ್ವಾಮಿ
 ಮಗ್ಗುಲಿದ್ದ ಅಬ್ಬಿ
 ಕಾರನ್ನು ಅಪ್ಪ ಕಾಣದ
 ಪರಂತೆ ಪಟ್ಟೆಳು,
 ಬಾಬುನನ್ನು ಯಾವ ಪರಿ
 ಕ್ಷಮಿಸಿದ್ದಾರೆಯೆ; ಆತನ
 ನೆತ್ತಿಯ ಮೆಚ್ಚು
 ತೆದುಕೊಂಡೇಗಿ ಕೂಡಲೆ
 ಸಮೀಪ ರಸ್ತೆಗೊಳಿಸಿರಬೇಕು.

ಬಾಬುನನ್ನು ಯಾವ ಪರಿ
 ಕ್ಷಮಿಸಿದ್ದಾರೆಯೆ; ಆತನ
 ನೆತ್ತಿಯ ಮೆಚ್ಚು
 ತೆದುಕೊಂಡೇಗಿ ಕೂಡಲೆ
 ಸಮೀಪ ರಸ್ತೆಗೊಳಿಸಿರಬೇಕು.
 ಬಾಬುನನ್ನು ಯಾವ ಪರಿ
 ಕ್ಷಮಿಸಿದ್ದಾರೆಯೆ; ಆತನ
 ನೆತ್ತಿಯ ಮೆಚ್ಚು
 ತೆದುಕೊಂಡೇಗಿ ಕೂಡಲೆ
 ಸಮೀಪ ರಸ್ತೆಗೊಳಿಸಿರಬೇಕು.

ಬಾಬುನನ್ನು ಯಾವ ಪರಿ
 ಕ್ಷಮಿಸಿದ್ದಾರೆಯೆ; ಆತನ
 ನೆತ್ತಿಯ ಮೆಚ್ಚು
 ತೆದುಕೊಂಡೇಗಿ ಕೂಡಲೆ
 ಸಮೀಪ ರಸ್ತೆಗೊಳಿಸಿರಬೇಕು.
 ಬಾಬುನನ್ನು ಯಾವ ಪರಿ
 ಕ್ಷಮಿಸಿದ್ದಾರೆಯೆ; ಆತನ
 ನೆತ್ತಿಯ ಮೆಚ್ಚು
 ತೆದುಕೊಂಡೇಗಿ ಕೂಡಲೆ
 ಸಮೀಪ ರಸ್ತೆಗೊಳಿಸಿರಬೇಕು.



ಈ ಪಂದರ್ಸದಲ್ಲಿ ಬಾಬು
 ಜೊಗ್ಗಿರುವ ರುಟ್ಟಿಣಿ ಮತ್ತು
 ಸ್ವರ್ಗ ಸೂರಿಯಾ ಎಂಬುದು
 ಮದ್ಯಕಾರನ ವರೋಧ
 ಅಂದೋಲನ ಸಮೀಪ ನಡೆಸಿದ
 ಮಾತು.
 ಬಾಬು ಕಾಠಿ ಕೆಂಗಿಂ
 ದಾಣ್ಯನಿರೂಪಣೆ ಆತನ ಜತೆ
 ಮೆಚ್ಚಿಕೊಂಡು, ಮೂರ್ತಿವಿ
 ದ್ವರಕು ಭಾಂಡಿ ಎಂಬಾಣಿ ಈಶ
 ಕಾಣೆ ಸಿ.ಸಿ.ಕೆ.ಕೆ.ಯಾವುದಾದ
 ಪರಿಮು ಜ್ಯೋ ಕಾಣೋಳು
 ಸಮೀಪ ಸೇವಕಿ ಎಂಬಂತೆ
 ಪ್ರಕಾಶ ಕೊಟ್ಟುಕೊಂಡು
 ಒಪ್ಪಾಟವು ಈಗ ಬೆಂಗಳೂರಿನ
 ಭೋಗಗಳಲ್ಲರ ಪರಿಮೆಯಾದ.
 ರಾಜೀಗೇ ಜತೆಗೂ
 ಒಡನಾಟವಾದ ಎಲ್ಲಕ್ಕಿಂತ
 ಹೆಚ್ಚಾಗಿ ಈಶ ಶ್ರೀರಾಜೇಂದ್ರ
 ಮಯನದ ಅನುಮತಿ ಕಳಿಸಿದ
 ಚಿನ್ನಾಗಿ ಪಳಗಿಸಿಬಿಟ್ಟುಕೊಂಡಿರುವ
 ಪಟ್ಟೆಗಳ ಮನೋಧರ್ಮವು.

ಇಂಥಾ ಭಾರತೀಯ ವಿಕಾಸವು ಒಂದು ಹೊಸದಾದ ಮೊದಲಿನ ಸ್ಥಾನವನ್ನು ಪಡೆಯಿತು.
 ಮೂರ್ತಿವಿ ಮತ್ತು ಕಾಣೆ ಕೆಂಗಿಂನು ಬುಟ್ಟಿರುವ ಹಂತೆಗಳು ಬಾಬುವಿಗೆ ಗಮನಕ್ಕೆ ಬಾರದಂತೆ
 ಹಾಗೆ ಒಪ್ಪಿಕೊಂಡೇಬಾಗಿ ಮಾರಕವಾದುದಲ್ಲದೇ ಬಾಬು ಜೊಗ್ಗಿದ್ದ ಹೋಗಿಲ್ಲದಿದ್ದರೆ ಹೇಳುತ್ತಿರುವ
 ಈ ಅಂತ ಸಹಜವಾಗಿಯೇ ಅನೇಕ ಸಂಶಯಗಳನ್ನು ಮುಚ್ಚಿಹಾಕಿತು.
 ಇಂಥಾ ಭಾರತೀಯ ವಿಕಾಸವು ಒಂದು ಹೊಸದಾದ ಮೊದಲಿನ ಸ್ಥಾನವನ್ನು ಪಡೆಯಿತು.
 ಮೂರ್ತಿವಿ ಮತ್ತು ಕಾಣೆ ಕೆಂಗಿಂನು ಬುಟ್ಟಿರುವ ಹಂತೆಗಳು ಬಾಬುವಿಗೆ ಗಮನಕ್ಕೆ ಬಾರದಂತೆ
 ಹಾಗೆ ಒಪ್ಪಿಕೊಂಡೇಬಾಗಿ ಮಾರಕವಾದುದಲ್ಲದೇ ಬಾಬು ಜೊಗ್ಗಿದ್ದ ಹೋಗಿಲ್ಲದಿದ್ದರೆ ಹೇಳುತ್ತಿರುವ
 ಈ ಅಂತ ಸಹಜವಾಗಿಯೇ ಅನೇಕ ಸಂಶಯಗಳನ್ನು ಮುಚ್ಚಿಹಾಕಿತು.

ವಿಧಿ ವಿವರೀತ ವಿಧಿಯಾಘಾತ!

ಬಾಬುಶೆಟ್ಟಿ, ಅಯ್ಯಾನ್ ಎ.ಪಿ.ಬಾಬು ಮತ್ತು ಶಾನ್ ನಿಷೇಧಿತ ಸಂಘಟನೆಯವರ ಮಗ

ಮೋರಾಟಕಿಯುತ್ಪರಲಯ, ಕೃಷ್ಣದ ಪರವಾನಗಿಯು ದು ಸಮಿತಿಯು. ಬಾಂಗಾ ಅಕನ ಒಂದ ಕ್ಷೇತ್ರ ಪರ ಕುಮಾರ ದೇಶ್ವರ ದಂಕೆ ಇದ್ದು ಮ ಸ್ಥಳೀ. ಈ ಕಾರಣಗಳಿಗಾಗಿ ಪ್ರಕಾಶನಗಾರ ಕೆಲ ಘಂಟ ತಮಕರ ಬರೋಧನವನ್ನೂ ಬಾಬು ಎದುರಿಸಬೇಕು.

ಎ.ಪಿ.ಬಾಬು ಮದ್ಯಪಾನ ನಿಷೇಧಿತ ಮೋರಾಟಕಿಯ ಯಾವ ಮತ ತನ್ನನ್ನು ಸುಮಾರ್ತಿಸಿಂಟಿಯವರ ಅಧಿಕ ಕಾರಣಕ್ಕೆ ತನ್ನ ಮಾರ್ತಿಕರ ಅಭ್ಯಾಸ ಮೋಟಾರ್, ಫೈನಾನ್ಸ್ ಹಾಗೂ ಕಾರ್ಯಾಚರಣೆ ಸ್ಥಳೀಗಳನ್ನು ಬರಬಾಪುಗೋಸುಬೇಕಾಗಿ ಬಂದದ್ದು ದುರಂತ.

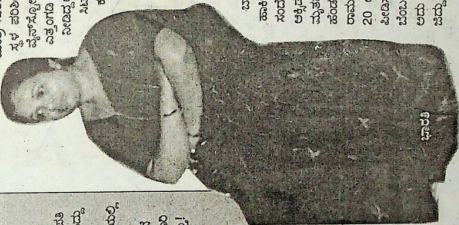
ಡಾ. ರಾಜಕುಮಾರ್ ರೆಡ್ಡಿಯಲ್ಲಿ ಟಿಪ್ಪಣಿ ಬಾರ್ ನಡೆಸುತ್ತಿರುವ ಮರೆಯಾಕಿ ಪ್ರಕೃಷ್ಣ ಎದುರಿ ಉಪನಾಟ ಎಂಬ ಹುಮಕನ ಕೋರಿಯವರ ಅ ಬಾರ್ ಮುಖ್ಯಸ್ಥರು ಅನಂತರ ಎಕ್ಸಿಂ ಕ್ಷೇತ್ರ ಮುಖ್ಯಮುಖಿಯಾಗಿದ್ದ ಅಪರಿಯಲ್ಲಿ ಇದೇ ಬಂದಾದ ಪುರುಗನನ್ನೂ ಕುಟುಂಬದ

ಸಹಿತೋರಾರ್ ಅವನ ಹೇಮನ್ನು ಮುಖ್ಯಮುಖಿ ಮನೆ ಮುಂದೆ ಒಂದು ಪ್ರತಿಭಟನೆ ನಡೆಸಿದ್ದು ಮತ್ತೆ ಅಜಾನು ದೊರೆಯಿತು ಜತೆಗೆ ಕ್ಷೇತ್ರ ಕಕ್ಷೇತ್ರ ಸ್ಥಳೀಗಳೂ ಕೋರಗಾಬುಟ್ಟು!

ಆಗ ರಾಜಾಜನಗರದ ಇನ್ಸ್ಪೆಕ್ಟರ್ ಆಗಿದ್ದ ರಂಜಿತ್, ಅದ್ವಾರ ಮಜೆಗ ಒಳಗಾಗಿದ್ದರೂ ಗೊತ್ತಿಲ್ಲ ಎ.ಪಿ.ಬಾಬು ಮೇಲೆ ಪುನಾಫಿ ರೋಟಿಟಾರ್ ಒಪ್ಪಣಿ ಮಾಡಿಬಿಟ್ಟರು. ಆಗಂತೂ ಪ್ರತಿಭಟನೆ ಫೋರೂರು ಬಾಬು ಮನೆಗೆ ನುಗ್ಗಿ ದಾಂಡಲ ಮಾಡುತ್ತಿದ್ದದ್ದು ಕಿಂತ ಸೂಕ್ಷ್ಮ ಮನುಷ್ಯನ ಅಕನ ಮಗಳು ನೇಕೆಗೆ ಕಿರಣನ್ನೂ ಅಕ್ಕಪಕ್ಕಿ ಮಾಡಿಂಟಿದ್ದಳು.

ಗಾಯತ್ರಿಸಂಗರದವನಾದ ಈತ ಸೂರಡಕ್ಕು ಸುಮಾರ ಕಾರಣ ಹರಿಯಾಕಿ ಬಾರ್ ನಡೆಸುತ್ತಾನೆ. ಈಕನಿಗ ಪ್ರಕಾಶನಗರದ ಕುಮಾರ್ ಕುಮಾರ ಫೈನ್ಸ್ ಮಾರ್ತಿಕ ಕುಮಾರೇಗೌಡನ ಜತೆಗೆ ಗಾಢ ಸ್ನೇಹವಿದೆ. ಅಂದಹಾಗೆ ಕುಮಾರೇಗೌಡನ ಸಹ ನೇಕೆರದ್ದುಬಾಬುವನ ಪರಮವ್ಯಾಪಿ ಶಿಷ್ಯನೇ!

ಅದ ಸದು ಉಮಾರೇಗೌಡನಿಗೆ ಎ.ಪಿ.ಬಾಬುಗೂ ವಾಕ್ಯೆ. ಜಾಗರಿಯ ಸೂರು. ಬಾಬು ಮನೆಯ ಸುಮಾರಕ್ಕೆ ಇರುವ ಕುಮಾರ ಫೈನ್ಸ್ ಬಳಿ ಆ ಬಂದಾದ ರೋಗಗಳೆ ಅಕ್ಕಿ ಹಾಕಿದವು ಮನುಷ್ಯನು. ಅದರ ಕ್ಷೇತ್ರಕ್ಕೆ ಒಂದು ಬ್ಯೂಟಿಕಾರ್ನರಿದೆ. ದಾಗಿ ಔಷಧ ಮಿಷನ್, ಸಹ ಇದ್ದ ಅಜಾನು ಬ್ಯೂಟಿಯನ್ನು ಹೆಚ್ಚು ಪ್ರೀತಿಯಿಂದಲೇ ಸಲಮದ ಕುಮಾರೇಗೌಡನ ಫೈನ್ಸ್‌ಹಾಸುಬೇರಿ ಸರಹೊತ್ತಿಲ್ಲೂ ಮಧ್ಯ ಸುಲಾನಾಜನುತ್ಪರಲಯದ ಅಲ್ಲಿ ಹೆಚ್ಚುಮುಖ್ಯರೂ ಎ.ಪಿ.ಬಾಬು ಮತ್ತೂ ಕುಮಾರೇಗೌಡನ ಮಧ್ಯೆ ಅನೇಕ ಬಾರಿ ತಿಗಾದ ಮಿಷನ್, ದೂರು ಫೋರೂರು ಅಜಾನು ಕುಮಾರೇಗೌಡನ ತನಕ ತಲುಪಿತ್ತು. ಇತ್ತೀಚೆಗೆ ನಗರಾಭಿವೃದ್ಧಿ ಮುಖ್ಯ ಸಲಾಕಾರನುತ್ಪರಲಯದ ಮುಖ್ಯ ಸ್ಥಳ ಪರಿಯೇಕೆ ಮುಖ್ಯ ಅ ಪ್ರಾಸಕ್ಟಿಂಗ್‌ರನ್ನು ಅಲ್ಲಿಂದ ಎತ್ತಿಂಗರಿ ಮಾಡುವಂತೆ ಸೂಚನೆ ನೀಡಿದ್ದರು. ಇದೊಂದು ಸತ್ಯ.



ಬಾಬು

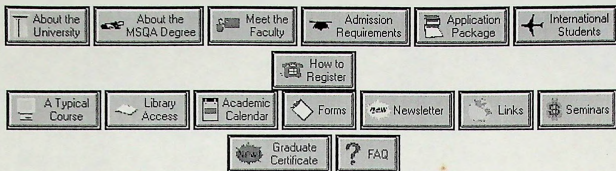
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ವಕೀಲನಾದ ಬುಟ್ಟಿಯಲ್ಲಿ ನೆನಪುಗಳು ಮಾಡಬಿಟ್ಟವೆ ಕೋಳುನವರಾಗಿ ಕಾಯುತ್ತಿದ್ದ ನೆನ.

-ಕೃಷ್ಣಮು



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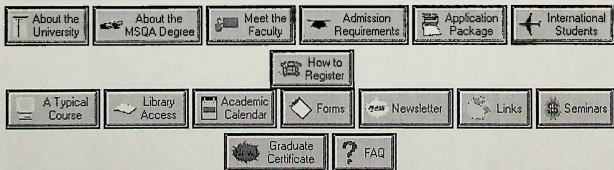


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■ ORGAN TRADE

To end kidney commerce

Tamil Nadu decides to streamline the implementation of the Transplantation of the Human Organs Act, 1994, but the proposed measures may be inadequate.

ASHA KRISHNAKUMAR

ON April 6, the Tamil Nadu government announced a series of measures to "streamline" the implementation of the Transplantation of Human Organs Act, 1994. The vast majority of doctors, academics and non-governmental organisations (NGOs) who are concerned with the issue in the State, however, are of the opinion that the measures will "steam-roller rather than streamline" the implementation of the Act.

The Transplantation of Human Organs Act is intended "to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs". It establishes an institutional structure to authorise and regulate human organ transplants and to register hospitals that can perform transplants. It recognises, for the first time in Indian law, the concept of brain-stem death, thus paving the way for a programme of organ harvesting from cadavers. It makes kidney-for-cash transactions a criminal offence.

The Act defines a legally acceptable donor; it allows, by means of Section 9 (A), a person not related to the recipient to donate his or her kidney for reasons of "affection or attachment towards the recipient", with the approval of an Authorisation Committee. This clause has turned out to be the biggest loophole, in the law. It has allowed thousands of cash-for-kidney transactions to take place in Tamil Nadu, which is known to have a thriving kidney trade, and elsewhere in the country.

In Tamil Nadu, proof of a flourishing trade in kidneys has come periodically from the media, academics, NGOs and the general public since 1997 (following the publication of the Cover Story titled "Kidneys still for sale", in *Frontline* issue of December 26, 1997). Numerous instances of sale and the existence of brokers and a donor-agent-doctor-hospital-patient nexus are well documented. For instance: * S. Subash (35) and R. Govindan (37) from Pallipalayam in Tamil Nadu's Na-

vakkal district travelled to Chennai to convince the Authorisation Committee about the emotional bonds between them and people they had never met earlier (neither have they seen these people since the transplantation): they got Rs.35,000 each for the "donation".

* Thambu of Namalwarpet in Chennai "donated" a kidney to a person whom he met outside the Authorisation Committee's office for the first time, while waiting to convince the committee about their "decade-long emotional bondage". Fearing the wrath of his wife for selling his kidney, Thambu even agreed to the suggestion of the agent to hire a woman to pose as his wife (for a fee of Rs.2,000) before the committee.

* Prema and Lakshmi in Chennai "sold" their kidneys without even appearing before the committee.

* A doctor allegedly promised a donor Rs.1.5 lakhs for his kidney but paid him only Rs.45,000 after the surgery. The donor also alleged that no permission was taken from the committee for the "donation". The matter is pending before the State Human Rights Commission.

* Dhileep was allegedly cheated by middleman Mahalingam, who took Rs.17,000 for arranging a kidney but did not deliver. Police investigations showed that Mahalingam was part of a doctor-hospital-patient-donor nexus.

* As many as 305 people of Villivakkam sold their kidneys. Thereafter their income declined by 67 per cent, 75 per cent of them are still in debt, and the health of 83 per cent of them has deteriorated.

* Middlemen Moorthy, Fazilbai, Thirumalai and Bhaskar regularly supply a stream of "donors" to some hospitals in Chennai.

* Villivakkam, Otteri, Mylapore and some Chennai suburbs and with their slum clusters have thousands of people with just one kidney, after having donated the other on the grounds of "emotional bonds" to people they had never seen before the surgery.

Yet, the Authorisation Committee is

"unable to find proof" of any "kidney sale" in Chennai. Committee chairperson Dr. C. Ravindranath says: "We are aware that a racket is on in the State. But the question is how to establish proof."

The committee's plea of helplessness appears to be weak considering the fact that when the media, particularly a host of television programmes (for instance, those by the Czech FilmProduktion from Germany and Kurtis Film from the U.S.), have exposed the kidney racket in Chennai, with extensive footage of, and interviews with donors, brokers, recipients and even doctors.



IN the absence of proof of a kidney commerce in the State, the State government

has decided to streamline the Authorisation Committee's working and to make the procedures easier for potential recipients and unrelated donors in remote areas of Tamil Nadu by setting up two more centres for Authorisation Committees to function - in Madurai and Coimbatore. Also, as 20 to 30 cases come before the committee for approval every week (it meets once a week at the Government General Hospital, Chennai) and "it is very difficult to verify the authenticity of each case", the government has decided to seek the help of NGOs to verify the information given by each recipient-donor pair. According to Health Minister S. Semmalai, these two processes are to begin in May.

Although the government has not given out the details of the plan, according to senior nephrologist Dr. M.K. Mani of Apollo Hospitals, Chennai, who has been a strong voice against live unrelated donations, the measures will not solve the problem of kidney commerce in the State. According to another senior doctor, with an increase in the number of centres to approve "emotional donations", the numbers of such donations will increase and the agent-hospital-donor nexus will only get decentralised. Also, according to him, involving NGOs in the process to verify documents may lead

The police and a racket

PRAVEEN SWAMI

THE Special Investigation Team (SIT) headed by Additional Director-General of Police A.A. Siddiqui, set up to probe the organ trade scandal in Punjab, submitted a confidential report to Chief Minister Amrinder Singh in April indicting two Deputy Inspectors-General of Police, at least two Senior Superintendents of Police, three Deputy Superintendents of Police and an equal number of Inspectors for their alleged support to doctors engaged in the trade.

Earlier, the SIT had blown the lid open on arguably the most disgraceful of India's kidney trade scandals. Doctors based at the Kakkar Hospital in Amritsar were found to have colluded with brokers who bought kidneys from poor workers for small sums of money. Many donors never received their promised payments; several died because of poor post-operative care. Criminal cases were filed subsequently against doctors accused of involvement in the trade and soon the first trials commenced. Doctors and secondary staff have been charged with various offences, ranging from forgery and fraud to homicide.

Siddiqui's report suggests that the trade was carried on partly because of the senior police officials' relationship with Dr. Praveen Sareen, the head of the Kakkar Hospital. The SIT was set up after Kunwar Vijay Pratap Singh, a young Superintendent of Police who

first began investigating complaints about the racket, was shunted out of office. Pratap Singh was punished for having enforced the law in defiance of the instructions of his superior, Inspector-General of Police Rajan Gupta. Rajan Gupta, the SIT report suggests, acted because of his close personal relationship with Sareen, who had sponsored his foreign travel.

Just what relationship the other policemen had with Sareen is still not clear. Informed sources told *Frontline* that while some of the police officers were implicated only for supervisory lapses, others were found to have made repeated and successful attempts to sabotage investigations. Siddiqui is believed to have suggested that many of the junior police personnel acted on the instructions of top politicians in the government of Chief Minister Prakash Singh Badal.

The first complaints about the Kakkar Hospital reached the police as early as 1997, from donors who never received their promised payments. In many cases, the complainants faced police harassment, and even arrest, since paid donors are technically guilty of a crime. Several donors had complained that they were subjected to beatings and custodial threats after they complained to the police about the racket.

No one is certain if Siddiqui's report will lead to administrative or criminal action, but Rajan Gupta is already feeling the heat. The State

government recently cleared a formal request from the SIT to arrest his one-time staff officer, Inspector Gurdial Ram. Gurdial Ram, who has been absent from duties for at least two months, is believed to have now gone into hiding to avoid arrest. The Inspector, SIT sources say, is believed to have knowledge of the precise details of the financial relationship between his former boss and Sareen. "When we find Ram," a senior SIT source said, "we believe that we will most likely have to proceed against Gupta as well on the basis of what he tells us."

Punjab's experience shows just how seriously compromised the regulatory apparatus for live donor organ transplants in fact is. The Authorisation Committee in Amritsar, charged with interviewing potential donors to ensure they were in fact volunteers, never even met before clearing cases. The investigators say that Sareen and his staff routinely fabricated documents, which in most cases do not even mention the real names of organ recipients and donors. Staff at the Kakkar Hospital were even able to use their influence to fudge the records of deaths of donors and generate paperwork showing that they were indigents and had died natural deaths, it is alleged. Worst of all, the local police themselves were influenced by the well-connected organ trade lobby.

Clearly, prosecuting the officers alone will not be enough. A serious look at the flawed Transplantation of Human Organs Act has become necessary. ■

to more problems as it would involve questions such as the credibility of the NGOs.

But, according to Dr. Ravindranath, who admits that the system is faulty and the addresses given by many donors are false, the latest measures will take care of the problem of verification of donors.

According to Dr. Ravindranath, there are 45 approved transplant centres in the State, including 28 in Chennai. The committee meets once a week and considers some 30 applications. "It is impossible to verify the claims in each case and it is difficult to establish if money is involved in every donation," he says.

To this, Dr. Mani says that the job of the Authorisation Committee is to prevent commercial deals in organs, as man-

dated by law. If it is unable to do so, then there is every reason to scrap Section 9(3) which allows for live unrelated donations on emotional grounds. According to him, every live unrelated kidney donation is bound to be commercial in nature and exploitative of the poor.

According to Dr. George Kurian of the Christian Medical College Hospital, Vellore, if the government really wants to prevent the play of commerce in organ donation, it will be able to do so - with requisite will.

"An example of an Act not intended to be implemented is the Transplantation of Human Organs Act, 1994," says Keshava Rao, Professor, National Law School of India University, Bangalore. He says there are three petitions pending before

the Supreme Court that seek to scrap Section 9(3).

Interestingly, Karnataka, where the lid was blown off the rampant kidney commerce in 2002 (*Frontline*, April 12, 2002) and the Authorisation Committee reconstituted, saw the applications for live unrelated donations before the Authorisation Committee come down to a single digit since then, against some 1,000 in Tamil Nadu during the same period.

According to Dr. Sunil Shroff of the MOHAN Foundation which promotes multi-organ donation, who is an advocate of the cadaver-based programme, the Tamil Nadu government must consider how the Karnataka government busted the kidney rackets in that State by means

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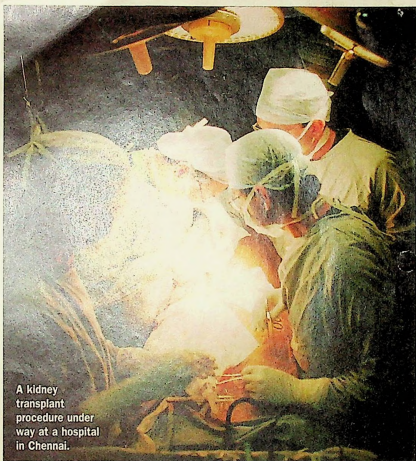
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in Chennai.

of police investigations. In Karnataka, the system was cleaned up and the Authorisation Committee made to release data on donors and recipients approved for live unrelated transplants (*Frontline* is in possession of the complete data set) thanks to the efforts of Dr. H.R. Sudarshan, who spearheaded the expose.

In contrast, in Tamil Nadu, according to the Department of Medical Education, which is meant to document all the activities of the Authorisation Committee, no time-series data are available even with regard to the names, addresses and occupations of the donors and recipients that came up before the panel since the implementation of the Act in 1995 (*Frontline*, September 13, 2002). According to Dr. Sunil Shroff, the kidney trade not only exploits the poor, but also effectively suppresses a cadaver programme. Ironically, it is to cater to fewer than 3 per cent of the patients who need kidneys (97 per cent of the end-stage renal disease, or ESRD, patients die unable to afford dialysis or a transplant) that such an exploitative system is being sustained.

According to Dr. J. Amalorpavanathan, Transplant Coordinator at the Government General Hospital, Chennai, at least one case of brain-stem death occurs

every week in the hospital. Between eight and ten brain-stem deaths take place in the intensive care units of Chennai hospitals at any point in time. But, according to Dr. Shroff, organ donation takes place hardly in 19 per cent of brain-stem death cases. This is because of problems, including a shortage of approved specialists to certify brain-stem death and lack of facilities to reach trauma patients to hospitals in time to harvest organs. "If the government really wants to help ESRD patients, it should take measures to address these problems and put a cadaver programme in place," he says. Dr. Mani recommends a preventive care programme with focus on diabetes and blood pressure, the main causes of EBRD.

A senior nephrologist who prefers not to reveal his name in this context, says that if the government is serious about cleaning up the system and ending kidney commerce, as mandated by the Act, it must first make the functioning of the Authorisation Committee more transparent, making it accountable and responsible for every decision taken, and breaking the donor-broker-doctor-hospital nexus. "What more proof does the government need for the prevalence of a trade in kidneys than there already is?" he asks. ■

M

DIPLOMA IN COMMUNITY HEALTH MANAGEMENT



RUHSA DEPARTMENT
CHRISTIAN MEDICAL COLLEGE HOSPITAL

RUHSA CAMPUS
RUHSA CAMPUS P.O. 632 209
N.A.A. DISTRICT
TAMIL NADU
SOUTH INDIA

RUHSA DEPARTMENT OF CMC HOSPITAL, VELLORE
COURSE DETAILS OF DIPLOMA IN COMMUNITY HEALTH MANAGEMENT

INTRODUCTION

The Diploma in Community Health Management is a course started at the RUHSA* Department, CMC&H, at its RUHSA Campus, in 1983 with the assistance of Voluntary Health Association of India, New Delhi. Planners of this course saw the need and demand for competent and committed personnel in community health management. The frustration faced due to lack of personnel and managers with the attitude, knowledge, skills and experience to provide dynamic leadership in this area was also identified.

The 15 month DCHM course is planned to prepare:

- * Managers and Team Leaders for Integrated Community Health and Development projects of Voluntary Agencies.
- * Effective Trainers and Personnel for potential community health and development training, Research centres of non-government and government organisations.

OVERALL GOAL

The overall goal of this course is to make available people who have the skills and knowledge to be effective at the management and supervisory level of Community Health and Development programmes, projects and activities; people who are concerned about social justice, health and economic status of the people, willing to work for the oppressed and marginalised and weaker sections of the community and prepared to learn and grow personally with a desire to make health and healthy community life a reality for all people.

* Rural Unit for Health and Social Affairs

GENERAL OBJECTIVES: Upon completion of this course the candidate will be able to:

- * Determine the effect on people's health of socio-political and economic systems at the macro and micro level.
- * Create a desire to work collectively for a just and equitable society.
- * Take responsibility for own learning.
- * Apply problem solving methods.
- * Plan, organise, implement and evaluate Community Health and Development programmes.
- * Accept role of change agent/facilitator in order to make health a means and measures of development.
- * Understand the team concept and show the ability to take leadership role in the team.
- * Promote and facilitate training, research and consultancy programmes.

SELECTION CRITERIA

- * Bachelor's Degree in any discipline: Arts, Science, Social Sciences, Law, Management, Engineering, Medicine, Nursing etc.
- * Non-graduates with work experience and proven ability to handle the course are also eligible to apply.
- * Ability to handle English as a medium of learning.
- * Experience in the field of Health and Development programmes.
- * Strong motivation and commitment towards working for and with the poorest section of the society.
- * Those sponsored by a voluntary agency with assurance of a job, after the course, will be given priority in selection.
- * Passing entrance examination and interview conducted at CMCH.

COURSE CONTENT

- * Studies of Society
- * Health and Development
- * Techniques of Studying Community Health
- * Management and Administrative Principles
- * Effective Change Agent
- * Electives and Practicum

TEACHING METHODOLOGY

Methodology of instruction includes participatory techniques, simulation and self directed learning techniques.

Student centered participatory training technique is adopted. The following are the most commonly used methodologies:

- a) Problem based learning
- b) Workshops
- c) Practical Field experience alternating with work at the RUHSA centre on analysis and study of problems and issues interlinking theory and practice.
- d) Group Methods:- Discussion, seminars, panel, role play, simulation exercises, etc.
- e) Individual Work:- Book review and project reports on problems in student's own field/interest and study areas in which the participant is deficient.

FACULTY

- a) Full time core faculty in RUHSA with appropriate academic qualification, good field experience and close understanding of third world countries, its resources and problems.
- b) Guest Faculty: drawn from specialists in India for short periods.
- c) Visiting Faculty of experts from other countries who have had experience in other developing countries having appropriate knowledge or skills to share and can come for periods of time.

EVALUATION

This is done both concurrently and periodically. It is participatory and each student is actively involved in the process of his/her own evaluation. Comparison between student is not adopted but individual growth and performance of the students throughout the course is stressed. Students who satisfactorily and successfully complete the course are recommended to VHAI Educational Council for awarding the DIPLOMA IN COMMUNITY HEALTH MANAGEMENT.

COURSE DETAILS

- * Venue : RUHSA Campus
RUHSA Post
North Arcot District 632 209
Tamil Nadu, S.India
- * No. of Candidates : Upto 20 per course
- * Length of the Course : 15 months (12 months residential and 3 months practicum postings with the sponsoring institutions)

| <u>* Costs</u> | <u>Rs.</u> | <u>Additional Expenses</u> | <u>Rs.</u> |
|----------------------------------|--------------|----------------------------|--------------|
| Tuition | 1,500 | --> Food (Rs.500 x 12) | 6,000 |
| Registration | 100 | Books (suggested) | |
| Library | 200 | (approximately) | 600 |
| Assignment/Projects | 250 | | |
| Medical | 75 | | |
| Hostel (Rs.75x12) | 900 | | |
| Security Deposit (Refundable) | 200 | | |
| Certification Fee to VHAI | 100 | | |
| Project related Travel | 625 | | |
| | <u>4,000</u> | | <u>6,600</u> |

Note: Since the course is subsidised for students from India and its immediate neighbouring countries, an international fee of US \$2000 is charged for students from other countries. Included in this is the cost of tuition, accommodation and the average cost of rural South Indian Food. International students need to make arrangements for additional funds to have food according to their own tastes and standards.

SCHOLARSHIP

Few scholarships are available for covering tuition and accommodation costs. Sponsoring organisations or individuals are responsible for boarding. The scholarships are provided by VHAI. Intending participants should write to the following* for scholarship and confirm availability of scholarship if this is necessary. VHAI scholarships are primarily meant for students from India and its immediate Neighbouring countries.

* The Executive Director
Voluntary Health Association of India
40, Institutional Area
South of IIT, New Delhi 110 016
Tel: 668071 Fax: 011-676377

STUDENT PROFILE

The characteristics of the 74 students (attended from 1983 to 1990) with respect to sex, age and educational background are presented below:

Total Students: 74

| | | |
|-----------------|------------------------|----|
| a) Sex: | Males | 48 |
| | Females | 26 |
| b) Age (Years): | 15-19 | 2 |
| | 20-24 | 15 |
| | 25-29 | 23 |
| | 30-34 | 18 |
| | 35-39 | 8 |
| | 40-44 | 5 |
| | 45-49 | 3 |
| c) Education: | Predegree/Intermediate | 11 |
| | Diploma/Non-Graduates | 23 |
| | Graduates | 19 |
| | Post Graduates | 4 |
| | Nurses | 12 |
| | Doctors | 5 |

AGENCY PROFILE

The following are some of the important voluntary agencies which sponsored candidates for the DCNM course:

India

- Nazareth Hospital, Sisters of Charity, Bihar
- Child In Need Institute, West Bengal
- Hyden Hall Institute, Darjeeling
- Bangalore Baptist Hospital, Karnataka
- St. Luke Hospital, Vengurla, Maharashtra
- Holly Cross Institute, Bihar
- Department of Health, Central Tibetan Secretariat, Dharmasala
- Good Shepherd Provincialate, Karnataka
- Bengal Rural Welfare Service, West Bengal
- Church of North India, West Bengal
- Tarannath Maternity & Child Welfare Centre, West Bengal
- Sihora Mission Marthoma Syrian Church, Madhya Pradesh
- Salvation Army, S.W. India Territory, Kerala
- Salvation Army, Cathrine Booth Hospital, Kanyakumari
- West Bengal Rural and Urban Development Centre, West Bengal
- Schefflin Leprosy Rehabilitation & Training Centre, Tamil Nadu
- Bethel General Hospital, Vuyuru, Andhra Pradesh
- Rural Development Trust, Andhra Pradesh
- Memorial Hospital, Uttarpradesh
- Christian Hospital, Sampalpur, Orissa
- Indian Evangelical Lutheran Church, Tamil Nadu
- Nava Jeevan Seva Mandal, Gujarat
- Dharmapuri Clinical Diagnostic Centre, Tamil Nadu
- CSI Rainy Hospital, Tamil Nadu
- SUCHI, Andhra Pradesh
- Congregation of Carmelite, Sisters of Charity Gujarat
- Lutheran Christian Health & Medical Centre, Tamil Nadu
- Bosco Reach out Provincialate, Assam
- CSI, Vellore Diocese, Tamil Nadu
- Trivendrum Social Service Society, Kerala

- Manipur State VHAI
- Rangammal Health Centre, Tiruvannamalai, Tamil Nadu
- CODEP, St.Thomas Hospital and Leprosy Centre, Tamil Nadu
- Rural Integrated Development Organisation, Tamil Nadu
- Sisters of St.Joseph of Chambery, Madhya Pradesh

Abroad

- Save the Children Fund, Nepal
- Godavari Alumni Association, Nepal
- Community Health and Development Project, Nepal
- Mityana Diocese, Uganda
- PERDHAKI, Indonesia
- ONARS, Djibour, East Africa
- HPSRN, Nepal
- Save the Children Fund, USA
- MERU, Kenya
- Holy Family Provincialate, Srilanka
- Lutheran World Service Community Development Project,
Nepal
- Red Cross, Sudan

For further details please write to:

Dr.Rajaratnam Abel
Head of RUHSA Department
RUHSA P.O. 632 209
(Via) K.V.Kuppam
North Arcot Ambedkar Dt.
Tamil Nadu

Phone: K.V.Kuppam - 52, 53, 54

Grams: RUHSA, Kilvayattanankuppam

CHAI INSTITUTE OF HEALTH MANAGEMENT STUDIES

Introduction

The Catholic Hospital Association of India has been working in the field of Health and Development to empower and uplift the poor and needy for over 50 years. It also has got the largest network in the world with more than 2600 institutions. Now the time has come for CHAI to give a challenging leadership atleast at Asia level to start with, for similar networks and innumerable NGOs.

After the Golden Jubilee evaluation, CHAI came with certain priorities for the next decade and beyond. In that Human Resource Development has become so strongly as one of the few immediate needs CHAI needs to address.

The Chinese proverb has rightly said, it is better to "teach fishing" than to give fish. Having this in mind, CHAI with its rich experience has planned to use the different experties in the country to train the potential trainers of this country and the other Asian countries for a meaningful change in the near future. Hence the need for a CHAI Institute of Health Management studies is imminent.

The need

As the great saying goes "The solution is where the problem is", the best way to counteract any issues and problems, is to learn and to address such needs in the birth place of such incidents. To-day's concept of health and development is to empower the people to claim health and development as their right and to strive hard towards it as communities. In addition many

institutions have got highly committed staff, but they lack skills in management aspects of health and development. We do have number of institutions for management studies, but they are all more focussed towards Industrial related management. So, it becomes very vital to plan and conduct skills imparting programmes with the existing highly experienced stalwarts in the field and the rich experience CHAI has gained so far in the field of health and development, than encourage and recommend people to go abroad for gaining skills and experience which is many a time irrelevant and non-applicable back home. This forces CHAI to give leadership by establishing a full fledged training institute to cater to the needs of the Asian and African countries and thus bring down the cost of training and at the same time provide more meaningful experiences and skills.

Overall goal

The overall goal of this Institute will be to impart skills and knowledge to be effective at the management and supervisory level of Community Health and Development programmes, projects and activities for people who are concerned about Social Justice, health, social and economic status of the people in the Asian and African countries.

Objectives

1. To offer professional courses in Health and development management for mainly to the people in Asia and African countries.
2. To facilitate the CHAI member institutions to acquire professional standards in various disciplines related to health and development management.

3. To establish a resource centre in Health and Development Management studies.
4. To become accreditors in promoting professional standards to the individuals and institutions involved in health and development management studies and training.
5. To equip NGO's to become more professional in health care management.
6. To establish professional linkages with WHO and similar bodies and their collaborating centres in health policies planning and management studies.
7. To promote health and development systems research.

Major courses envisaged

1. Health policies
2. Health Planning
3. Health Management
4. Hospital Administration/Management
5. Pastoral care
6. Counselling
7. Nursing school Curriculum planning and Management
8. Health Information system.
9. Human Resources Development
10. Primary Health Care Management
11. Behavioural Management
12. Community Based Rehabilitation Management
13. Communication and Media Planning and Management
14. Computer application in Management
15. Project proposal writing and Management
16. Participatory Evaluation Techniques

17. Participatory Project Formulation

18. PRA and Research Methodologies.

There will be Diploma and Certificate programmes ranging from three months to one year and also longer courses like MPH and courses leading to Ph.D.

Apart from the major courses, there will be crash programmes of shorter duration to cater to the needs of the NGOs and Government and this will also serve as a refresher programme for the longer courses to update the participants with recent and scientific knowledge and skills from time to time.

The clientele

The institute will basically concentrate on the following category of staff from the Asian and African countries.

1. Government Organisations
2. Non Government organisations
3. Church related organisations

Affiliation

In the longer run, it is also envisaged to make some of the courses or even the Institute gets affiliated to some foreign universities to give credibility and a sense of satisfaction for the participants, other wise seeking admission abroad.

Scholarships

Our requests will be to our funding partners to sponsor candidates for these courses, instead of sponsoring abroad and thus make any single scholarship for a course abroad to four similar candidates to continue the courses here for the same funds.

The Faculty

a) Core faculty

The faculty members will be from CHAI network and from other professionals in the country in different fields.

b) Guest faculty

Selected faculty members from our funding partners and other universities from India and abroad who have a rich working experiences in Asian and African countries.

The expectations

To make the above meaningful need a reality, we do need the following:

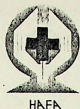
Infrastructural facilities

- a. Class Rooms
- b. Conference Hall
- c. Recreation Rooms
- d. Library
- e. A.V. centre
- f. Canteen
- g. Hostel
- h. Play ground
- i. Office rooms
- j. Staff quarters (Residential staff)
- k. Health centre

Strategies

1. Discussion with Dr. Ravi Narayan and Dr. Thelma.
2. Discussion with the funding partners.

health
action



MSA.7
Post Box 2153, 157/6 Staff Road,
Gunrock Enclave,
Secunderabad - 500 003, AP
Phone: 848293, 848457, 841610
Telex: 0425 6674 CHAI IN

HEALTH ACCESSORIES FOR ALL

14/07/95

My Dear Friend

***Sub : Health Action and Catalyst : Combined Meeting
of the Editorial Boards and Advisory Committees.***

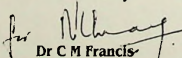
The next meeting of the Editorial Boards and Advisory Committees of 'Health Action' and 'Catalyst' will be held at 9.30 a.m. on Saturday, 12 August 1995, at the Conference Room, The Catholic Hospital Association of India, PB No.2126, 157/6 Staff Road, Gunrock Enclave, Secunderabad-500 009. The meeting is likely to be over by 1 p.m., followed by lunch.

I request you to kindly be present and participate actively in the meeting.

Kindly confirm your participation.

Thanking you and wishing you all the best.

Yours sincerely


Dr C M Francis
EDITOR

AGENDA

1. Review of the previous six issues of
(i) Health Action (ii) Catalyst
2. Suggestions regarding
(i) improvement (ii) forthcoming issues
3. Any other matter admitted by the chair.



Catalyst
Health
Action
of
India

TOPICS OF HEALTH ACTION 1995

| | | |
|---------|------|---------------------------|
| January | 1995 | Hereditary Diseases |
| Feb. | | Health in the Mid decades |
| Mar. | | Financing Health Care |
| Apr. | | Coping with disasters |
| May | | Building Healthy Families |
| June | | Making Motherhood safe |
| July | | Health of Senior Citizens |
| Aug. | | Waste not the Waste |
| Sept. | | Malnutrition |
| Oct. | | Gram Panchayat & Health |
| Nov. | | Health Legislation |
| Dec. | | AIDS |

MINUTES OF THE COMBINED MEETING OF THE EDITORIAL BOARDS AND
ADVISORY COMMITTEES OF HEALTH ACTION AND CATALYST

Venue : Conference Room of CHAI
Date : 18.2.1995
Time : 11 a.m.

Present

Fr. John Vattamattom svd.
Fr. Jose Melettukochiyil cst.
Dr. D. Rayanna
Mr. P.O. George
Dr. T.N. Manjunath
Fr. M.J. Edwin
Mr. K. Raghavan
Dr. R. Krishna Rao
Mr. P. Ganesh
Sr. Placida Vennalilvally
Mr. Jose Vincent
Mr. Dudley Surrao
Lt.Col. Vasanth Kumar
Ms Amala Thomas
Ms. Cecilia Alexander
Mr. Adesh Yadav
Ms. Alphonsa Wilson
Ms. Amutha Xavier
Dr. Ilka Varma
Mr. Sriram Kalaga
Mr. Vasudevan Nair
Dr. C.M. Francis

The meeting commenced with prayer by Fr. Edwin.

Fr. John Vattamattom svd welcomed all the participants. He introduced Mr. Raghavan, from Delhi (retired from WHO) and thanked him for attending the meeting.

Regrets: Dr Shirdi Prasad Tekur, Dr Prem Pais, Dr. Cherian Thomas and Dr. K.R. Antony.

The members introduced themselves.

Mr. Vasudevan Nair read the minutes of the previous meeting and a discussion on the various points followed.

Newsprint quota

Mr Ganesh informed the members of the position with regard to newsprint quota. He also gave the details of the cost of paper (cream wove and newsprint) Dr. C.M. Francis said that difference in the total cost of printing, using cream wove paper or newsprint was about 10%. Amountwise, it would be about Rs.5000 per issue of Health Action.

Mr. Dudley Surrao and Mr Jose Vincent asked if the printers would accept newsprint. Mr Dudley Surrao said it is worthwhile to go in for newsprint if we get it.

Col. Vasanth Kumar commented that the difference was negligible.

Mr. P.O. George suggested that we can go in for newsprint for Catalyst.

Dr. Manjunath suggested that we could reduce the number of pages of Catalyst and use newsprint. But the pages should be well illustrated.

Three Editions of Catalyst

In order to boost the circulation, Mr. P.O. George suggested that two more editions of Catalyst - Bombay and Kerala - can be brought out. The price of the magazine has to be reduced to Rs.5/-

Finally the following suggestions came for reducing the cost of Catalyst.

- * Reduce the size of the magazine.
- * Reduce illustrations
- * Reduce pages .

Health Action and UNICEF

Dr. C.M. Francis said that UNICEF, Hyderabad, is taking 5000 copies each of 4 issues of Health Action during 1995. UNICEF, Bhubaneswar is taking 1000 copies each of the same issues. This would naturally add to the revenue, and we will be able to reach a much larger number of persons.

Mr. Krishna Rao was of opinion that for any magazine to get stabilized, it would take time. So we should wait for some more time without changing the quality, especially the paper.

Not enough staff

Dr. C.M. Francis said that Catalyst is incurring a heavy loss. We do not have enough staff. The Associate Editor has left. We should have a full-time editor.

Mr Ganesh said despite the great efforts made to promote the magazine Catalyst, we have not got any tangible results. He requested all the members to help in increasing the circulation.

Objectives-action groups

Fr. Edwin said that the magazine Catalyst was started with the objective of forming action-groups through net-working with students. In that role, the magazine had to promote health value. We have not succeeded in our attempt. We have only a magazine. Our promotion strategy should not be commercial; it should be action-group oriented. We have an objective and a mission to achieve.

Fr. Jose: The idea of forming action groups is too ideal. It is not that easy. We cannot depend on the strategy of forming action-groups and then sell the magazine.

Col. Vasanth Kumar said that we should be clear as to what our objectives are. We cannot achieve our objectives in a year or two. Nowadays, children are so busy with their studies that they cannot spare time for general reading.

Mr Ganesh asked how we can expect to form action groups when even the school libraries are not subscribing to the magazine. Catalyst does not have any edge over other magazines. So it is very difficult to sell.

Mr. Dudley Surrao commented that our objectives are alright but our strategies have failed. The question is what next? He suggested the idea of sponsoring space or advertisements in other magazines, to spread our health message.

Dr. C.M. Francis said it can be possible only if the other magazines have similar objectives like those of ours.

Mr. P.O. George commented that it would be worthwhile running the magazine. There have been favourable comments on topics like sex education, nutrition etc., included in the magazine. Action groups will help in getting a longer mileage.

Dr. C.M. Francis : Should we continue the magazine?

Col.Vasanth Kumar : We must be prepared to spend some money; we have to achieve certain objectives through the magazine. We have to find some other source of getting funds to maintain the magazine.

Dr. C.M. Francis : Can we go in for sponsorship of value-education?

Mr. Dudley Surrao : But we have to get somebody whose objectives are in tune with our concept of value education.

Mr. Jose Vincent : Let us give a time-frame so that we can work out things and see if we would succeed.

Fr. John : I have to submit a clear-cut proposal to the Board in the next meeting. Either we have to continue with the magazine or stop it, We should take a decision. The decision has to be passed on to the Executive Board.

We have to take a decision and stand by it-clear-cut options with implications.

The meeting resumed at 2 p.m. after lunch.

Prof. Krishna Rao, Board Member and Director, Centre for Distance Education, Osmania University, was congratulated on his winning the International Award-"International Cultural Diploma of Honour" by the American Biographical Institute, North Carolina, USA, and for being elected as the life-time Deputy Governor, American Biographical Institute Research Association. Dr. C.M. Francis said it is a unique honour to have a person of his calibre to be with us. Dr. Krishna Rao thanked Fr. John, Fr. Jose, Dr. C.M. Francis and the members for felicitating him.

The discussion on Catalyst continued.

Dr. C.M. Francis made the following points clear.

- (a) Catalyst is appreciated by all for its content, lay-out and cover. It upholds and promotes the objectives.
- (b) It is incurring a heavy loss, because there are not enough subscriptions. There are no advertisements.
- (c) There is shortage of staff at the higher level. There is the need for an editor. We have not been able to identify a suitable person.
- (d) Editor and Editorial Consultant are not resident in Hyderabad. They came to Hyderabad for part of each month. Editorial Consultant often works from his place of work in Kanyakumari District. We have not been able to form action-groups so far.

Dr. Francis will be conveying this information to the Managing Director, HAFSA, for the Board to take necessary decision.

Review of previous issues of Health Action and Catalyst

The general comments:

- (1) Cover page of certain issues has to improve.
- (2) Page-make up has to improve. Inside black and white photographs have not come out clearly.
- (3) The fonts have to improve.
- (4) Colour combination is good but there should be balancing of colour.
- (5) Coverage of 'plague' was inadequate.
- (6) There should be better utilization of space.
- (7) Box items on kidney could have been given, in view of the topical interest.

Advertisements

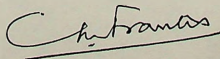
Col. Vasanth Kumar explained the position with regard to advertisements. Now that Deemed Export Scheme of CPS has been withdrawn, we should explore the possibility of getting advertisements from pharmaceutical and other companies. There were suggestions from members to contact shoe companies, book publishing companies and others. But as regards advertisements from pharmaceutical firms, we should not promote advertisements with brand names, said Dr. C.M. Francis. Firms like Sanghi Group of industries can be contacted for getting one or two pages sponsored.

World Health Day

Resolved to celebrate World Health Day on 8th April 95. The theme is 'Polio eradication'. The venue of celebration will be CHAI. Decided to hold a whole day symposium followed by a public meeting. Col. Vasanth Kumar and N. Vasudevan Nair were given the responsibility of coordinating the work for celebrating World Health Day.

The next meeting of the Editorial Board and Advisory Committee was tentatively fixed for 3rd September 95, 11 a.m.

The meeting came to a close at 4.30 p.m. with Dr. Francis thanking the participants for their active participation.



Dr. C.M. Francis
Editor.

DIPLOMA COURSE IN COMPREHENSIVE HEALTH MANAGEMENT

Introduction

The Action Plan arising from CHAI Golden Jubilee Evaluation Study had identified three priorities: Community Health, Health, Healing and Wholeness, and Preferential option for the poor. Among the means identified is Human Resources Development. The success of implementing the priorities depends on the availability of trained and experienced personnel.

Management and training : means to achieve the priorities

When we consider the Human Resources needs of the member institutions (and other organisations), we have to determine the strength and weakness as also the deficiencies and how these deficiencies can be made good. An area of importance identified is Management. Many problems arise because of lack of management knowledge and skills. The Catholic Health Association of India (CHAI) would therefore like to take up training in management on a priority basis.

Organisational and individual development

CHAI would like to organise learning experiences designed to bring about the needed behavioural changes for better health. While the process is geared to achieve the organisational and institutional goals, it would also focus on the development of the participants.

Coping with change; change agents

Many of CHAI member institutions face difficulties in coping with problems and making use of opportunities. There are changes in the concept of health care; in technology; in legislation. There are changes in the expectations of the people. Our institutions must respond adequately to the changes. Not only that. Our people must be change agents. We need managerial skills to guide the organisation and institutions to be more effective and efficient.

Values

CHAI policy on Human Resources Development says that the training must be relevant with stress on Values. The management training should reflect these. It should be planned and implemented so as to make our efforts in health and development relevant to the needs and times. It should also focus on values such as equity with quality, social justice and compassion.

Who are to be trained?

The training programme should primarily be for member institutions of CHAI and for the regional and diocesan units. Top and middle level management will require such training. CHAI with a membership of over 2600 health care institutions may find it difficult to meet all the demands. Yet, the programme must be open to others as well--other voluntary organisations engaged in health and development and persons working in the Public Sector. Later on, the training may be thrown open to persons from our neighbouring countries. Cross-fertilisation of ideas by participants from other programmes, backgrounds and cultures can be very rewarding.

Programme to be unique

The philosophy, the mission and vision, and the objectives of the programme must be laid down carefully and in some detail. This programme has to be unique to build the capability of the persons under training to manage comprehensive health care.

The training should emphasise Community Health, a process of enabling and empowering the people to attain and maintain health for themselves, their families and the community. Another priority is health, healing and wholeness. A whole person approach is needed, understanding the limitations of a purely biomedical approach. The Management training must be such as to bring about harmony (healing) in every sphere.

The third priority equally important as the other two, is the need for management to have preferential option for the poor, to bring about equity with quality.

Residential-cum-distance learning

Many of the candidates who may be sponsored/deputed for the programme are likely to be busy persons who cannot be away for long time from the place of work. Further learning while doing and learning by doing can have greater impact on learning. If the participants are given an opportunity to tackle problems faced by them at their work place it will have a salutary effect on the practice of the theory learned. All these can be accomplished by a mixture of residential-cum-distance learning.

Faculty, the backbone of training

For any programme to be successful, there is need for an excellent faculty who can inspire the students. Some of them may form the core faculty. Others can be the guest faculty. It should be ensured that all faculty members are in tune with the philosophy of CHAI. Orientation of new faculty and periodical reinforcement of the orientation can ensure that the training meets the objectives. The faculty, by precept and example, shall be true role models for students to emulate.

Learning Methodology

The methods adopted for training should be learner centred. Problem analysis and problem solving methods will be used extensively. Case studies, assignments, simulation games, small group discussions and experiential learning methods will be utilised.

Contents

To achieve the objectives, it is necessary that the contents be worked out suitably. Among them would be

1. Community Health Indian Society, Community Organisation, Community participation, Epidemiology, Primary health care, India's health policy environment, Ecology.
2. Management Principles, Organisational behaviour, Planning cycle, Personnel management, Health economics, Financial management, Operations management, Information systems, Evaluation systems, Evaluation, Appraisal systems.
3. Values and ethics, Negligence, Team work, Leadership, Data collection and analysis, Quantitative techniques, Elements of statistics, Laws applicable to health care, Computer in Management. *Appropriate technology.*

Resources

Personnel - *Identify / locate / utilize.*
Library - *learning material beyond written matter.*
Field - *for practical training.*
Modules - *relevant.*
Manuals
Videos

Evaluation

The course should be monitored continuously and evaluated, so as to bring about desirable changes.

Future

It is to be hoped that this course will help to develop an Institute of Health Management, with national and international linkages and accreditation.

DRAFT PAPER

DIPLOMA IN INTEGRATED HEALTH MANAGEMENT

Introduction

The Catholic Hospital Association of India (CHAI) after its Golden Jubilee evaluation has strongly felt the need for Human Resource Development for its member institutions and other project partners. Based on discussions and consensus, a longer course on 'Diploma in Integrated Health Management' has been envisaged.

The need

As the great saying goes "The solution is where the problem is", to counteract any issues and problems, the best way to learn and to address such needs is the birth place of such incidences. Today's concept of health and development is to empower the people to take care of themselves. So, it becomes very vital to plan and conduct skills imparting programmes with the existing skills in the field of health and development than to encourage people to go abroad for trainings which is costly and sometimes non applicable back home. With this in mind, a course more suitable for SAARC countries and particularly to India has been envisaged as DIPLOMA IN INTEGRATED HEALTH MANAGEMENT - D.I.H.M.).

The participants

- * Top and middle level management workers of voluntary organizations.
- * Those whose work include direct management responsibility for local health and development programmes.
- * Those engaged full time or part-time in development work and community action within their own countries.
- * Those engaged in training or education and the raising of awareness in relation to health and development.
- * Health and Development professionals.

Objectives

- To analyse a wide range of approaches to health and development, taking account of local, national and international perspectives.
- To increase participants' awareness of the human dimension in health and development, as well as enhancing their knowledge, competence and commitment.
- To plan and evaluate health and development programmes.
- To plan and organize communities for better participation for their development.
- To sharpen the managerial and leadership skills needed in health and development work to achieve holistic health care.

The Content outline

- Analysing the obstacles to social, political and economic change at group, local, national and international levels.
- Forming and maintaining people's organizations.
- Programme planning, budgeting, implementing and evaluation.
- Personnel, materials and financial management.
- Personality development and communications.
- Organisational behaviour and leadership.
- Human Resource Management/Development.

The Entry Requirements

Though it is expected to have a graduation or professional background, what is more important is significant experience and responsible involvement in health and development work. To benefit fully, course members must be fluent in English.

The process

The programme will have a three months intensive residential training with field visits to enhance the participants to plan their project/programme for back home along with the experts in the field. This will be followed by two and a half months implementation, monitoring and evaluation in the participants own

working place. During this period, there will be staff supervisory visits to guide the participants. Followed by this, a two weeks presentation and submission of reports will take place at the training venue to qualify for the Diploma.

The methodology

The training emphasis within the course is clarifying and understanding values, considering alternatives, reflecting on attitudes and enhancing skills. This includes acquiring information and increasing knowledge which will take place through exposures, contacts, assignments, problem solving, group games and exercises.

The faculty

The faculty members are chosen from among the eminent persons in the field of health and development from within the country and abroad. The programme co-ordinator will be from CHAI head office.

The Diploma

The diploma is awarded on the basis of class participation, contribution in groups, satisfactory performance in assignments and final report presentation.

13.08.1995

9.00 A.M. : Prayer

9.05 " : Presentation of reports
Chairperson : Ms Manisa

9.30 " : Group discussions : Contents of the
Course.

11.00 " : Tea

11.30 " : Group discussions:

1. Faculty (core; quest)
2. Requirements: Resources.
Fee structure
3. Evaluation. Accreditation.
Recognition.

1.00 P.M. : Lunch

2.00 " : Presentation of Reports
General discussion
Chairperson: Dr C.M. Francis

3.30 " : Tea

4.00 " : Summary

4.45 " : Vote of thanks - S.P. Doss

5.00 " : Tea & departure

- - -
- - -
-

AIM

Health is a dynamic process of harmony within oneself, within the family, with the neighbours, with the environment and with God. Our management training would aim at enabling people to bring about harmony in all spheres.

OBJECTIVES

At the end of the training, the participants will be able to:

1. understand the society in all aspects - Social, economic, political and cultural and their health needs in the widest perspective, linking health development to total development, with equity and social justice.
2. understand the concepts of community health as a process of enabling people to be aware of their rights and responsibilities in the field of health and help them manage their own health.
3. bring about improvement in the management of health care institutions and services in their programmes for the poor, redefining their role as resources for the community, helping them to solve the problems.

4. develop skills in working with the community, organising them and ensuring effective community participation and for sustaining the process of building healthy communities.
5. develop managerial skills, including planning organising, communication, monitoring and participatory evaluation, as also accounting and financial management.
6. deal effectively with information and data collection, analysis and utilization.
7. build teams and work as a team with the people and understand true leadership.
8. understand the role of spirituality in health care management.
9. emphasize the importance of doing the right thing and not merely doing things right.

Planning a Training Program on HEALTH MANAGEMENT

- CMF
- P. H. Rao - Indian Inst. Health Mgt. Jaipur (IIMR)
Assoc. Prof. Health Mgt. IIM-B.
- Fr. John V.
- Yesudiam - Dept. of Health Sciences - Head.
- Augustine Veligath - Lucknow & UNICEF.
- Dr. Christopher / SPT / Fr. Edwin / Dacs / Srinivasa Rao /
Fr. Jose.
- Manisha - IIM Pachod.
- P.O. George - CACRE - Kalamaserry Kerala.
Community Health. - Distance Educ'r.
24 lessons.
- Moses - Ex-Admin. Staff College. Hyd.
HRD - training
- Fr. Severand Meloo.
- Fr. Henry Faniken - Geneva. Chairperson Int'l.
Gr. of NGOs in U.K.
- Aloysius James

Dr Shiridi prasad Tekur.

CMF : One of the lacunae identified - MANAGEMENT.
refer - Dipl. course in Compr. Health Mgt - paper.

- NEED ? - Exhaustive evaluation study.
- established - Regional / gp. meetings - 22.

Jaypm: P.G. Diploma in Health Mgt. → viability problems.
14 courses offering Hlth Mgt / Hosp. Admin.
↳ all varieties.
= Focus on specific gps. of people.

Moses : - Specific profiles of Catholic Hospitals.
- try. need analysis
Undermanagement - major problem.
Wrong training - a crime.

Hosp. factors
↓
Industry?

SPT - Focus on C.H.

Augustine Veliyath :- Gap between { training offered. / untrained workers
Modular / Cafeteria approach
i.e offering what is needed] to fill Gap.

Exp. presentation:I Eligibility & no. of participants:

- to understand / express in English.
- B.A. or equiv. - 15yrs of Formal edn.
- 12yrs + 5yrs in Soc. work.
- Dipl. in Nursing
- 2yrs. of Experience in C.H.
- Sponsored by an organisation. (2. from same orgn.)
- Age - Upper - 50 yrs.

No. of participants

- Max. 30 — 20 Relig. srs / women
- 10 Bros. etc.
- 3 outside CHAI network.

Geographical representn — prof. BIMAROU

Selection — detailed pre info. on { institution.
individual.

II - Identifiers of Target popnlr.

Profile [Involved in CH. work (staying in village
willingness to
improve.)

- 30-40 yrs Age
- Nursing trg.
- Working knowledge of English.

Output [- Behavioural / Attitudinal changes
- Communication skills.

want to do this in communicating to people

Methodologies - proportion/mix

a more detailed assessment of (trg
hltc) needs.
prior to starting trg.

III Preparatory exercises

- Representative participⁿ. → ~~REP~~ focussed gp. discussion
- Disc. & mgt.
- Inputs from all possible courses
- " " courses abroad.

Duration - 24 wks / 6 months.

8 wks - residential

next " - field. / next 8 wks - residential

Participants: - same as above

- aptitude screening.

Methodology - CHD trg. basis.

- internal / extⁿ. faculty inputs

? Affiliation.

Focus on quality.

Discussions:

CMP - Eligibility - Exp. in CH as a must (at least 2 yrs. exp.)

- Educn. / Training

Residn: 15 yrs of formal Educn. / Trng.

Cherem Thomas: (CMP)

Conceptually for long-term -> balance target vs. content.

Package - avoid extreme heterogeneity of participants.

mix by opening up more to others.

SPT: Design for heterogeneous gp.

Moses: " after evaluation of program / time to

from network

Survivors:

No. / mix (2025) / id. / addresses.

CMP:

- Team work / train together, all categories.

- Mix people of different backgrounds.

Yes/No:

Training is an evolutionary process.

Focus on target gp. for a beginning

2 to 3 diff levels from each orgn.

Cherem:

Value-oriented try. needed

SPT:

- include Participating / Atty. change / resource from participants.

- Participant inputs

Value orientd. / missionarily zeal, etc.

Indian value context. (Charterability - (last 11M))

Christopher: Participant becomes resource person.

Moses: Training is sharing of knowledge.
Give skills which can be shared to others.

Manisha: - Heterogenous group
- Building up team spirit.
- Selection / Preparation mechanism to be built-up on.
- Work experience of participants is be utilized. - Help them to learn.

Group discussions on Contents of course :-

1. Community Health.
2. Mgt. principles.
3. Values in Ethics.

Group discussion - G-I COMMUNITY HEALTH
In. John / Yashwanth / Manisha / Abhishek / SPT. / P.O. George

1. History, Evolution of C. Health.
Relevance / prospects.
2. Broader context - links to Development
in other aspects of life.
3. Analysing community as Research
methodology. + Ability to understand
data-based / systematic data etc.
eg. Qualitative / Quantitative.
4. Skills in developing community capacity
C.O. skills.
5. Communication skills.
6. Trainees shd. be able to understand 'Wisdom' in
community.
7. Cultural context.
8. Anthropological methods to understand.
9. Qualitative research /
10. Strengthening systems already available in
society.
11. Contextualizing the course to the country's needs,
abilities / resources, etc. / understanding.
12. Alternative systems
13. Understanding Indian situation from
policy to practice.

11:15 am - Give skills to understand social reality, ~~and~~
In-depth analysis / community diagnosis.
for understanding / Organising / Empowering.

- Getting familiar to various approaches
by studying / learning.

- Field placement - partly in own.
- partly in other areas.

- Trainers have to select organisations.

- Community coping mechanisms / systems.
Resources / Sustainability / Alternatives.

- Govt. programs

- Networking skills.

- Personality development of participant.

- Course to lead to action.
- to make community to act.

- Communication skills / Org. skills, etc.

- Direction of training - a Community capability building.

- Deeper issues ← Environment.
Spiritual.

Methodology : Experience sharing. / Simulation games.

- Issues in Health care ^{Rather drugs / Essential drugs} ~~At~~ Commercialize.

★ Participants: Urban & Rural — can we mix.
Disasters

= Deeper understanding of vulnerable groups.
Poor / Tribals / Women / Children.

& Legislation on this.

= Familiarizing & diverse areas.

Group III Evaluation / Accreditation / Recognition

Upto 1 pm

CMF / Jot Doss / En Edwin / Alwyn / SPT

Evaluation :-

- CMF - Evaluat. / Monitoring / → Corrections etc.
 - Internal / Exty. / Participatory, etc.
 - to improve course to meet objectives.
- Ethx ? Product - Outcome.

Baseline data on participants - to be built-in

SPT → Follow up after 6 mo. in every year.

Doss → Experience RVHSA on feed-back.

CMF → Residential / Distance / Contact.

→ Indicators for evaluation. - Important.
 └─ Qualitative. - process
 └─ Quantitative. - contact.

DrCh. → Plans of individuals -- 1, 2, 3 yrs. hence.
= Individual projects to be part of trg. prog.

Alcy → Project Dir. etc. to also evaluate?.

Participants organiz. also to be committed.

CMF → Analyzing hindrances / obstacles to project implementation.

SPT → Qualitative indicators?

CMF → Some indicators to be worked out?

ON }
- Ch work
- Mgt expertise
- Value/Ethics } Related to objectives of course

Dr. Ch → a) CHAI network formally recognise.
b) NGO networks to " " each others course.

★ Name of the course :- DCCAM

GP I - present by Comments on

1. Health Education.
2. Project Writing.

GP II Mgmt ~~plan~~ principles

I Planning - Determine / priority of needs.

II Communication skills

III Implementation.

IV Developing work culture

V Monitoring & Evaluation

Comments

1. Building a running organisation.
2. Team-building.
3. Training skills.
4. Social mobilization skills.
5. Documentation of processes in field.

6. Epidemiology.
7. Participatory mgt.
8. Leadership Trg.
9. Conflict management.
10. Finance - management is important.
11. Community financial mgt. systems.
12. Basics of Personnel mgt.
13. Social action skills. / Building movements.

Part II

- (1) Values:
1. Indian values.
 2. Gandhian values.
 3. Dalit values
 4. Socialist / Marxist values
 5. C.A. values.

(2) Threats to values - Erosion of values.

(3) C.A. of as a Vocational vision

↓
to plan for society

↓
Community building

↓
Preferential option for the poor

Mission.

(4) To study Indian Constitution

↓
Panchayat Raj / Decentralism

- ETHICS:
- 1) Laws affecting Eco. / Env.
 - 2) Women & Child rights
 - 3) Human rights
 - 4) Eco. rights.

NB:

Trg. structures
in atmosphere
to uphold
these values

Comments:

- 1) Biblical values.
- 2) Negative values?
- 3) Secular values?
- 4) Fundamentalism / Terrorism?
- 5) Help identify a mission for each of the participants.
- 6) Value education... how it is done?
- 7) Promoting values thru media or threat to values?
- 8) Accountability.
- 9) Transparency.

FACULTY

1. Primary Care + Guest ← area specialists
pioneers.

- identify carefully
- core faculty to be developed.
- Regional centres to be used.
- Updating
- Tie-ups w/ other orgns

CH

- Epid / SPM
- Commor
- Health & Res Prog
- CHP 1 - CO / CP
- Development Prog Hlth Care

MGT

- Genl. mgt
- OB / OD
- Finance
- MIES
- Logistics

Ethics & Values

- TQM
- Health Legisla.

= Career-guidance counsellor.

= Qualifcs. of Faculty - Controversial.

CMP ~ Crucial issue - We need to get out of beaten path.

Select faculty who can enthuse participants
↳ experience & expertise.

= ROLE MODELS

Group II

Fee - 10-12,000 (course matl. & fee)

- Scholarships?

- payment in 2 instalments?

Resources - Library

- Developing teaching art.

- Make or build upon ~~existing~~ infrastructure.

~ Shd. not be separate from CAAI.

Comments - Field laboratories.

- no. of times this course per year.

? paying faculty/resources to be built?

- fee? unaffordable to many potential participant.

~ do not compromise on quality!

funding of participants to be enabled.

edi.re

Report on Catalyst - health action by students

After two years, we find that the scope of making Catalyst a big general-interest magazine to students has grown dimmer.

For one thing, we didn't get the enthusiastic cooperation we expected from the AINACS. So, too, Central Purchasing Service in its present situation, may not be able to fetch any advertisement revenue.

Right now, the circulation has come back to 871 (the print order is 2000).

Hence, the need for some serious evaluation and appropriate remedial action.

We, the staff of HAFAs had some sessions to squarely look at the problem.

"Is the magazine worth our energy, time and money", we asked ourselves.

"If the magazine is not to make any significant impact, it would be a crime to divert attention on it from more pressing priority challenges" commented one.

After quite a lot of discussion, we came to the following conclusion:

1. There is no scope for Catalyst as a general-interest magazine for the youth. We will not be able to compete with other magazines in this regard.
2. Even as a health magazine, the scope is limited, as almost every other magazine carries regular health columns.
3. There could be a worthwhile scope if the magazine, on the other hand, turns out to be a promoter of social activism among the students helping to groom future social activists.
4. This would automatically mean that the magazine would reach

only a small fraction of students, namely those interested in social causes.

5. The approach in presentation should be less in terms of articles and more in terms of features, profiles and the like.

6. As there isn't enough popular reading material on social activism, our features on social-action-heroes, social issues and social struggles could give a distinct identity to the magazine and could be appealing even to those who are not so young.

7. Though it will reach only a limited number of students, the fact that it reaches the right student with the right message could make the magazine's impact far outweigh its circulation number.

8. As health is the total well-being, the magazine aimed to promote activism for social well-being will very much be a magazine for health action by students.

9. Once the identity of the magazine is thus made distinct, we could have also other interest-items that would be of appeal to our target-audience, especially the ones we promised while launching the magazine like sports, general knowledge, quiz, cartoon strips etc. Thus, a formula can be worked out.

10. For ensuring a regular supply of competitively interesting and relevant-to-the-scope-of-the-magazine features, we would need to pay the contributors. This would mean an expense of about Rs.6000/- per month.

11. To make up for this extra expense we could reduce the present expenses considerably by resorting to the following measures:

- a. Cut down five-colour pages entirely
- b. Make even the cover page just of two or three flat colours.
- c. We may even be able to do with less full-time staff when contributors are paid.

12. The above measures would also enable us to add more pages and hence more contents to the readers.
13. Change in colour and format could accompany an announcement reducing the price of the magazine. Price need not be more than Rs.5/- per copy.
14. Accordingly, the formula for the magazine could be as follows
 1. Social Action heroes, social issues and social struggles - 6 pages.
 2. Interview - 2 pages
 3. Editorial and letter page - 1 page
 4. Uncle Jovie - 1 page
 5. Self grooming - 2 pages
 6. Media today - 2 pages
 7. Health Tips - 2 pages
 8. Serial story - 2 pages
 9. Short story - 2 pages
 10. Cartoon strips - 1/2 - 1 page
 11. Scholl experiences - 1 page
 12. National scene - 1 page
 13. International scene - 1 page
 14. Curiosity - 1 page
 15. Sports - 2 pages
 16. Problems and questions - 1 page
 17. Sex education - 2 pages
 18. Career guidance - 1 page
 19. Spectrum - 1 page
 20. Psychology - 1 page
 21. Link between parents and schools - 1 page
 22. Humour - 1/2 page
 23. Esperanto - 2 pages

But growingly, and sooner, more and more space will be allotted for activism-oriented features.

15. As regards the promotion of the magazine, measures adequate and appropriate to the new identity of the magazine have to be worked out. The thrust will be one of identifying students (teachers and parents also) with an activistic bent.

A separate department -- School Health Department needs to be set up to support promotional measures.

Other NGO type of promotional strategies must be studied that is, more to aim at selling a concept or a movement than a product.

16. Even after the efforts, we may not reach big numbers in circulation, but we would have played a 'Catalyst role' by reinforcing and strengthening social-activism-aspirations among tomorrow's citizens.

HAFSA Team

HEALTH ACTION, CATALYST

Report for the period 01-03-95 to 31-7-1995

The magazine 'Health Action' and 'Catalyst' were brought out on time. We continue to do so without fail. Health Action continue to get good support and is received well. Response from readers are good. June issue of 'Health Action' was on "Safe Mother Hood" UNICEF purchased 6575 copies of it. UNICEF has offered to buy a similar number for the September issue (Malnutrition) and December issue (AIDS).

Essay Competitions:

1. "Role of the Family in my growth" Winners were chosen and distributed prizes in March 95.
2. "Beyond tolerance: Love and Peace"
3. "Situation of the people in any locality"

The winners have to be decided and prizes distributed.

In the combined meeting of the Editorial Boards of Health Action and Catalyst, it was decided that we celebrate the World Health Day on 8 April 1995. Col. Vasanth Kumar of Central Purchasing Service and Vasudevan Nair of HAFA were given the responsibility of coordinating the work of celebrating the World Health Day.

World Health Day was celebrated on Saturday 8 April 1995
The theme was "Polio Eradication"

One full day seminar was conducted on the theme. Several people actively involved in the prevention, treatment and rehabilitation of polio, together with representative from Governmental and international agencies participated in the seminar. Experts from the field spoke on different aspects of polio.

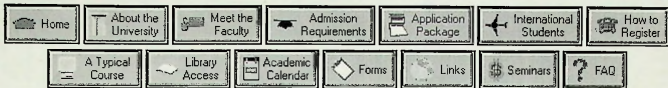
The programme concluded with a public meeting.

Shri Madhava Reddy, Hon'ble Minister for Health and Medical Education Government of Andhra Pradesh, was the Cheif Guest. Smt. Sujatha Rao, Secretary, Coordination and Family Welfare, Govt. of AP, presided over the function.

The response to Catalyst has not been satisfactory. It was decided to reduce the number of pages to cut down the cost, The quality is being maintained.

Editorial Coordinator.

M9-



Master of Science in Quality Assurance at Southern Polytechnic State University

MSQA

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About the MSQA Internet Program

In addition to the on-campus offerings, the Southern Polytechnic MSQA program is available via the internet to qualified students. To complete the MSQA On Line the student must select the Quality Systems (Non-Thesis) Concentration described in the curriculum section. This option to the program permits the student to complete virtually all the course work at his or her location, yet retains the elements of the traditional university with two intensive weekend on-campus symposiums. Located in suburban Atlanta, Southern Polytechnic State University is a unit of the University System of Georgia and is accredited by the Southern Association of Colleges and Schools.

After students are accepted into the program, they register for courses in the normal fashion. Internet courses will be designated as a separate section. (Students may intermix the internet courses with on campus courses. However, each course must be completed in its designated format.) Students will access each course via the MSQA internet home page. Each student will download course requirements, assignments, and a course outline. At appropriate times students will be provided, via E-Mail, assignments which are to be completed and E-mailed to the Professor. These will be evaluated and electronically returned. When appropriate, team assignments will be provided, requiring the students to communicate electronically with other team members in order to complete the presentation. Each week the Professor will be available in a "chat room" to discuss course issues and answer questions. At the conclusion of each course a proctored exam will be given to the student at his/her location. Once each year students completing the MSQA On Line will come to SPSU in order to make oral presentations and to interact face to face with the program faculty in an intensive two day symposium. In order to attend the on-campus meeting the student must register for QA 7504, Research Methods.

Quality Assurance (QA)

Master of Science Degree Offered

The Master's Program with a major in Quality Assurance is offered by the industrial engineering technology department in order to meet an established need in both manufacturing and service industries. The program focuses on total quality management and on analytical methods such as statistics, process, analysis, and problem solving techniques. A primary objective of the degree is to provide graduate level study opportunity to individuals who are currently practicing in the quality and related fields so they may be aware of recent advances and modern practice.

**Engineering and Technology Concentration
(Available to On-Campus Students Only)**

This concentration is designed for prospective students who have undergraduate degrees in engineering technology (all majors), physical science, mathematics, and other technical majors. To qualify fully for admission students will need the technically oriented undergraduate degree including a laboratory based physical science, at least one calculus course, and a statistics course. Two years of full time experience in the field is also expected of all applicants for this concentration. For a fully qualified student the program requires 36 semester hours of study. The program is offered in either a project or non-project format. The project option includes 8 semester hours for the Master's project, which is usually performed in the employer's facility. The non-project option requires the student to complete the research methods course. When admitted, students will be assigned a graduate advisor. Students are required to work frequently with their advisors to plan the program of study and to maintain progress.

Curriculum

Engineering and Technology Concentration

Project Option

(36 Hours Required)

| NUMBER | COURSE TITLE | HOURS |
|-----------|-----------------------------------|-------|
| QA 6602 | Total Quality | 4 |
| QA 6611 | Advanced Statistical Applications | 4 |
| QA 6612 * | Advanced Experimental Design | 4 |
| QA 6615 * | Advanced Systems Reliability | 4 |
| QA 6650 | Quality Systems Design | 4 |
| QA 7704 * | Project | 8 |
| ? | Elective | 8 |

* Available only on campus.

Engineering and Technology Concentration

Non-Project Option

(36 Hours Required)

| NUMBER | COURSE TITLE | HOURS |
|-----------|-----------------------------------|-------|
| QA 6602 | Total Quality | 4 |
| QA 6611 | Advanced Statistical Applications | 4 |
| QA 6612 * | Advanced Experimental Design | 4 |
| QA 6615 * | Advanced Systems Reliability | 4 |
| QA 6620 | Inspection Systems | 4 |
| QA 6650 | Quality Systems Design | 4 |
| QA 7504 * | Research Methods | 4 |
| ? | Elective | 8 |

* Available only on campus.

* QA 7504 course must be taken by attending two weekend symposiums on-campus. The student registers for this course once and will receive credit for the course after successfully completing the second on-campus symposium.

Quality Systems Concentration (Available to Internet and On-Campus Students)

This concentration is designed for students who are working in the quality, training, and related developmental disciplines. The program has been established to meet the needs of the professional who has not received a formal technical education in quality, yet must support total quality, continuous improvement, process management, and re-engineering efforts within their organization. The program focuses on total quality management and on analytical techniques. On-campus students may select either the thesis or non-thesis option below. However, internet students must select the non-thesis option listed below. A primary objective of the degree is to provide graduate level study opportunity to individuals who are currently practicing in a quality related field who have not had any formal technical education in the discipline.

The concentration is designed for prospective students who have undergraduate degrees in business, social science, education, and other non-technical majors. To qualify fully for admission students will need to hold a bachelor's degree and either be working in a quality related field, e.g., human resources or training, or desire to work in the field.

For a qualified student the program requires 36 semester hours of study. Students electing the thesis option will complete an 8 hour thesis. The remainder of the curriculum includes graduate course work in Total Quality, Process Analysis, Technical Training, Quality Systems Design, Quality Cost Systems, and Statistical Process Control.

Curriculum

Quality Systems Concentration - Thesis Option

(36 hours required)

| NUMBER | COURSE TITLE | HOURS |
|-----------|-----------------------------------|-------|
| QA 6600 | Methods of Analysis | 4 |
| QA 6602 | Total Quality | 4 |
| QA 6610 | Statistics for Quality Assurance | 4 |
| QA 6611 | Advanced Statistical Applications | 4 |
| QA 6620 | Inspection System Design | 4 |
| QA 6630 | Technical Training Methods | 4 |
| QA 6650 | Quality Systems Design | 4 |
| QA 7804 * | Thesis | 8 |

*Available only on campus.

Quality Systems Concentration - Non-Thesis Option

(36 hours required)

| NUMBER | COURSE TITLE | HOURS |
|-----------|------------------------------------|-------|
| QA 6600 | Methods of Analysis | 4 |
| QA 6602 | Total Quality | 4 |
| QA 6610 | Statistics for Quality Assurance | 4 |
| QA 6611 | Advanced Statistical Applications | 4 |
| QA 6620 | Inspection System Design | 4 |
| QA 6630 | Technical Training Methods | 4 |
| QA 6640 | Quality Cost & Supplier Evaluation | 4 |
| QA 6650 | Quality Systems Design | 4 |
| QA 7504 * | Research in Quality | 4 |

* QA 7504 course must be taken by attending two weekend symposiums on-campus. The student registers for this course once and will receive credit for the course after successfully completing the second on-campus symposium.

MSQA Course Descriptions

Unless otherwise noted, all courses are 4 credit hours.

QA 6600 Methods of Analysis

A study of the analytic processes required to identify, document, define, and measure requirements and limitations for any operating system. Class work will focus on identifying, describing, and measuring existing manufacturing and service systems. Methods available for system improvement will be investigated.

QA 6602 Total Quality

A study of the functions and responsibilities of the quality organization. TQM concepts, quality function deployment, and the tools for continuous improvement are analyzed for sequence of use and application. Emphasis is placed on design and performance aspects of a system wide quality assurance function.

QA 6610 Statistics for Quality Assurance

Descriptive statistics for discrete and continuous variables, probability distributions, confidence intervals and hypothesis testing, elementary control charts for variables and attributes, the design of acceptance sampling plans, analysis of variance, and regression and correlation analysis.

QA 6611 Advanced Statistical Applications

The application of advanced statistical methodologies to the analysis and solution of quality and management problems, including probability theory, control charts, sampling, regression analysis, and design of experiments. The focus is on statistical process control and related quality technologies. A prior course in statistics, such as Math 260 or QA 6610 is required.

QA 6612 Advanced Experimental Design (available only on campus)

Analysis of statistical experimental design strategies, planning of experiments for the best strategy and objectives. The use of existing computer applications packages will be stressed. QA 6611 is the prerequisite for this course.

QA 6615 Applied Systems Reliability (available only on campus)

Analysis of appropriate probabilistic models for system reliability, including the exponential, Weibull, normal, and lognormal distributions, life prediction techniques, reliability test program plans, failure mode and effect analysis, Markov models, and maintainability concepts. QA 6612 is the prerequisite for this course.

QA 6620 Inspection Systems Design

Understanding inspection systems, measurement principles, and limitations. Included are acceptance sampling plans such as ANSI Z1.4, ANSI Z1.9, Dodge Romig, and stipulated risk, chain, sequential, and continuous plans. QA 6610 is a prerequisite.

QA 6630 Technical Training Methods

Adult learning theory, the development and management of training programs, presentation techniques, instructional aids, and assessment will be investigated.

QA 6640 Quality Cost and Supplier Evaluation

A detailed analysis of cost reductions involved in continuous improvement. Supplier evaluation, including quality audits, is reviewed to establish capability. The concept of partnerships is explored. QA 6602 is a prerequisite for this course.

QA 6650 Quality Systems Design

The development of the quality organization, systems, and procedures necessary for effective participation in world markets. Creating and documenting methods and procedures is stressed. QA 6602 is the prerequisite for this course.

QA 6712 Quality Systems Simulation (available only on campus)

The application of simulation to quality systems. Topics covered included fundamental simulation modeling techniques, random sampling procedures and methods of estimating performance measures from simulation outputs. Emphasis will be upon hands on simulation of various quality systems using PC based simulation languages. QA 6611 is the prerequisite for this course.

QA 6722 Human Factors in Quality Assurance (available only on campus)

A comprehensive survey of human factors theory, research, and applications which are of particular relevance to quality assurance. Emphasis will be placed on operator constraints in the design of work processes, workplaces, and instrumentation. QA 6600 or QA 6602 are prerequisites for this course.

QA 6731 Measurement and Testing Techniques (available only on campus)

An in-depth discussion of equipment, principles, and techniques of measurement assurance. QA 6600 or QA 6602 are prerequisites for this course.

QA 6735 Graduate Seminar (available only on campus)

The course is designed to cover various topics within the field of quality assurance which are not taught

in other courses. These topics might include acceptance sampling, risk analysis, SPC training methods, and others. Students are expected to make formal presentations in teams. Prerequisites for this course are QA 6602 and QA 6611 or consent of the instructor.

QA 6901-6904 Special Topics in Quality (variable credit 1-4 hours)

Students may arrange to study and perform independent research on a topic approved by a graduate faculty member. An appropriate research paper will be required and the student may be required to make an oral presentation to faculty, graduate students, and/or quality professionals.

QA 7504 Research In Quality (Available only for students completing MSQA On Line)

This course is designed to guide the student in a thorough and in-depth written examination of one or more topics relevant to the application of quality assurance. Emphasis is placed upon students using both traditional and electronic means to perform the research. Prerequisites for this course are QA 6602 and QA 6611 or consent of the instructor. Special Note: This course must be taken on campus.

QA 7704 Project (8 hours required, available only on campus)

The goal of students enrolled in this course is to complete a project under the guidance of an assigned professor. It is the culminating learning experience of the program and includes a significant written and oral report. To meet the standards established by the faculty, the project must demonstrate a rigorous scientific approach, use a clearly documented theoretical framework, and demonstrate application to the quality profession. The project is expected to require two semesters (a minimum of 8 hours) to complete. QA 6611 and QA 6650 must be taken prior to registering for QA 7704.

QA 7804 Thesis (8 hours required, available only on campus)

Students will perform a research project on some aspect of quality assurance. The student's faculty advisor must approve the research. Students are to demonstrate their abilities in problem identification, research, and written presentation in the thesis. This course must be taken in the last two semesters of the student's program.

Technical Information for Internet Students

What You Will Need:

Computer:

You will need a computer and an Internet connection that provides access to the World Wide Web. Any platform should work, providing it has sufficient RAM and an operating system that is capable of running a graphical Web browser such as Netscape 2.0 or higher.

Minimum system requirements for PC's are: 486 CPU, 8MB RAM, Windows 3.1.

Modem:

A 28.8 modem is strongly recommended. A 14.4 will work.

E-Mail:

You will also need an E-Mail application. Eudora Lite allows you to attach text files that you create in your word processor, and it is available as freeware from Qualcomm.

Word Processing Software

All assignments submitted for grading in all courses must be created in **Microsoft Word** (Version 6.0 or lower). These assignments will be electronically submitted by attaching them to an E-mail letter to the professor.

Applications:

To apply please complete and sign the application and return it to:

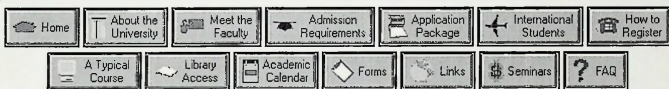
Admissions Office
Southern Polytechnic State University
1100 South Marietta Parkway
Marietta, Georgia 30060-2896

Note: At the current time, the University System of Georgia requires that applications be signed by the prospective student. Therefore, please print the application forms on your printer, fill in all the blanks, and sign the forms in ink in all the appropriate spaces. You should then mail the completed application to the above address.

Please remember to:

- (1) Have your transcripts sent to the Admissions Office.
- (2) Have your references submitted to the MSQA office.
- (3) Abide by all dates published in the application packet.

After your application has been processed you will be advised of its status. You may call the MSQA program for an update on your application between 9:00am and 4:00pm Eastern time.



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Health Action / Student Catalyst Editorial Board 12/8/95

MSA-11

- Minutes passed

- Matters arising out of - Newspaper. - Import! Not eco. for small papers.

Govt. identified paper mills - lower rates.
Follow-up

H.A. & Unicef → Hyd-5000 / Bhubaneswar-1000 / Buying special issues

Student Catalyst Reduced pages 40 to 32.

Advt → problem - GOI concessions to CPS. Advt.

CPS thinking of bulk purchase of Essential drugs.

HA, Catalyst Report - V. Nair.

Catalyst - Report

P.C. George - Vernacular editions / Low-cost /

Unicef - Funds.

- Wide based single magazine.

"Where there is a doctor"

- Focus on SWPV classes.

Promote thru schools / teachers /

* School Health programs - practical aspects
~ school health clubs / Community friendly schools.

- 'Product supplements' Advt.

SPT - Refer next page.

Rayanna - CBCE - School Health promotion

- Training of trainers, etc.

Senex Maximums - Marketing of this product (which is good) is needed.

- Jaipus Mgt. { Sustainability.
Marketing.

- Identify the need.

- If there is no need, marketing won't work.

- CMF: Hafa staff vs suggestions so far

SPT: No dichotomy - try to find 'NEED' again.

Argentine Ministry: Make activists of everyone. So, some will be more.

Fr. John: NAME - to move students for Health Action.

P.O. George - Tie-up e school health movement.

Sr. Placida - Students are using - not buying!

Vincent George: Has Hafa found out about needs?
Will change (make difference) as suggested

CMF: Change in Philosophy is radical - not content.

Fr. John's intro - Kumaraswamy Reddy → Maharashtra school children's program.

CMF - to find out need in next few issues.

Fr. Edwin - Practical difficulties. - Hafa
~ Reduce colour pages. - Reduce cost - reach more people.
~ Mission to achieve - social activism.
- enough attention / enough material /

Regional language editions.

CMF - Objectives? Cost-factor?

Good - Spectrum

- Know your country.
- Natl. / Internat. scene
- Short stories / Serials.

So... So.

- Photo feature.
- Yoga - not good.

Needed - Child-to-Child

- Self-improvement. / Challenges of growing up.

RESPONSIBLE BEHAVIOUR

BASICS OF HEALTH -

Child/Student writers / Correspondents.

Surethi Maximine : Social commitment vs Commercial considerations.

focus on needs of students

~ more interaction by HAPA & students.

Fr. Edwin : Contacting schools - sporadic.

CMP → Wind-up discussion for now!

Ganesh - Unicef support to Health Action - increasing ~~2~~ → 6 reasons
- may support Catalyst too!

- Promises made to students not kept up!

- Natl. or Internat. scene 50/500 response.

- AP Schools / TN Schools

Scheme - Small savings schemes / 1st prize Titan watch, etc.

This year - Festival season ∴ Greeting card promotion
& Libraries - 40 copies.

CMF

- Pragathi press vs Tejavam press ✓
↳ savings 11,000 per issue.
 - Reduce costs by removing color pages - 2 color printing.
 - Getting paper at a cheaper price.
- Do not change format.

= Paying for those who write - token payment.
and develop strategies - eg. Student correspondents.
Fr. John - more effort to be made to get voluntary contributors

Letter → K.R. Anthony → School enrolment
→ Feeding programme - Malabar
→ Pulse immunization for Polio - Priority?

Augustine → Practical ideas to be active.
(Lacknow - Sr. (Dr.) Brigeta).
Link-up w/ Unicef & Rotary.

'Children & science movements' as addl. topic for Students Catalog.
'Spending leisure-time more fruitfully'

SPT → 101 Indian toys - Feature article

- Marie Mascarenhas' letter -

IV. HOUSE HOLD INCOME :

Who is the main Income Provider to the family

Name Relationship to HOH _____

- a) Occupation of main Income Provider Daily Wages Salaried
- b) On an average how many days of work you (main income provider) would get in a month ? _____
- c) Income per week Rs. _____ per month. Rs. _____
- d) Are you part of any savings scheme Yes / No. If yes Bank P.O. SHG Others

V. Does any member of your family consume alcohol? If yes, use the next schedule. If no, conclude the interview.

Who drinks quote Sl. No.

From Q III :