



Parliamentarians' Group for Children Newsletter

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Monsoon Session

July-August 2015

Dear Friends,

On behalf of the Parliamentarians' Group for Children (PGC), it is our pleasure to present the Monsoon session edition of the newsletter. We wanted to begin by thanking each one of you for your continued support to the group, which has grown rapidly, both in numbers and in actions taken by parliamentarians - at the national, state and constituency levels. PGC members are taking a lead on pressing issues concerning the growth of the nation, especially those that relate to children - the future of our country.

As we know, India is home to the largest population of children in the world. Though we as a nation have done well in realising certain child-related development goals, there are many MDGs, including those related to sanitation, nutrition, that will go unrealised in 2015. And it will affect our children the most.

Today, the world stands at the threshold of a new beginning - the Sustainable Development Goals (SDGs), which will follow and expand on the MDGs. The world leaders will gather in September 2015 to agree on these new SDGs, which have 17 goals. Parliamentarians and elected representatives across the globe have played an important role in defining these, and we will need to continue to play an important role in pushing for their realisation. And to support these goals, we will need to view issues through the lens of the 'last child' first, and attempt to target the most marginalised first. Which is why, the focus of this edition is Tribal Nutrition in India.

A recent study by UNICEF revealed that 37 per cent of 165 million stunted children globally, live in India. The tribal communities in India continue to remain the most nutritionally deprived social groups in the country. Childhood stunting is the highest (54 per cent) among tribal children under the age of five. According to the Census report (2011) there are 104 million tribal people in the country, from nearly 700 distinct scheduled tribes that represent 8.6 per cent of India's population, and the majority (90 per cent) live in rural areas.

Under-nutrition undermines survival, growth and development of children and women, thus diminishing the strength and capacity of nations. Nutrition is a core pillar of human development and concrete, large-scale programming can not only reduce its burden and deprivation in countries, but also accelerate the nation's progress.

To understand the issue of nutritional deprivation among the tribal communities of India, the PGC is planning to hold a briefing session on Tribal Nutrition during this Monsoon session of the Parliament, to understand our role and the steps that we can take to address these issues. We look forward to your cooperation and participation in this endeavour.

Vandana Chavan MP
Convenor, PGC

Dushyant Chautala MP
Co-convenor, PGC

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Recent PGC Initiatives

PGC Roundtable Meeting on Open Defecation, 28 April 2015

The roundtable meeting was convened to discuss the issues of open defecation and mobilise the MPs to persuade open defecation free (ODF) campaign in their constituencies/Districts. The meeting was attended by the MPs across parties and the senior officials from UNICEF India. The meeting unanimously adopted the New Delhi Declaration on WASH in India. It also marked the launching of the **WASH Legislators' Forum (WASH-LF)**, another commendable initiative undertaken by PGC with support from CLRA and UNICEF India. The aim of the group is to encourage all members of the Parliament as well as Legislative Assemblies to commit to improving conditions of water, sanitation and hygiene in the country. There has been widespread commitments among PGC members towards the mitigation of these issues.

The meeting ended with the signing of a declaration by parliamentarians:

Parliamentarians Group for Children The Water, Sanitation and Hygiene (WASH), New Delhi Declaration Signed on This Day, 28 April, of the Year 2015

As distinguished Members of the Parliament in India, we stand together on this day resolved to take action so that all Indian citizens have access to and are able to use basic water and sanitation facilities and practise good hygiene (WASH).

We, in unity pledge to:

ADVOCATE for inclusive policies and programmes that ensure water, sanitation and hygiene for all.

HIGHLIGHT the responsibility of every state actor, public machinery and community to mobilise positive action towards the *Swachh Bharat Mission*, especially for vulnerable children and their families.

SPREAD the messages of improved sanitation and hygiene far and wide, and explain the health, education, empowerment and economic benefits of toilet use and of improved hygiene practices.

ENCOURAGE our constituents to acknowledge and respect the particular water, sanitation and hygiene needs of girls and women, so that they are afforded privacy and dignity, and are able to fully participate in everyday activities, including going to school.

LEVERAGE our influence to challenge the existing exclusion and inequity that prevents men, women and children from accessing water, sanitation and hygiene facilities.

The Power of Nutrition for Development: The Role of Parliamentarians Regional event organised by UNICEF and Alive & Thrive in Hanoi, Vietnam, 2 April 2015

UNICEF and Alive & Thrive co-organised a one-day workshop on the role of parliamentarians on the power of nutrition for development, which was held in Hanoi, Vietnam on 2 April 2015, a day after the IPU Assembly concluded. All parliamentarians from East and South Asia participated.

The workshop aimed to enhance parliamentarian and parliamentary staff's understanding of issues related to malnutrition, stunting, and early childhood development and to pay particular attention to parliament's role in addressing the health of young children.

Dr. E.M. Sudarsana Natchiappan, Shri Deepender Singh Hooda, Shri M.P. Achuthan and Dr. Kirit Premjibhai Solanki were among the many PGC members who attended the workshop.



The Missing Voice

India's under-nutrition burden is an oft-told story. However, the untold story is the glaring gap that remains between tribal children and general population. In 2005-06, 54 per cent of tribal children were chronically undernourished (compared to 48 per cent national average). While proportions may have reduced, gap remains and this gap makes it clear that these children have least benefited from the 64 years of so-called affirmative actions. This renders the question if the Indian government has failed to translate affirmative action legislations, policies and programmes into positive nutrition outcomes for Tribal children or is there a deficiency of nutrition actions for Tribal children in the first place?

Article 47 of the Constitution of India treats nutrition as a basic fundamental right. The Supreme Court declared right to food and nutrition security within the right to life in 2001. This, along with the groundswell of public movement, sets the stage for the National Food Security Act, which was passed in the parliament in August 2013. Article 275 (1) has provisions for 100 per cent central assistance for tribal areas to meet additional needs of Tribals in states with sizeable tribal population including additional meals for the malnourished. Tribal Sub Plan approach to planning also mandates localised integrated planning for tribal areas with resourcing leverage from the Special Central Assistance (Tribal Affairs Ministry), Article 275 (1), state/union territory allocations, central ministry allocations and institutional finance, etc.

All line ministries have flexible population norms for outreach services and staff recruitment in Adivasi pockets in various nutrition, health, water, sanitation, food security and poverty alleviation schemes. Tested and creative solutions like mobile outreach, health services and free on-call referral transport services attempt to reach out to underserved tribal areas. Andhra Pradesh was the first state to legalize the system of earmarking funds by each line department for Tribal Sub-plan (TSP). Chhattisgarh ensures hot cooked meals and nutrition promotion for tribal children through self-help groups and partners with non-government organizations to ensure service delivery in conflict areas. Maharashtra and Chhattisgarh have crèches for children between 6 and 36 months (considering Tribal women are mostly working), and Maharashtra has a cash transfer provision for tribal populations to help them avail primary health services. Maharashtra improved inter-sectoral coordination and accountability for nutrition action with a focus on tribals, through an autonomous State Nutrition Mission.

Key Legal Rights and Entitlements of Scheduled Tribes

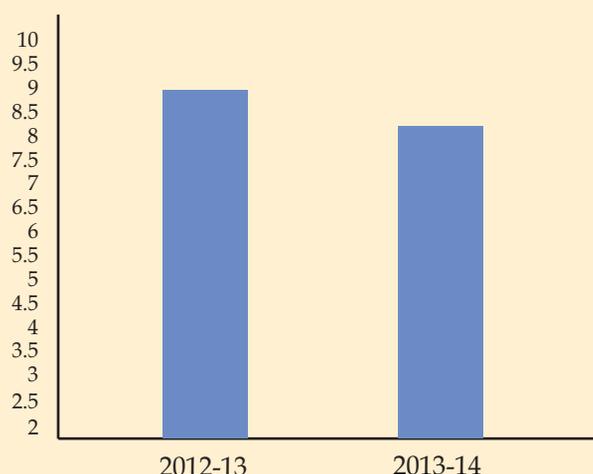
- Articles 11, 21, 39, 46, 47, 243(d), 275(1), 330 to 342 and 366(25) of the Constitution protect the rights of scheduled tribes to good nutrition, directly and through its determinants (food, land, livelihood, etc.).
- Articles 244(1) and 244(2) of Schedule V of the Constitution provide assistance in nine states with a preponderance of scheduled tribes and protect their administrative autonomy in tribal majority states.
- The Panchayats (Extension to Scheduled Areas) Act (PESA), 1996 gives power to tribal communities to protect, manage and control their land, forest and natural resources.
- The Forest Rights Act, 2006 grants legal recognition to the rights of traditional forest dwelling communities.
- The Draft Tribal Policy, 2006 aims at improving public accountability.

So why is this gap still?

There has been a tendency to design nutrition schemes as reflecting state benevolence and patronage rather than as a right, thereby ignoring the core existentialist issues of loss of land, forest and displacement that affect all aspects of the tribal existence, i.e. poverty, indebtedness and household food security.

Many states, instead of ensuring additional resources as top-up in tribal areas, switch the state allocation with the central allocation, and hence keep the overall quantum of funds almost unchanged. Further, the TSP is drawn up on a naïve assumption that spending money will automatically lead to the development of

Percentage Funds Earmarked Under TSP by MWCD



tribals. Such a view ignores the structural constraints and violations that the government turns a blind eye to, if not becoming a party to. Administratively Nutrition comes under the business books of the Ministry of Women and Child Development, and building schools is the business of MHRD. In all fairness, while the primary responsibility for implementing nutrition programming for tribals rests with the respective sectoral ministries, but just as for building schools, can't MoTA do its mandated role to coordinate and supplement inter-sectoral nutrition efforts of sectoral ministries?

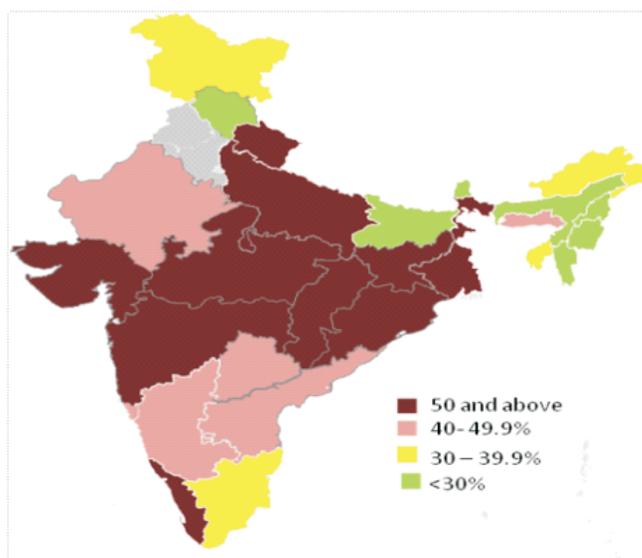
Another big problem is the absence of nutrition data regarding tribals. Evidence on the nutrition of scheduled tribes is available only at the aggregated level, failing to account for the diversity ups. The political economy of tribal under-nutrition needs capacitated institutions, which operate in the framework of rights and entitlements, especially when it comes to programme delivery for the excluded. However, when institutions are underfunded and understaffed, they do not infuse confidence amongst communities to seek services. Hence, responsive institutions sensitive to the needs to the marginalised groups are an absolute must.

Lack of voice and visibility of the Tribals, their lack of awareness of entitlements allows the system to continue to respond with patronage and the positive pressure of demand never reaches a critical mass to change the nature of response.

**Dr. Heena Vijaykumar Gavit,
Member of Parliament**

The Glass Half Empty: Tribal Nutrition in India

Over 70 percent of Adivasis reside in the central region of India, which though resource rich is home to the poorest people who have not benefited from social and economic development to the same extent as people in other regions. In some cases, they may have actually suffered due to the anti-tribal, market oriented forest policies or resulted in displacement from their ancestral lands. The lack of accountability of government personnel in these remote and sometimes inaccessible regions has also resulted in poor delivery of all government programmes. It is therefore not surprising that the proportion of Adivasis – both adults and children – who suffer from malnutrition is far greater than the Indian average.



Percentage of underweight scheduled tribal children in rural India

Source: Analysis of NFHS-3, 2005-06, ST-rural by UNICEF

Studies done by Subal Das, Kaushik Bose and Amaresh Dubey indicate that over half the Adivasi adults have a BMI (Body Mass Index) below 18.5, which makes them chronically undernourished, as compared to 35 percent of all Indians.¹ The figures are more dismal for women and children. For instance, 71 percent of tribal women in Jharkhand suffer from various degrees of malnutrition. They often face complications during pregnancy and are at risk of delivering low birth weight babies. Under-nutrition of mothers is usually passed on to children.

Some of the reasons for this under-nutrition among tribal women are inadequate diet intake, ignorance, early marriage, poor access to health services and high morbidity due to unhygienic practices and surroundings. It is not only in tribal regions, but even in the so-called mainstream India that progress on nutrition indicators is disappointing:

- First, the commonly held belief that food insecurity is the primary or even sole cause of malnutrition is misplaced. However, the focus in India is still on food, and not on health and care related interventions.
- Second, the ICDS design needs a change. Malnutrition already sets in by the age of 3 yet very little of the ICDS resources are spent on the under-three child, and this low priority must be reversed focusing more on improving mothers' feeding and caring behaviour, improving

¹ Subal Das and Kaushik Bose, 'Nutritional Deprivation Among Indian Tribals: A Cause for Concern' *Anthropological Notebooks* 18 (2), 2012, pp. 5-16; Amaresh Dubey, *Poverty and Under-nutrition Among Scheduled Tribes in India, A Disaggregated Analysis*, IGIDR Proceedings/Project Reports Series, 2009.

household water and sanitation, strengthening referrals to the health system and providing micronutrients.

- Third, ICDS faces substantial operational challenges, such as lack of accountability due to lack of oversight and an irresponsible reporting system. It appears that state governments actively encourage reporting of inflated figures from the districts, which renders monitoring ineffective and accountability meaningless.
- And lastly, there are large-scale irregularities in the supply of supplementary nutrition provisioning (SNP) in violation of Supreme Court orders by engaging contractors for ICDS in many states.

From the policy viewpoint, it is important to understand that tribal communities are vulnerable not just because they are poor and illiterate compared to the general population. Rather their distinct vulnerability arises from their inability to negotiate and cope with the consequences of their forced integration with the mainstream economy, society, cultural and political system, from which they were historically protected as a result of their relative isolation.

What Must Be Done ?

- Cumulative assessment of the outcome of policies is critical for tribal livelihoods by the concerned ministries
- Need for a systematic change in the functioning of the State Tribal departments from simply spending budget to knowledge advocacy
- MoTA should accept and highlight the failure of governance that deprives the Adivasis from accessing elementary services
- Equal importance to non-monetary issues such as institutions, law and policies just as budget spending

NC Saxena,
Supreme Court Commissioner for Food Security

Ending the Tribal Nutrition Crisis

Despite constitutional protection, positive discrimination policies and earmarked budgets, India's 104 million tribal people continue to remain among the poorest and most nutritionally deprived social groups in the country. In 2005-06, 54 per cent of India's tribal children under five years were stunted which is a measure of chronic under-nutrition.



Studies carried out between 2006-2013 in different states of rural India reveal that the percentage of tribal children who are stunted remains stubbornly high at above 50 per cent. It is evident that this grim situation is a reflection of multiple deprivations that the tribal population has continued to face over the years. Poverty rates among India's tribals are still unacceptably high and nearly every second tribal family in rural India is food-insecure – with low caloric and protein consumption which is 25 per cent to 53 per cent below the recommended dietary allowance (National Nutrition Monitoring Bureau report 2009). Most consume a diet with negligible amounts of dairy products, fresh fruits and vegetables – important sources of essential vitamins, minerals and fatty acids.

There is a strong government commitment to address the existing inequities, which is reflected in the dedicated budget allocation to support development programmes targeting tribal areas. Starting from the fifth five year plan, a separate tribal sub-plan (TSP) within the umbrella of the overall state plan is drawn up providing need-based funds for welfare and development in tribal dominated administrative blocks. However, most TSP items are focused on infrastructure with limited attention to specific interventions that address nutrition directly or indirectly. Furthermore, most state and central ministries' plans do not apportion funds for TSP as per the scheduled tribes' proportion. Importantly, even when it is done, the apportioning often lacks prioritization, purpose or a system of tracking the allocation usage. To this end, there remains a question on whether these investments are leading to improvements in nutrition status of tribal children.

Latest evidences from developing countries across the world are showing that stunting occurs early in life from conception up to two years of age. Nutritional deprivations before and during pregnancy can contribute to poor nutrition status of the new-born, with poor caring and feeding practices further

exacerbating the situation. The underlying reasons for high maternal and child under-nutrition, especially in resource-poor settings, include poor access to health and environmental services, food insecurity, poor maternal education and caring capacity. The risk of severe stunting was three times higher among children that belong to the poorest as compared to those from the two richest wealth quintiles. It is now well established that the consequences of chronic under-nutrition are profound, irreversible and life-long. At least 45 per cent of child mortality is attributable to poor nutrition; those children who survive under-nutrition face a diminished life. Their physical and mental development is likely to be impaired; hence they are less likely to perform well in school, less economically productive in adulthood, and at risk of nutrition-related chronic illnesses such as obesity, diabetes and cardiovascular diseases. At the national level, poor countries can lose as much as 6 per cent of GDP as a result of under-nutrition. This points to the importance of raising the nutrition agenda at the highest political level.



improving nutrition of India's tribal children is a moral imperative and right in principle and practice. This calls for a rethinking on differential programming strategies, budget and government accountability mechanisms and new rules, new optics and where tribal communities are not just informants but partners and influencers of change.

Louis-Georges Arsenault,
Country Representative, UNICEF India

What is the way forward?

In terms of the way forward, it is clear that improving the 'nutrition of tribal children' needs to become the heart of the equity agenda cutting across key line departments so as to address both the immediate and underlying issues for significant and sustained impact. *Second*, civil society and faith-based organizations with established grassroots presence and credibility, as well as increased outreach, should be involved to generate community demand to reach out to mothers with timely information, counselling and support on a periodic basis, especially in inaccessible hilly and rugged terrain. *Third*, countrywide statistical profile of scheduled tribes in India needs to be widely available and used, as to inform policy programme decisions and scope of tribal nutrition surveys of the National Nutrition Monitoring Bureau should be extended to all states. *Fourth*, addressing under-nutrition in tribal children should focus on scaling-up proven nutrition interventions during the first 1,000 days of life, from conception until two years of age, for preventing chronic under-nutrition, aimed at both improving livelihoods, access to essential nutrition services, as well as enhancing tribal leadership and empowerment for sustained results. *Finally*, vigilance against limited legal enforcement is paramount for addressing the core reasons fuelling persisting poverty and hunger.

Accelerating multi-sectoral commitments for

An Action Plan: What Can MPs Do to Address Tribal Nutrition?

1. Take measures to ensure legislation and legal entitlement for nutrition of tribal children.
2. Organise briefing sessions on tribal nutrition as a step towards spreading awareness.
3. Monitor for the better implementation of existing legal rights and entitlements of scheduled castes so as to facilitate proper accessibility.
4. Mobilisation of leadership in state and constituency level, motivating them to work towards the goals of tribal nutrition.
5. Help in monitoring of resource allocation from centre to the state so as to concentrate on the worst hit states.
6. Partnerships with public, private and non-state actors working on tribal nutrition.
7. Advocate for adequate budgetary allocation for the tribal nutrition programmes.
8. Encourage the Government to have countrywide tribal nutrition data.
9. Encourage and facilitate Community-based nutrition and day-care centres.
10. Allocate the resource support from the MPLAD to the community-based tribal nutrition and care centres.

State wise data	Children 0-59 months, with stunting (%)	Children 0-59 months, who are underweight (%)	Children 6-59 months, who are anaemic (%)	Children 6-23 months fed min. accepted diet (%)
Andhra Pradesh	54.8	47.6	49.2	0
Chhattisgarh	53	53.4	55.1	5.4
Gujarat	60	64	61	4.4
Jharkhand	56.1	65.8	49.6	2.6
M.P.	56.2	71.4	57.7	2.8
Maharashtra	61.6	61	46.9	3
Odisha	58.3	54.9	52.2	4.8
Rajasthan	48.8	47.9	52.8	4.8

The state of tribal children – key nutrition related indicators (NFHS 3 data)

Actions Towards Addressing Tribal Nutrition

Childhood stunting² has profound, irreversible and life-long consequences, which can even affect the life expectancy of a person. To address this, the Government, civil society, and the private sector have undertaken a number of initiatives, though going by the statistics – it appears that the pace of change is very slow.

To elaborate, India's constitutional provisions and legislations such as Panchayats (Extension to Scheduled Areas) Act (PESA), 1996 protect the rights of Scheduled Tribes (STs) to nutrition directly and through its determinants (food, land, livelihood), for which the Government has made ample budgetary provisions. However, policy implementation is poor and tribals have limited awareness of their rights.

The Ministry of Tribal Affairs (MoTA) also provides top-up funds to states. The annual budget for every state plan and for 28 central ministries has to apportion funds to a separate tribal sub-plan (TSP), proportionate to the ST population. However, most TSP budget items are either focused on infrastructure, missing out on soft components or the budget which could be effectively used for establishing Nutrition Rehabilitation Centres, crèches and toilets gets diverted. Additionally, remote tribal hamlets with poor connectivity make outreach challenging. Shortage of skilled human resource, massive vacancies, high staff turnover and absenteeism are major problems in last mile delivery, particularly in conflict areas.

But there are possibilities too

Despite the roadblocks, innovative initiatives have been undertaken at the state level by fostering

partnerships – often between state governments, local NGOs and UNICEF – to improve nutrition. Many states have set good examples for addressing tribal malnourishment. Some have nutrition programmes that are need-based, low cost models, and formal tie-ups with NGOs. Some have invested in skill development by exploring new ways of contractual postings. Costs, impacts and target areas have been evaluated before coming up with new schemes and also by employing nutrition task forces in the affected areas using existing structures. Promising good practices worth adapting in some states include tag-tracking underweight tribal children by frontline workers and following them through extra home visits (Chhattisgarh), crèches for children aged 6-36 months (Maharashtra and Chhattisgarh), and partnership with NGOs for service delivery in conflict areas (Chhattisgarh), social mobilization (Andhra Pradesh and Odisha) and setting up nutrition rehabilitation centres (Jharkhand).

Thus, investing in tribal leadership and reinventing tribal discourse can adequately address the looming concern.

Andhra Pradesh: Child Development and Nutrition programme

UNICEF's Child Development and Nutrition programme in Andhra Pradesh aims to address stunting and under-nutrition among infants and young children. It also supports the promotion of appropriate infant and young child feeding practices, including nutrition supplementation, treatment and management of severe acute malnutrition and food fortification. UNICEF provides support to the State government by planning cost-effective, evidence-based, high impact interventions and developing capacity in service providers. It also works to strengthen the capacity of the women self-help groups who in turn take care of feeding the undernourished and help in nutrition promotion.

² Stunting is defined using the mean height-for-age Z (HAZ) score where stunting = HAZ <-2SD and severe stunting = HAZ <-3SD.

Chhattisgarh: Access to nutrition services for tribal children living in regions affected by civil strife

In Abhujmarh region of Chhattisgarh due to civil unrest, the state Departments of Women and Child Development and Health and Family Welfare, the Ramakrishna Mission Ashram and UNICEF formed a partnership in April 2011 to improve the coverage and quality of services provided under ICDS. The state government provided funds while the Ashram improved coverage and quality, and UNICEF built capacity of the Ashram staff to promote and support optimal feeding practices for children under two and establish Nutrition Rehabilitation Centres for severely malnourished children.



Odisha: Ame Bi Paribu – We Too Can:

Ame Bi Paribu is a programme being implemented under the Positive Deviance Approach of UNICEF in Odisha to tackle the problem of malnutrition and strengthen ICDS. This approach is based on the belief that a community will learn by example from the positive child and nutrition care behaviour of mothers from their own community and income group, who manage to rear healthy children using the resources readily available to them. Process involves accurate measurement of the nutritional status of the children in 0-3 years of age along with discussion in the community about nutritional status of children in the concerned village/hamlet.



Maharashtra: State Nutrition Mission

Maharashtra was the first state to take a decision to tackle malnutrition in 'Mission - mode'. The Mission's aim is to reduce child malnutrition by focusing on the first 1000 days from conception, i.e. the period of 9 to 24 months. Though technically under the Women & Child Development department, in practice the Mission works as an autonomous technical and advisory body fully funded by UNICEF. It aims at improving convergence and coordination between Health department and ICDS.

The recent Nutrition Survey (CNSM – 2012) shows marked reduction in the incidence of underweight, wasting and stunting in children below 2 years of age. This can be attributed to several initiatives under NRHM, the expansion of the anganwadi network and the efforts of the Mission.

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