



NTS ALERT

Success Stories of Micro-Finance Schemes

The Nobel Peace Prize for 2006 was awarded to **Grameen Bank** and its founder, **Muhammad Yunus**, for their efforts in assisting large population groups to break out of poverty. Its micro-credit initiative has not only facilitated higher levels of development but also has served to empower the marginalized poor, who lack the entrepreneurial ability, initiative and skills to use loans. Nonetheless, while Grameen Bank's success is worth mentioning, micro-finance for the poor is not new. Moreover the weaknesses of this system must be noted and that it requires other pillars of support to succeed.

“Grameen methodology is not based on assessing the material possession of a person; it is based on the potential of a person”

- Muhammad Yunus, Founder of Grameen Bank

achieve their full potential unless the female half of humanity participates on an equal footing with the male.

The success of Grameen Bank's microfinance system has spawned other poverty alleviating activities in Bangladesh. In 1997, for instance, Yunus helped found two companies: Grameen Phone (for profit) and Grameen Telecom (non-profit), which brought mobile phone technology to the villages of Bangladesh. Out of those companies, Yunus developed the Village Phone Project, where women borrowers could take a loan to buy a handset and solar-powered charger. They could then function as their village pay phone thus providing themselves with a substantially increased income. The success of this project is evident with nearly 200,000 "telephone ladies" throughout Bangladesh. Moreover, not only does this project incorporate a means of

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Grameen Success

Yunus' method of credit delivery to the poor, who are often ignored by most institutional credit systems, has emerged as one of the most effective tools to fight chronic poverty. With a system based on trust, borrowers form groups to mutually guarantee one another's loan. The groups, comprising mostly of women, meet weekly or biweekly to make loan payments and to deposit savings. Loan cycles are repayment schedules are short, usually four to six months, as most small enterprises have a cash turnover on a daily and weekly basis. Micro-credit has proved to be an important liberating force in societies where women in particular have to struggle against repressive social and economic conditions. Yunus believes that economic growth and political democracy can not

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empowering women and increasing the poor's access to technology; it also entails ingenuity in utilizing environmentally friendly and cost efficient methods.

Other ventures also include ensuring food security for Bangladeshi children. Grameen Danone Food Co. is a joint venture between the Bank and the French company group Danone, which aims to provide healthy and inexpensive baby food mostly of dairy products, worth US\$ 50 million to many poor families. This would be done by setting up 50 mini food processing plants in rural areas across the country. Such an initiative certainly assists in increasing children's resistance against preventable diseases such as diarrhea and fever and as a result reduces the need to pay for high medical costs.

The project has also created business and job opportunities in livestock farming, processing, sales and distribution in rural areas. According to the Vice President Corporate Communications of the Danone group, Laurent Sacchi, each plant would create job opportunities for 20 people directly, besides indirect opportunities for 500-600 farmers and 1000-2000 women. 98 percent of the profits generated from the venture would then be reinvested for further expansion of the coverage of the company. Moreover, similar to the Village Phone Project, Grameen Danone Food Co. will make use of solar and other environment-friendly energy resources to produce the food products.

Qualified Success?

Grameen Bank has thus been a source of ideas and models for the many institutions in the field of micro-credit that have sprung up around the world. Yet while this true, some critics would suggest that the hype around Grameen Bank is overrated given other microfinance initiatives that existed with or predated Grameen. In Bangladesh itself, the BRAC Bank and ASA are two other equally large and innovative microfinance institutions. The latter, though evolving later than Grameen, has in fact made improvements of the basic model. In India, SEWA Bank introduced savings and lending products and services to low income clients 2 years before Yunus initiated loans in 1976. As for women empowerment, SEWA Bank takes the cake with 100% of its clientele being women, while Grameen's stands at 97%.

One should also consider the limitations and setbacks experienced by Yunus and his team before assuming it to be the preferred model for eradicating poverty. For one, by endorsing low rates and lower savings, Grameen relied heavily on capital from public and private donors. Hence, this could be difficult in states where there is a lack of generous and well connected entrepreneurs.

Secondly, joint liability for loans became problematic for groups when some members insisted on borrowing more than others, thus impeding their real entrepreneurial potential. The classic Grameen model also experienced problems in the 1990s, especially in 1998 due to a massive flood that pushed up losses and delayed people from making their weekly payments.

Grameen then went through a process of restructuring in 2001 that was similar to other microfinance institutions such as Bank Rakyat Indonesia (BRI). The latter, unlike Grameen, emphasized savings rather than credit. As a result, deposits now exceed loans and there is less reliance on joint liability for groups. Moreover, Yunus' ability to create enterprises such as Grameen Telecom and collaboration with Danone has been able to supplement loans and other incurred losses.

Analysts also argue that two potential dangers have yet to threaten Grameen's success; that is, firstly a total political breakdown due to the state's divisive politics and secondly Islamic extremism, which would inevitably end the process of women's empowerment.

With that said, microfinance successes are worldwide and not necessarily an offshoot of the Grameen model. In addition to this, microfinance cannot survive on its own and its success is dependent on healthy political and socio-economic circumstances. Nonetheless, with its continuing success and Nobel Peace Prize in hand, it gives hope and encouragement to other microfinance groups that their work does in fact pay off. Moreover, it provides greater awareness to the rest of the world that the vision of a poverty-free world can be viable and sustainable in the long run.

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Nukes a Further Blow to North Korea's Food Security

Millions of North Koreans are at risk of starvation this winter as humanitarian aid levels drop amid an international furore over the country's nuclear bomb test. Aid agencies say much of the population is already surviving on basic rations and fear any further drop in food supplies could lead to a repeat of the 1990s famine that killed as many as two million people.

While sanctions imposed by the UN following North Korea's nuclear test on 9 October specifically exclude humanitarian aid, observers fear they will have an impact regardless.

After Pyongyang's missile tests in July, South Korea - one of North Korea's main food suppliers - suspended shipments of the 500,000 tonnes of food it had pledged earlier this year. Food from China, another key supplier, is believed to have dropped by a third in the past year. The World Food Programme (WFP) - which has been allowed only limited access to the country's most vulnerable people in the last year - warns it has enough food to last only until January.

North Korea is estimated to need around five million metric tonnes of cereal, rice and wheat a year to feed its 23 million people. Yet, even if the upcoming annual harvest is able to produce a good yield, the country is only able to produce around 85% of the total domestically, and is estimated to rely on outside sources for an additional one million tonnes of food. Meanwhile, North Korea's own supplies suffered a serious blow when an estimated 100,000 tonnes worth of crops were washed away by floods in July.

The health implications due to the lack of food are appalling. A survey in 2004 found that nearly 40% of North Korean children under the age of six showed signs of severe or chronic malnutrition (the latter a

sign they have not had enough food since birth). The study also indicated that more than 30% of young mothers were malnourished and that many North Koreans have been existing at survival level for 15 years and are in real danger if food levels drop.

Professor Hazel Smith at Warwick University who has worked with WFP and UNICEF in North Korea notes that it would be "a matter of months before there is immediate starvation," in the country. The issue is worsened by the fact that attention on the food crisis is deflected by the focus on Pyongyang's nuclear programme. The WFP now operates in 13 counties in North Korea, feeding around half of the 1.9 million people it has identified as being in need of food aid. But the organisation predicts that the number could quickly rise to six million this winter.

Observers also note that North Koreans, particularly in the cities and towns, are almost entirely dependent on the state for food distribution. To make matters worse, if supplies are limited, the government would feed its military and high-ranking officials before the most needy.

Despite these adverse circumstances, international aid has hardly met the amount appealed for by WFP. Even prior to the current political crisis, the WFP requested for \$102m of aid for North Korea last year but has only received a mere 10% of it.

Aid appealed for in 2005	\$102m
Aid received in 2005	
Russian Federations	\$5m
Cuba	\$864,000
Australia	\$763,000
Ireland	\$320,000
Multilateral funds	\$1.2m
Total	\$8.15 m
Deficit of	-\$93.85m

Source: World Food Program

Such reluctance by the international community is, in fact, due to bureaucratic restrictions and the lack of





transparency. Pyongyang have made the monitoring of food distribution very difficult, thus giving rise to speculations that it may have been diverted to the army or selected industries rather than the starving civilian population.

Why North Korea can't survive on its own.

Yet, foreign help remains perhaps the only possible option for North Koreans to survive. North Korea is itself, not an agrarian country as it is mostly rugged mountain terrain, with only about 18% of arable land. It is dependent on fertilizer and machinery to make that land productive, both of which are expensive thus further complicating the situation for much of its poverty- stricken people.

Moreover, changes in policies over the years greatly affected the economy of North Korea. In the 1950s, agriculture in North Korea was collectivised in line with its Stalinist philosophy of self-reliance. As a result farmers had a low incentive to work hard as they could not enjoy the benefits of a good harvest, which would be channeled to the state to be "equally distributed". Thus, they preferred to concentrate on their own private plots, which they use to feed themselves and to produce food for the markets. Problems arose with this system, when market reforms were instituted in 2002. This resulted in prices soaring at a higher rate than wages. The only ones who could afford such high prices were inevitably the elite, thus widening the inequality gap in North Korea. A typical urban family can now only afford to buy 4kg of maize - the cheapest commodity - a month.

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Poverty and Poor Health Inter- twined

According to the World Health Organisation (WHO):-

- 80% of the 750 million disabled people in the world live in developing countries
- 10% of the population in poor countries is disabled

- *Only 2-3% of disabled children in poor countries go to school*

In addition to this, these numbers are gravely underestimated because disabled people are regularly shunned, isolated and stigmatized by their community so they are often not included in census reports. Families, too, would often hide disabled children and exclude them from family and community activities.

Poor people are at greater risk of becoming disabled and have fewer chances to overcome their disabilities. This increases the odds that they and their families will remain poor. The lack of medical facilities and proper sanitation are major contributory factors.

Some children are born disabled because their mothers lacked prenatal care or suffered from complications while in labour. Others become disabled during their lifetime. Many children also become disabled during childhood due to malnutrition and exposure to preventable childhood diseases, such as polio.

When persons with a disability are kept from attending school or finding work, they tend to be the poorest among the poor because they don't acquire any skills. Many people in developing countries perceive disabled children are unable to learn or develop skills, thus do not expect much from them. In turn, these children are not given opportunities to contribute to their communities and are considered to be a burden.

Areas recuperating from conflict or wars have many physically disabled people, often injured during conflict. These people, often men, suddenly find themselves unable to work and provide for their families. As a result, their welfare suffers and they are trapped in a vicious cycle of poverty and poor health.

Mental disabilities also affect people living in areas prone to conflict or natural disasters, who disproportionately suffer from post-traumatic-stress disorder, depression and anxiety.

Source

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Typhoon Cimaron

Just weeks after bearing the brunt of the damage caused by Xangsane's wrath, South East Asia has had to brace itself for Cimaron. Originally a super typhoon, Cimaron quickly lost strength after hitting ashore in the northeastern Philippine province of Isabela late Sunday (29th Oct) and cutting across Luzon Island the next day with winds of 120 kilometers per hour (KPH) and gusts of up to 210 kph. At least 15 people drowned or were killed by falling trees and landslides while another 15 were injured in the northern Philippines.

Cimaron was estimated to have destroyed around P114 billion (\$2.3 billion) worth of crops, fisheries and livestock. The bill for damage to roads, bridges and schools was put at P25 billion. Fortunately, the overall damage appeared to be minimal compared to last month's Typhoon Xangsane, which left 230 people dead and missing as it ripped through Manila and neighboring provinces. Although the typhoon struck during the harvest season in the country's major rice producing areas, agriculture officials noted that the damage was not significant, as it destroyed only about 8% of rice and corn

Vietnam braced for Cimaron and planned mass evacuations after the storm slammed the northern Philippines. Forecasters said it may intensify over the South China Sea before making second landfall along the eastern Vietnamese coast by Saturday morning, then dissipating over Laos on Sunday. Vietnamese Deputy Prime Minister Nguyen Sinh Hung has ordered disaster officials to ensure that the evacuation of people from high-risk areas be completed by Thursday afternoon. The deputy prime minister also ordered provincial governments to recall fishing boats still operating in the South China Sea and banned other fishing boats from leaving port.

Southeast Asia has yet to fully recover from the damage caused by Typhoon Xangsane a month ago. Xangsane slammed into central Vietnam a month ago, leaving 76 dead or missing and 532 injured, and causing losses of VND10.4 trillion (\$647 million). Da Nang city and Thua Thien-Hue and Quang Nam provinces were the hardest hit. This has affected evacuation plans for Cimaron as there is a lack of storm proof shelters. This is because government offices and public school used as shelters during Xangsane are still undergoing repairs and, to some extent, rebuilding.

Many parts of Luzon in the Philippines have still been rebuilding after the Xangsane. Cimaron, however, has just made those efforts redundant.

Although Thailand did not feel the full force of Xangsane, it still suffers from heavy floods in various regions. The death toll is said to stand at 108 and the damaged caused by the flooding has reached 20 billion baht. Floods have also caused wildlife such as crocodiles to wander from rivers into residential areas.

In neighbouring Myanmar, 19 people have died in floods across central and eastern parts of the country. The water has, however, subsided in most places there.

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Nature Strikes Again





Re-emerging Diseases

H5N1 / Bird Flu

A new strain of the H5N1 avian flu has been detected and has proven to be resistant to current flu vaccines. When 53,220 fecal samples were collected from poultry markets between July last year and June, 1,294 were found to have been infected with the H5N1 virus. After a genetic sequencing of viruses between April and June this year, 103 out of 108 that had tested positive, revealed the "Fujian-like" strain. This "Fujian-like" virus is distinctly different from previous strains, both biologically and genetically, and may have the ability to spread.

What is Bird Flu?*

Also called avian flu and fowl plague, Avian Influenza is a highly contagious viral disease with up to 100% mortality in domestic fowl. It is caused by influenza A virus subtypes H5 and H7. All types of birds are susceptible to the virus but outbreaks occur most often in chickens and turkeys. The infection may be brought by migratory wild birds which can carry the virus but show no signs of disease. Humans are only rarely affected. It was first identified in Italy in the early 1900s and now exists worldwide.

The new strain has started a third wave of H5N1 infections in southern China. Since its first detection in March last year in the mainland's Fujian province, the "Fujian-like" strain has been found in six other provinces - Guangdong, Hunan, Guizhou, Yunnan, Guangxi and Jiangxi. The strain is also believed to be making headway into Hong Kong, Laos, Malaysia, and Thailand.

Experts have thus called for a need to improve control measures for poultry vaccinations. There is also a need to provide more systematic surveillance methods to "determine the dynamics of the spread of the virus."

To date, the number of fatalities worldwide has risen to 74; a number comparable to the number of deaths reported in the past two years combined. In the past 3 years, 256 people in 10 countries have been infected with the H5N1 virus, with 152 of them being fatal.

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Polio Panic

A sharp rise in polio cases in India's largest state, Uttar Pradesh, has raised fears of the return of a disease the country was close to wiping out just three years ago. Faced with the threat of the disease spreading across the country, worried health authorities plan this month to relaunch an extensive immunization drive across Uttar Pradesh, where 338 out of the 416 cases of polio reported this year originated from. With almost one-third of the total 1,449 cases in the world, India is seen as a big stumbling block in the struggle against polio.

Reasons for the polio resurgences have been attributed by a combination of poverty, illiteracy and superstitious beliefs that have resulted in hundreds of children going without immunization. Polio usually infects children under age 5 through contaminated drinking water. The virus attacks the central nervous system, causing paralysis, muscular atrophy and deformation and, in some cases, death. However, the disease can be prevented through doses of a vaccine delivered to infants and toddlers as oral drops.

Poor hygiene and sanitation has impeded much of the efforts to contain the virus. Experts in India note that

unlike children in developed countries that require only three doses of immunization, children in may need up to 10 doses. Curable illnesses such as diarrhea are still rampant in India and can inhibit the effectiveness of polio vaccines. An Indian health ministry spokesman cited the case of a girl that contracted polio despite receiving 9 doses. This, they deduce, could have been due to the fact that she had diarrhea resulting in the medicine being ineffective.

What is Polio?*

Short for poliomyelitis, it is a highly contagious infectious disease caused by a filterable virus and occurring most commonly in children; in its acute form it involves the spinal cord causing paralysis. The virus enters the body through the mouth, usually from hands contaminated with the stool of an infected person; i.e. lack of sanitation. Objects, such as eating utensils, can also spread the virus.

Media reports have also noted cases of polio surfacing in the neighboring states of Punjab and Haryana, and as far as Maharashtra. Officials have blamed this phenomenon on workers traveling out of Uttar Pradesh, thus giving it the potential of being a threat nation-wide. Yet, these migrants should not be blamed as the problem lies deep within the issue of poverty. Migrants from Uttar Pradesh move out for the sake of merely wanting to pursue better means of earning a living in the bigger cities.

Although polio has no cure, it is easily preventable through a polio vaccine. At the same time, Indian officials need to assess the more inherent problems of poverty and hence lack of sanitation that give rise to these infectious diseases. By addressing these root problems, the likelihood of vaccines being effective would increase dramatically and contribute to a better management of funds to cater to other health or social issues.

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Encephalitis Epidemic

Encephalitis is killing 20 children a week on average in India's most populous state where the death toll has reached 222, health officials said. The outbreak of "brain fever" began in June and the death toll passed 150 in mid-September in northern Uttar Pradesh. Majority of the victims were under the age of 10. At least 78 children were being treated for the disease in government hospitals.

What is Encephalitis?*

An acute inflammation of the brain, commonly caused by a viral infection. Sometimes, encephalitis can result from a bacterial infection, such as bacterial meningitis, or it may be a complication of other infectious diseases like rabies (viral) or syphilis (bacterial). Brain damage occurs as the inflamed brain pushes against the skull, and can lead to death.

Indian authorities launched a massive drive to inoculate millions of children against Japanese encephalitis, which is endemic in parts of the state, after 1,400 people -- most of them children -- died in Uttar Pradesh last year. Yet the immunization has not been extensive enough as the latest victims were those who have yet to receive any form of treatment, given India's vast population.

Like last year, most of the cases have been reported from impoverished Gorakhpur district, 250 kilometers southeast of Uttar Pradesh's capital, Lucknow. The outbreaks usually begin with the onset of the monsoon rains during June. Mosquitoes carry the disease from pigs to humans

Source

India encephalitis hits 222, *Channelnewsasia.com*, 16/10/2006





Mozzie Mayhem

There have been over 4,000 dengue cases and at least 100 deaths this year. Known as "bone crushers' disease", dengue has killed just over 100 people in recent weeks, put the prime minister's grandson and son-in-law in hospital and overwhelmed scores of decrepit public hospitals. Humans develop dengue five to six days after being bitten by a mosquito carrying the virus. Dengue hemorrhagic fever, a more severe form of the disease, has a 5 per cent mortality rate, according to the World Health Organisation.

What is Dengue?*

This is an illness spread by mosquitoes and occurs in tropical areas. The mosquito bites during the daytime. The illness is found in both rural and suburban areas. It causes severe pain in the bones, muscles and joints, and because of this dengue fever is also known as 'break bone fever'. It also causes a high fever, headache, weakness, and sometimes small red spots appear on the skin. The fever lasts about three or four days, disappears, then recurs and disappears again. In severe cases dengue fever causes bleeding from the gums and nose.

Drinking plenty of fluids, taking painkillers and resting is very important since there's no specific treatment for dengue fever. Immunity to dengue fever after the illness only lasts about a year and there's no vaccination available to protect people.

India is simultaneously being plagued by *chikungunya*, a less lethal but equally incapacitating disease also transmitted by the *Aedes aegypti* mosquito. Chikungunya affected a staggering 1.3 million people; although it is not strictly speaking a killer, it has caused a loss of over 100 lakh mandays. Seven fresh chikungunya cases poured in from across the country, six alone in Kerala where the viral disease was showing signs of decline. Kerala had 38 confirmed chikungunya patients.

Mosquito-bred diseases such as dengue and malaria commonly develop in the monsoon season in India -

the mosquitoes breed in stagnant water. With no preventive vaccines available for dengue fever, the authorities are concentrating on cleaning up affected areas before the situation gets out of hand. Blood banks have also been told to replenish their stocks through more donation camps. Teams of health workers have fanned out across affected states to carry out regular checks. Thousands of workers began spraying pesticides as part of a door-to-door campaign in Delhi on Monday.

These costly and largely short-term efforts however, have been far from effective. The rise of dengue can be linked to urban congestion, generation of waste and global warming. India's high disease load is linked directly to woeful health infrastructure and the massive demands placed on it by a burgeoning 1.1bn population. Over 170 million Indians lack safe drinking water and 70 per cent lack adequate sanitation.

The Indian government has allocated about Rs 350 crore for mosquito-borne disease, of which less than Rs 300 crore is actually spent each year. Public health spending, at 0.9 per cent of the gross domestic product, is low even by South Asian standards. Moreover, the government has not lived up to its commitment in its common minimum programme to raise this level to 2-3 per cent of GDP.

Absenteeism among health workers, more often than not due to poor pay, is running at about 40 per cent. With free public primary healthcare available in only 21 per cent of villages, India's rural poor have to turn to private practitioners. More by default than design, India now has the largest privatised health system in the world, and certainly the most unegalitarian, with about 80 per cent of treatments paid for by users. It is a system that imposes crippling financial burdens on the poor. While the country's elite hospitals and clinics market themselves to medical tourists from developed countries, the poorest 20 per cent of Indians have a mortality rate that is twice that of the richest quintile.

Similarly in Pakistan, an outbreak of the deadly dengue virus in southern provinces have spread to the north, partly because more people have been traveling across the country for *Eid al Fitr*, the Islamic festive holiday following the fasting month of Ramadan.

What is Malaria?*

A disease caused by a parasite that is transmitted by the bite of an infected Anopheles mosquito. These mosquitoes are present in the tropics and subtropics in almost all countries. Malaria is the most deadly of all parasitic diseases. Malaria causes about 350–500 million infections in humans and approximately 1–1.5 million deaths annually—this represents at least one death every 30 seconds.

The vast majority of cases occur in children under the age of 5 years; pregnant women are also especially vulnerable. The death rate is expected to double in the next twenty years. Precise statistics are unknown because many cases occur in rural areas where people do not have access to hospitals and/or the means to afford health care. Consequently, many cases are undocumented. Malaria is more common in rural areas than in cities; this is in contrast to dengue fever where urban areas present the greater risk.

Since the end of October 2006, hundreds of patients are in hospital in the Islamabad and Rawalpindi areas. Rawalpindi saw its first confirmed death from the disease, a 14 year old girl.

However, similar to the case in India, there is a lack of preparedness to deal with the epidemic. A severe shortage of testing kits at hospitals has made it difficult to determine the numbers infected. Hospitals across the country are currently demanding testing kits, with more and more suspected patients coming in daily. The long Eid break has added to the problems in acquiring new kits and pharmaceutical companies involved in importing the kits say it could be two weeks or longer before more can be brought in.

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