



**INDIAN SOCIAL INSTITUTE**  
Center for Research, Training and  
Action for Social and Economic  
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# SUBALTERNS

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## Editorial

## Good Health and Well-being

The Goal 3 of Sustainable Development Goals is about “good health and well-being”. Under this goal, all countries in the world pledge “to ensure healthy lives and promote well-being for all at all ages”. Among the key targets towards achieving this goal are eradicating child mortality, reduction of maternal mortality, reduction in injuries and deaths due to road accidents, providing universal access to sexual and reproductive care, and above all, achieving universal health coverage. India responded to this commitment of Goal 3 of SDG by adopting the National Health Policy 2017, which aims to “attain the highest possible level of health and well-being for all at all ages through a preventive and promotive healthcare orientation in all development policies, and universal access to good quality healthcare services without anyone having to face financial hardship as a consequence”. The seven priority areas highlighted in the policy are air pollution, better solid waste management, water quality, occupational safety, road safety, housing, vector control and reduction of violence and urban stress. The policy proposes raising public health expenditure to 2.5 per cent of GDP in a time bound manner. However, the total net government spending on healthcare was only 1.23 per cent of GDP in 2019. According to a report by the World Health Organisation, India ranks 145th out of 195 countries in terms of access to quality healthcare.

Besides, India faces unique challenges in achieving good health and well-being: (1) Malnutrition is a significant challenge with nearly 50 per cent of children under five years of age being undernourished. Malnutrition not only affects physical health but also hampers cognitive development of children. (2) Lack of access to safe sanitation and hygiene facilities leads to the spread of waterborne diseases like cholera, typhoid and diarrhea. (3) Although India has one of the largest healthcare systems globally, many people lack access to basic healthcare services due to lack of infrastructure, resources and skilled healthcare professionals. (4) India has one of the highest maternal mortality rates globally, with around 44,000 women dying each year due to childbirth-related complications. (5) Non-communicable diseases such as diabetes, cardio-vascular diseases and cancer are on the rise. (6) Mental health issues like depression, anxiety and stress are increasing in India and there is a lack of awareness and resources to address them. (7) India has some of the most polluted cities globally, which contributes to respiratory problems and other health issues. (8) A significant number of people lack access to safe drinking water, which contributes to the spread of waterborne diseases. (9) India is home to several vector-borne diseases like malaria, dengue and chikungunya, which pose a significant health risk. (10) Since India has a large population,

ensuring that everyone receives vaccines is a challenge. Public healthcare sector encompasses only 18 per cent of total outpatient care and 44 per cent of total inpatient care. Much of the public healthcare sector caters to the rural areas and remote regions and the poor quality of public healthcare arises from the reluctance of experienced healthcare providers to visit the rural areas. The private healthcare sector consists of 58 per cent of hospitals in the country, 29 per cent of beds in hospitals and 81 per cent of the doctors. According to National Family Health Survey-3, the private health sector remains the primary source of healthcare for 70 per cent of households in urban areas and 63 per cent of households in rural areas. The Government has tried to respond to the challenges in the healthcare sector by introducing schemes such as National Nutrition Mission, Swachh Bharat Abhiyan, Ayushman Bharat, Janani Suraksha Yojana, National Mental Health Program, National Health Mission, and so on. The Mohalla Clinics in Delhi and the Right to Health law recently enacted in Rajasthan are significant public health initiatives in India. However, a lot more needs to be done in order to ensure universal access to affordable healthcare and universal health insurance cover in order to fulfil the goal of ensuring good health and well-being to all citizens of the country. □

**Denzil Fernandes**

## MOHALLA CLINICS AS 'LIFELINE OF THE URBAN POOR'

Alwyn D'Souza

Mohalla Clinics are primary healthcare centers that were started by the Aam Aadmi Party (AAP) government in 2015 with the aim of providing affordable and accessible healthcare to the urban poor in the city of Delhi. These clinics are small medical centers that provide basic medical services to the people living in the urban areas, mostly in the slums. There are over 500 Mohalla clinics serving the urban poor and providing over 200 essential drugs for free. Each Mohalla Clinic serves a population of 10,000 to 15,000 and on an average around 80-100 people visit a Mohalla Clinic every day.

### Lifeline of the urban poor

The Mohalla Clinics have emerged as a lifeline for the urban poor, especially those who cannot afford expensive private healthcare services. They have helped to bridge the gap between the rich and the poor by providing quality healthcare services to those who need it the most. The clinics have been successful in addressing the healthcare needs of the urban poor. The services are provided free of cost, thus making them accessible to all. These clinics are typically located in densely populated neighborhoods, and they offer basic healthcare services such as consultations, diagnostic tests, and free essential medicines. As the clinics are conveniently located within the neighbourhoods they serve, they have reduced their travel costs as well. The poor often have limited access to healthcare facilities due to financial constraints, lack of awareness, and inadequate healthcare infrastructure. Mohalla Clinics have filled this gap by providing affordable healthcare services that are accessible to everyone, regardless of their socio-economic status. The clinics are equipped with modern medical equipments, and have well-trained and qualified doctors

and staff. The free consultations and free essential medicines have helped many poor families to save money. Mohalla Clinics have indeed played a significant role in reducing the health expenditure of the urban poor and protecting them from being pushed into poverty. The clinics offer affordable and accessible healthcare services to the people, which has helped to reduce the out-of-pocket health expenditure of the urban poor. In addition to providing free healthcare services, Mohalla Clinics also offer health education and awareness programmes, which help to empower the community to take better care of their health. This is particularly important for the urban poor, who may not have access to reliable health information and resources. The Mohalla Clinics have not only helped to bridge the gap between the rich and the poor, but have also created job opportunities. Before the establishment of Mohalla Clinics, the urban poor often had to rely on expensive private healthcare services or travel long distances to government hospitals, which could be costly and time-consuming. This often led to high medical bills and pushed many people into poverty. However, with the availability of Mohalla Clinics, the urban poor can access quality healthcare services free of cost. This has helped to reduce their health expenditure significantly, which has, in turn, protected them from being pushed into poverty. Moreover, by providing basic medical services at the community level, the clinics have helped to prevent the onset of diseases and illnesses, which could have been costly to treat later.

### Improved health outcomes

Mohalla Clinics have also played a significant role in improving the health outcomes of the poor. They have helped in early detection and management of diseases, which has prevented the

progression of the disease and the need for hospitalization. The clinics have also helped in reducing the burden on government hospitals, which are often overcrowded and understaffed. By providing basic medical services to the people, the clinics have helped to reduce the number of patients who need to go to hospitals for treatment. Mohalla Clinics are an excellent example of how innovative healthcare solutions can help bridge the gap between the rich and poor and provide equitable healthcare services to all.

### Inspiration for other states

The success of these clinics has prompted other states in India to replicate the model in their own regions. Since their inception, Mohalla Clinics have become a model for other states and countries to emulate as they have been recognized as a successful public healthcare initiative, and have contributed significantly to improving the health and well-being of the urban poor. Given their popularity and importance, states like Telangana, Rajasthan, Madhya Pradesh, Jharkhand, Maharashtra, Karnataka, etc., have drawn inspiration from this model and are working towards similar models in their respective states.

### Way forward

Despite their huge success, the Mohalla Clinics have their set of problems, like limited number of Mohalla Clinics with evening shifts, lack of immunization and antenatal services, limited number of essential drugs, few Mahila Mohalla clinics, limited use of technology to digitise health records, shortage of health personnel, unhygienic conditions, etc. When these problems are addressed, the Mohalla Clinics will not only increase the satisfaction levels of the people who visit them, but also increase health outcomes of the urban poor. □

## HEALTH, WELL-BEING, SOCIAL AND ECOLOGICAL HARMONY IN TRIBAL SOCIETY

*Arun Kumar Oraon*

The United Nations has placed good health and well-being as the third goal of the 17 Sustainable Development Goals. The World Health Organization's constitution defines health as complete physical, mental and social well-being and not merely the absence of disease or infirmity. This definition implies that health is more than the absence of mental disorders or disabilities.

If we try to adapt this to the Indian perspective, we will face many difficulties. On reflecting on this from the perspective of the Indian tribal society, many questions emerge simultaneously. Tribals in our country reside in many states, where they are numerically predominant. There is also an abundance of natural resources in these states. However, for some time, the exploitation of resources has been affecting people's mental and physical conditions. It can be understood with an example. For a long time, some tribals have started protesting against tribals in the name of religious conversions in many states of central India. It is a politically motivated ideology that has created conflict among themselves. Many mental disorders pollute mutual understanding during these conflicts by creating differences among the tribals. It is also working to influence the philosophy of tribal society adversely. This type of mental state among the tribals also harms nature, because they are also participating in looting natural resources.

Associations among tribals are well organized. Nevertheless, the communal mindset has

weakened the bond of solidarity among the tribals. So, we can read in newspapers that in different states, tribals protest against tribals and destroy their places of worship. Does this not explain the growing social ills among the tribals? Due to these social ills, no one hesitates to loot water, forest and land. Because tribals of one community believe in this mindset, it will adversely affect other tribal communities. One influential idea that is being floated is reflected in incidents when the tribals living in the village have been told that if someone was illegally cutting the forest near the village of a leading tribal community, the people of other tribal communities should not come to save the forest. This mental condition has increased rapidly in the last few years among the tribals. This situation is affecting tribal society in many ways. In the past, the tribals of one area came together and settled the village's affairs. However, now it is seen that in place of tribalism, the mentality of communalism is getting intensified among the tribals. The tribal philosophy was to win the goodwill of other humans and consume only as much from nature as they needed. It is not the case now. That mentality is dying out now. This disorder affects society, panchayat, community and state in many ways. Cities in many states of the country are becoming toxic with air pollution. We are going towards such a future, where some cities of the world become desolate as the ground water level has gone down a lot or we can say that water has been polluted.

Therefore, considering the third goal of sustainable development of the United Nations, the tribal society should work to maintain mutual companionship. If mutual association for the good of other communities can be maintained, all human beings can live in harmony with nature by adapting to their environment. Tribals need to leave their mental blocks and pursue the work of well-being along with physical and psychological health, so that a better society can be built and harmony with nature can be created. Because climate change has started showing its effects in tribal areas, tribals need to be more alert and take forward the work of good health and well-being so that not only the country but humanity at large can be provided with a better future. Even today, there are many traditional rules and practices among the tribals which can help prevent climate change. Many countries worldwide are working together to reduce the effects of climate change and promote good health and well-being. The tribals of India also need to learn from those tribal societies of the world, who are making life beneficial for all by combining their traditional norms with democratic values. The philosophy of the tribals of Africa highlights the presence of nature as the best means of providing life to human beings. In this philosophy lies the secret to climate resilience and good health and well-being. □

"Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."

WORLD HEALTH ORGANIZATION

## INDIGENOUS PERSPECTIVE ON GOOD HEALTH AND WELL-BEING

Vincent Ekka

Good health and well-being encompass both, mental state and physical quality of life. The interconnected domains of good health and well-being extend to a healthy social relationship, material standard of living, quality of life and mental, physical, psychological and socio-economic well-being of individuals and communities. Good health and well-being are the experiences of different individuals within the cultural context of different societies. Different societies may have different culturally shaped vision of health and well-being. Similarly, according to the indigenous community, good health is more than the absence of disease or illness. It is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing, for both, the individual and the community. It also includes good ecological surroundings, clean environment and healthy biodiversity. The African Philosophy of 'Ubuntu' adequately expresses the idea, which says, "I am, because you are". The individual's good health depends upon a healthy co-existence of all. It is relational.

In the same way, well-being can be defined as a state of being healthy, happy, prosperous, contented, with wellness and with good quality of life. There is some commonality in understanding social well-being, material well-being, health and well-being among all. Additionally, the indigenous communities across the world would mean by well-being, a sense of personal and collective fulfilment, balance among natural-human-supernatural worlds and perfect integration. It may also mean the absence of corruption, injustice, greed, pride, violence, exploitation and misuse of the other, including the nature and Mother Earth. Social and emotional well-being of indigenous communities is the foundation of mental and physical health and well-being which recognizes

the interdependent connections of humans to land, sea, nature, culture, spirituality and ancestry - all influencing wellbeing of all. The indicators of the state of good health and well-being among the indigenous communities can be observed by feeling a sense of belonging, having strong cultural identity, maintaining positive interpersonal relationships, and feeling that life has purpose and value. These can be adversely affected by negative forces like - removal from family, deprivation, discrimination, incarceration, death of a close friend or family member or natural heritage (forest, hills, nature, flora and fauna), pandemic, unemployment and climate change. Social and emotional well-being of indigenous communities is influenced by the social determinants of health, adversely impacted through the government policies, institutional and social discriminations, hegemonization, hierarchization, socio-economic and environmental factors, cultural and historical factors, etc.

In the context of Sustainable Development Goals (SDGs), good health and well-being needs to be made available to all without any discrimination. But it looks to be a lofty target, which is very difficult to reach. In the developing and underdeveloped countries where there is massive inequality of development practices, uneven infrastructural growth and utter lack of facility for health, services and basic facilities for decent living, to talk about availability of good health and well-being for all seems impossible. Moreover, the poor, small and rural communities have to bear the negative impact of development and technological facilities available for other well-off and affluent societies. The poor and indigenous communities have to suffer due to the climate change and side effects of industrialization

of which they were never a part. Many indigenous communities suffer from poor health and have limited access to health services, while their traditional medicines and practices are undermined and destroyed by rampant mining and destruction of forests and hills.

The SDGs provide goals and paths to reach the objective of 'leaving no one behind.' The SDG on good health and well-being emphasizes the access to good health and healthcare facility for all. It comprehensively reaches out to cover the environmental, social and economic dimensions of sustainable development. It is a universal appeal grounded on the 'UN Declaration on Human Rights' and 'principles of non-discrimination and equality.' It also aims at reaching those 'furthest behind first.' As far as the good health and well-being of indigenous communities are concerned the SDG is based on the fundamental human rights principles of equality and non-discrimination enshrined in human rights instrument, especially the United Nation's Declaration on the Rights of Indigenous Peoples (UNDRIP) 2007.

In order to restore good health and well-being for all in a holistic understanding and approach, a new way and perspective is necessary. The established systems and governments are reluctant to move out of their comfort zones, benefits and ways for the implementation of new policies and laws. The indigenous world and worldviews can provide a new paradigm for looking at the reality, human relations and wellbeing which could be more sustainable, more humane and more livable. Are the rest of the communities, societies, governments, policymakers and development practitioners ready to adopt a new way of promoting good health and well-being? □

## NEW DELHI WORLD BOOK FAIR

The 31st edition of the New Delhi World Book Fair was held from 25th February to 5th March 2023 at the newly constructed halls at the centrally located Pragati Maidan, New Delhi. The Book Fair was organized by the National Book Trust, India, an autonomous organization of the Government of India under the Ministry of Education in collaboration with India Trade Promotion Organization. Over 100 publishers from different parts of India as well as from over 35 countries participated in the Book Fair, which attracted over a million people. It was a good opportunity for the Institute to disseminate and promote the intellectual resources of the Institute at the national and international level, through sale and display of our books and journals, which cover several issues such as Human Rights, Women, Dalits, Tribals and Legal studies. This was also a great opportunity to interact with the publishers, buyers and booksellers from India and abroad. Since the Book Fair was organized for the first time after three years

due to the COVID-19 pandemic, book lovers were excited because books of their choice were available under one roof. Our research-oriented books and Legal Education Series booklets were a great attraction at the Book Fair. A number of unique titles of the legal series booklets enticed visitors. This is the place where students, scholars, authors, intellectuals, librarians, lawyers and book lovers play a pivotal role. During the book fair, several thousands of visitors, who passed through our stall, were bound to get attracted towards the display and could not resist purchasing at least the legal series booklets. They were attracted to pick up the booklets and purchase two, three or more booklets as per their choice. These are highly informative and are in a simplified form of the main legal books. It is very useful for the common people, who can understand and benefit from it. It gives general information to the masses regarding the provisions of the law. A number of people appreciated the work of the



Institute for creating awareness through booklets. This time many booklets have been translated into Hindi and therefore booklets were available for Hindi readers as well. Many customers were not happy with the payment through digital transactions (PhonePe, G-pay Paytm), due to internet connectivity problem in the book fair hall. Despite this, we had a good sale of our books and booklets apart from a few subscriptions for our journals and magazines. □ **John Kullu**

COMMENTARY



The 6th Victor Courtois Memorial Lecture on "Islam and Christian-Muslim Relations in Europe - A Way

Forward" was delivered by Professor Gaetano Sabetta, Vice Rector, Urbaniana University, Rome, at

## 6th Victor Courtois Memorial Lecture

Indian Social Institute, New Delhi on 1st February, 2023. During his lecture, Prof. Sabetta dwelt on the encounter between Islam and Europe and the relationship between Muslims and Christians in the European context. He revealed the problematic nature of Islam in relation to Europe, and assessed the contribution that Islamic-Christian dialogue can make in terms of mutual understanding, reciprocal enrichment and the development of European Muslims. This Christian Muslim relationship can be pursued through an intercultural and

interreligious process, which is a middle path between the failure of multiculturalism and the disaster of assimilationism. He argued that interreligious and intercultural engagement between Christians and Muslims in Europe aims precisely at developing this middle

path, even if there are difficulties and misunderstandings. Dr. Denzil Fernandes, the Executive Director of ISI Delhi, delivered the welcome address and moderated the session, which witnessed a lively interaction with the audience. After the lecture, six practitioners

of dialogue: Professor Akhtarul Wasey, Professor Khurshid Khan, Ms. Naaz Khair, Dr. Rajat Malhotra, Mr. Basit Jamal, and Mr. Behzad Fatmi were honoured with a shawl and a plaque. The programme was jointly organized by Islamic Studies Association (ISA) and ISI Delhi. □

Joseph Victor Edwin

## JCSA PEACE AND RECONCILIATION NETWORK MEETING



A 3-day meeting of the Jesuit Peace and Reconciliation Network of South Asia was held on 17-19 February, 2023, at the Indian Social Institute, Bangalore, to deliberate on establishing peace centres and initiatives throughout South Asia. Twenty-two delegates from different Jesuit provinces of South Asia actively participated in the meeting. The meeting began with the keynote address on “Relevance of Promoting Peace and Reconciliation in South Asia” by Dr. Denzil Fernandes, the Executive Director of ISI Delhi, on the first

day itself. On the second day of the meeting, different members of the Core Team of Peace and Reconciliation Network of JCSA conducted sessions on “Peace and Reconciliation Network of JCSA: Vision and Mission”, “Human Rights, Justice and Peace in South Asia”, “Collaboration and Networking in the Ministry of Peace and Reconciliation,” and “Ministry of Peace and Reconciliation: Expectations from Jesuits.”. There was also a panel discussion on “Peace Promotion in Education/ Higher Education” and sharing of

best practices in peace building in different Jesuit provinces. Each province delegate shared existing peace initiatives and the province apostolic plans on peace and reconciliation. It was widely felt that peace and reconciliation work requires inter-ministerial collaboration as it is an overarching preference that should percolate in all the apostolates of the provinces. With a discerning future in mind, the assigned members in different groups shared and came up with plans for promoting peace and reconciliation in their respective provinces. On the final day of deliberations, the delegates proposed a Peace and Reconciliation Network structure, which will include Peace and Reconciliation Network core teams at the Province level, Zonal level and the JCSA Conference level, and an action plan for the Peace and Reconciliation Network in South Asia, which will be implemented in 2023-2026. □ **Denzil Fernandes**

REPORT

## ZONAL WORKSHOPS OF JESUIT SOCIAL SCIENTISTS OF SOUTH ASIA (JSSSA)

JSSSA has 82 Jesuit social scientists with doctorates. It was decided that prior to a national meeting in October, north, south, western and central zone meetings take place. The zonal coordinators, Dr. Thomas Perumalil (North), Dr. Vincent Ekka (Central), Dr. Alwyn D’Souza (South) and Dr. Denzil Fernandes (West), along with Forum coordinator Dr. Lancy Lobo met in a series of meetings to deliberate on the themes, schedule and venues of



the zonal meetings. Each province had identified with a contact person to liaise with province men. Two

major themes were identified from a Google survey and subsequently two concept notes were prepared:

(1) "Revisiting the Idea of India for 21st Century" by Dr. Alwyn D'Souza, and (2) "Christian Contribution to Nation-building" by Dr. Denzil Fernandes. These concept notes had sub themes and participants in zonal meetings were asked to present their views for ten minutes followed by discussion. Dr. Lancy Lobo gave two initial sessions on "Genesis of JSSSA and its activities so far" and "Towards an Intellectual and Learned Approach to Ministries". A session was dedicated to presenting the intellectual activities and intellectual life in the respective provinces. The planning for the national meeting was also



deliberated upon by carrying forward the themes and sub themes discussed at the zonal level. So far, two zonal meetings have been held: (1) North Zone meeting was hosted by Dr. Donatus Kujur at Matigara,

where 15 Jesuit social scientists participated, and (2) West Zone meeting was hosted by Dr. James C. Dabhi at Vadodara, where 7 Jesuit social scientists participated. □

Lancy Lobo

## THE STAFF FORUM COMMITTEE PROGRAMMES



The Staff Forum Committee organized the Annual Staff Family Get-together on 21st January 2023 for the first time in three years due to Covid-19 pandemic. The Staff family get-together was a wonderful opportunity for staff members to get to know each other outside of the work environment and build stronger connections that help to enhance workplace productivity and job satisfaction. The purpose of the event was to promote social interaction, build team spirit and create a sense of community among staff members and with their families. Mr. John Kullu started the

programme with the introduction of staff members with their family members. Dr. Denzil Fernandes, Executive Director of the Institute, in his welcome address, thanked the staff and their families for their contribution and support to the Institute and its mission. The staff also celebrated the Golden Jubilee of Dr. Thomas Perumalil SJ in the Society of Jesus with the cutting of the cake and a greeting song. Later, various types of games and group activities, such as sweets collection, balloon bursting, eating game, rubik cube puzzle, marble- spoon race, bombing the cities,

were conducted for children and adults of different age groups. Mr. Praveen Kumar organized these games and activities and all children and adults enjoyed participating in all these games. In addition, some children gave performances with songs and dance with music. After the games were over, prizes were distributed by the ISI Management to all the participants. The programme concluded with a vote of thanks by Mr. Rameshwar Dayal, which was followed by a delicious lunch in the Hostel. □

Staff Forum committee of Indian Social Institute organized a one day outdoor picnic on 23rd February 2023 to Madhavgarh Farms, Gurugram, Haryana. The day began with a group photo in front of the Institute at 8.30 am, followed by a 45 km long bus journey to Madhavgarh Farms, located in a rural area. 47 members of the staff and ISI Management joined the picnic, which was an occasion to refresh and relax from routine work and boost one's physical and mental health. On arrival at Madhavgarh Farms at 10.45 am, we were welcomed with tilak on the forehead and playing of traditional music of Bhangda. After securing entry coupons for all of us, we were



served breakfast and delicious lunch. There were a number of entertainment programmes like Cricket, Archery, Basketball, Tractor ride, Camel ride, ropeway, Magic show, dance with DJ music and many more adventurous activities. All the staff members enjoyed the

games and activities at the picnic very much and were refreshed and relaxed. After having tea and snacks, a group photo was taken and we left at 3.30 pm with pleasant memories of Madhavgarh Farms and singing songs throughout the bus journey back to Delhi. □



International Women's Day is celebrated globally to acknowledge the achievements of women. It was celebrated in the Institute with great enthusiasm on 6th March, 2023. There were staff members of ISI, JRS, CDO, SJES, and MAIN along with the Jesuit management. The programme started with a welcome speech by Mr. Bhupender Kumar, who hosted the programme efficiently. Dr. Denzil Fernandes, Executive Director of the Institute, delivered the inaugural address, where he appreciated

the contribution of women staff working in different offices in the Institute. He also mentioned that women were at the forefront of diverse and inclusive movements online and on the streets for social justice. On the occasion of Women's Day, all the Jesuit Fathers gave roses to all the women in the hall. Since it was also the birthday of Dr. Alwyn D'Souza, he cut the cake and also delivered a message to the staff. Dr. Thomas Perumalil, in his keynote address, spoke about the digital empowerment of women

in all walks of life. Fr. Stephen Raj (JRS), Fr. Stanislaus Tirkey (SJES), Ms. Babita (MAIN) and Dr Vincent Ekka shared about the contribution of women in different apostolic works of Jesuits and the challenges faced by women in the world today. The programme included Hindi songs sung by a group of staff and a game played by women staff. The programme concluded with a vote of thanks by Mr. Praveen Kumar followed by refreshments. □

**Rameshwar Dayal**

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