

DEVELOPING INDIGENOUS RESOURCES-INDIA

Summary of Activities

For

APRIL 2016

“I do not think that there is any other quality so essential to success of any kind as the quality of perseverance. It overcomes almost everything, even nature.”— John D. Rockefeller

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1. CEO'S MESSAGE

W. Frederick Shaw DrPH MPH

From the very first days of planning DIR activities in India, we had expected to commence activities in one community, and, within a matter of months to expand to a second community, and to keep expanding at a steady rate until DIR was serving the needs of a significant number of poverty-stricken communities. An unanticipated set of circumstances have resulted in a "paucity of funds" and this has conspired to prevent our planned expansion. However, it seems, at last, that we are on the eve of expanding. What we had anticipated happening at a routine, steady pace has become a major event!

Our new project site is located in Shastri Nagar, which is located merely a few miles from our project site of the last eleven years. A group of young people working for Infosys drew our attention to this new area, which is located on a main road most of them travel along daily. They all work in Infosys's Centre located in Chandigarh's Information Technology Park. These computer specialists have, for over two years, been working with members of this poor community to improve the educational level of young children by providing after-school classes.

The Infosys staff has been in touch with us and have come to see the magic we are working (!). Now they want to collaborate with us to conduct a Health project modeled on our Janta Colony programme. The one factor that might stand in our way - lack of funds - it seems, will fade away since Infosys has promised to provide Finances.

As with any new project DIR undertakes, we make a detailed epidemiological survey of 100% of the households before we commence interventions. The findings of the survey help make clear to us under what health conditions the residents live, the health problems they face and the dimensions of each problem. Upon discovering precise information we create a list of objectives, which, if met, are seen as significant steps on the way to solving the community's health problems.



Roof Top View Of Janta Colony
(Note the chunks of concrete to hold corrugated roofing in place)
(Photo By Marliyn Smith)

Accordingly, on the last three Sundays of April a team of volunteers from Infosys and our Health Promoters have conducted a survey in our proposed project site. We would prefer to rest on Sunday, but it is the ideal day to find family members at home. The adults are home from their jobs, and the children (we want to weigh) are home from school. In each home surveyed a woman interviewer interviews the Mother of the family and a male interviewer separately interviews the Father. From experience, we have had best results when we complete two such interviews for each home, and then have each pair of interviewers compare responses and reconcile differences. In all, we surveyed about 750 households, and, largely, we get the impression, as findings emerge that there are few surprises in this new area. Malnutrition is common for small children, as are gastro-enteric complaints; birthing problems are also common, and lack of elementary health knowledge (for example, concerning hygiene, or making an oral rehydration solution) takes heavy a toll.

In the days to come, we look forward to receiving an enabling donation from Infosys, and then starting the always-exacting task of recruiting Health Promoters, and the exciting adventure of educating them. One incredible reward my job gives me is observing young people learning how they and their family members may significantly improve their own lives through behavior modification, and then seeing this new staff grow in stature in the eyes of their neighbors, and consequently grow in their own self-perception. The fact that a DIR rule is that we shall never have less than 80% female employee's means that as women Health Promoters become acknowledged as reliable sources of accurate Health information, men find themselves seeking advice and usable information from (shudder) women. This little shot-in-the- arm for **equality** was never planned but is observably very effective, and is a source of profound satisfaction.

2. MY STORY

MRS. LATA
HEALTH PROMOTERⁱ



Hello Everybody.

My name is Lata. I am a 38 years old, married woman. I was born in Haryana, where I attended primary school. Then I came to Delhi with my family. I have done my secondary school study in Delhi. After studies, I got married to Mr. Rajinder Kumar Gosain. My husband does private job. I have two children. 19 years old Sandhya is doing BSC in Anesthesia OT Technician. And my younger son, 15 years old, is studying in 10th class. My hobbies are cooking and listening to old Hindi songs.

I have been working in DIR since 2008 as a Health Promoter. When I joined DIR, I was so excited. I like the nature of our staff. I have learnt so many things here from medical and nutrition classes as well as from

my field job. I have a lot of good experiences from my fieldwork. I like to help people and I become involved in their happiness and sadness. I am fully dedicated to my work whatever it is, from my home or my DIR job. At the end, I would like to say that I am very proud to be a part of DIR.

3. NUTRITION TRAINING

MRS. NATASHA SHARMA
NUTRITIONIST

I have mentioned in my March report concern for a malnourished boy, Saksham, who was severely underweight and has improved his weight by half Kg. I am very happy to report that he is progressing in his weight and health.

This month a new female child, Ragini, 9 months old, is identified from our HP Vandana's area. The child is suffering from tongue and mouth sores and having dry skin and hair. When we talked to her mother, we came to know that the family is hailing from Bihar and came to Chandigarh in search of work. The present condition of the family is terrible. They are having 6 to 7 members staying in an empty plot with a thatch roofed house. All of them are illiterate and only the male members are working as laborers. Sometimes they have nothing to eat. Therefore, at this time we decided to look after this child. Apart from that, we counsel her mother to give her at least plenty of water and whatever she cooks to try to give it to the child. We provide milk, egg, porridge, fruit etc. at our center. We are hoping that there will be change in her weight as well as in her health.



Supplemental feeding Taking Place.

In our regular training of Health Promoters, the functions and deficiencies of fat soluble nutrients such as vitamin A ,vitamin D, vitamin E and Vitamin K were taught. At the end of this month, an exam was given to test the nutrition knowledge of HPs. Maya and Sarita scored 100% and everyone else scored more than 85%.

4. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

MS. SARITA
HEALTH PROMOTER

NIPP stands for Nutritional Improvement Priority Programme. We have started this programme for improving the health of those kids who are in the highest priority zone (grossly underweight). We are providing a nutritious diet to these kids at DIR. Our Nutritionist Ms. Natasha Sharma suggests a new way of healthy, low cost recipes for improving their health. She planned meal menus with poha (rice flakes with vegetables), porridge, Black gram Chaat, Khichdi (Combination of rice and pulses) which have high nutritious value.

We are happy to say that this month we have eight kids in Yellow zone. Two kids changed their category

from Red to yellow. And 36% of the kids gained weight. (Please see Endnotes for explanation of Colour Categories.)



Mrs. Natasha is working on a child, Saksham, who worried us because he was severely underweight. She started calling him daily to DIR and providing him egg, milk and a seasonal fruit. He gained his weight by a half kg.

DIR is fully involved in this project for decreasing the number of malnourished kids. Ms. Natasha and all of the HPs are trying our best in this work. Hopefully, we will achieve our goal soon and decrease the number of severely malnourished kids.

Age of children in the NIPP	
0-12 month	0%
13-24 month	3%
25-36 month	30%
37-48 month	28%
49-60 month	39%

Meal Plan Kids	42%
Dewormed this month	94%

Children who gained weight	36%
Children whose weight remained constant	44%
Children who lost weight	14%
Children temporarily absent	6%

5. MOTHER'S HEALTH REPORT

MS. SANGEETA
HEALTH PROMOTER



We are very happy to report that there were no deaths, no one stillborn, and no miscarriages this month in our project area. On First of April, we had 99 pregnant women and 13 women have delivered this month, out of which eight are girls and five are boys this is good news for our community (more baby girls than baby boys). 12 deliveries occurred in hospital and one delivery was at home. A woman from HP Banita's area, had labor pain on the day of Indian festival "Holi" (A festival of colors), that's why they were unable to arrange any vehicle. So they called a mid-wife, fortunately she delivered a baby girl. No problems occurred. All 13 women who gave births had 2 or more ante-natal checkups and

post natal examinations within two days of delivery except the woman who delivered at home. All mothers and their babies are healthy

6 pregnant women left the bustee permanently and we found 18 new cases of pregnancy in which 2 were new arrivals and 16 conceived again. So the number of pregnant women at the end of the month is 98 (March-April 2016).



Senior Health Promoter Veena Makes A Home Visit
(Photo By Marilyn Smith)

STATISTICAL SUMMARY:

No. of pregnant women on the 1st April	Women arrived	Conceived this month	No. of deliveries this month		Temporarily left this area	Permanently left this area	Miscarried or Aborted	Pregnant at the end of the month
			Male	Female				
99	2	16	5	8	8	6	0	98

6. IMMUNIZATION REPORT

MRS. VEENA

SENIOR HEALTH PROMOTER

SHOTS	1 ST Dose	2 nd Dose	3 rd Dose
BCG	3	-	-
DPT Booster	21	-	-
DPT 5 yrs.	28	-	-
Measles	17	21	-
IPV	17	-	-
Pentavalent	17	23	17
TT 1yr.	18	18	-
TT 10 yrs.	20	-	-
TT 16 yrs.	1	-	-
Total	142	62	17

Each Wednesday morning in April health department representative s came to our centre to immunize children we had scheduled for shots.

Everything went well. All pregnant women are coming every month for ante natal checkups and all children are coming for health checkups.

We are providing iron tablets and folic acid supplements and checking weights and blood pressure for pregnant women.

This month, DIR is providing albendazole tablets, for de-worming, to bustee children as well as their families.

This month Punjab Health Govt. held a medical camp in Janta Colony for bustee people.



7. INCOME GENERATION ACTIVITIES

MRS. MAYA
SENIOR HEALTH PROMOTER

We would be very grateful to our readers if they will buy our products that are available on sale. We have been so successful in teaching (earlier) unemployed women to make products from discarded fabric scraps, that we now have a large store of products for sale. If you wish to help by buying our products, and you don't know an outlet, please contact dirshaw@gmail.com. Your support will allow our women to earn income to support their families.



STITCHING CENTRE REPORT

Hello everyone.

This month also, women are busy in making bags. They all are very happy. Thanks to our respected CEO, Dr. Shaw, who has brought the orders for bags, especially shopping bags with patch-work. These bags are thick, need extra time in matching with maximum labour prices.

This month 23 women are learning sewing. Eleven new women joined our tailoring class. They all are doing well. They are learning different kind of stitches and making button holes.

Some of the women completed their course this month and left.



**The Most Popular Product Purchased By DIR Customers Are
These Beautiful Re-useable Cloth Gift Bags For A Bottle of Wine**

BEAUTY PARLOUR REPORT

In our beauty parlour training course, only 4 women are attending. This time the numbers are low. Out of these 4, Simmi is good in hairstyling, manicure and pedicure. On the other hand, Megha and Gunjan are good in facials.

Many of our students are busy in their High School studies because they have exams. When exams are over, we expect them back in Beauty School.

8. CHILD ACTIVIST PROGRAMME REPORT

**MRS. BANITA
HEALTH PROMOTER**

Timing: 3:30 to 4:30 pm

Age Group: 7 to 13 years

After the long school holidays of March we restarted CAP Programme from 4th April. The children were so excited.

4 April 2016 to 8 April 2016 : Games Week

11 April 2016 to 15 April 2016 : Medical Topic : ORS

Game 1: ORS Demonstration by HPs and Children

Conclusion: In this demonstration, we taught children the importance of ORS. At first, HPs demonstrate it and then children repeated the same. They were taught the role of ORS in vomiting, diarrhea and dehydration. We asked them questions related to ORS and then the winner gets a point. It was a good fun.

18 April 2016 to 22 April 2016 : Games Week

25 April 2016 to 29 April 2016 : Nutrition Topic : Balance Diet



An Educational Skit In The CAP Programme

Game 2: Snake and Ladder Game

Before starting the game, HPs taught children how to balance a diet. Then every child from the groups comes and throws the dice. Whichever the number comes, they move that number of steps. Every step has some picture related to the topic. The child has to tell about the same. If he/she gives the correct answer he wins a point. If this step contains a source of balance diet for example fish, egg, he will move forward and if it contains some junk food items that is a pizza, burger, he will have to move backward.

9. D.O.T.S

MRS. MEENAKSHI

SENIOR HEALTH PROMOTER

Last month we had 15 Tuberculosis Patients. 2 of them were cured completely. This month we have no new patients. At present we have 13 Tuberculosis Patients. Category I -- 9 Patients: 7 Pulmonary and 2 Extra Pulmonary. Category II -- There are 4 Patients of Pulmonary Tuberculosis Patients. One Patient of 1st category, Pooja, is a student of 5th class. She is only 11 years old. She is cured of Tuberculosis disease. She is feeling well and healthy. Now she is going to continue school. Her Parents are very happy. She is very thankful to DIR for helping her out from Tuberculosis.

10. SWAD (The SCHOOL WITH A DIFFERENCE)



NURSERY & PLAY SCHOOL

(Mrs. Meenakshi Chauhan)

In April we did a lot of art work. We also made a fan and an aeroplane from old newspaper. Bhavica is the smallest girl in my class & seems to miss her mother but now she is adjusting to school and is smiling more. All my children are very sweet and are coming to enjoy school. It makes me happy to see them smile.

LOWER KINDER GARTEN

(Mrs. Manjeet Kaur)

This month our students were learning the name of their school and the names of their teachers and classmates. They were learning to introduce themselves. In art the children learned to draw mangoes and apples on a sheet of coloured paper. The pupils cut out paper in the shapes of a boat, a fan and a snake.

I am happy to report that all the children in my class are very active and most seem to be good learners. I enjoy seeing children improve their school work.

UPPER KINDER GARTEN

(Mrs. Usha)

My pupils learned to cut out the shapes of an aeroplane and of a fan from rough paper. We experimented with our sense of touch. I explained to them all about these "Vaisakhi" (harvest festival) on 13 April. All the students in my class seem to be very good learners and I am satisfied with their performance.

13. VISITORS

Sanjeev, Field Co-coordinator

Mr. Geet Sharma and Mr. Matthew Van Rooyen came to visit us on 4th April. They are running an N.G.O. which is called Khushi Hona (Feel Happy). They are working on many things, such as the education of poor children, computer education, and helping people to improve own their lives.

Geet is a professional photographer and he helps needy people through using his photographic skills. Both men visited us to explore how they may help DIR through sharing their skills and experiences. They held a discussion with Dr. Shaw, Dr. Asha, our Administrative Assistant Ms. Priyanka, Health Promoter Sunil and Field Coordinator Sanjeev and gave us ideas and good advice concerning raising funds via internet.

Our two visitors very kindly donated a water filter, 3 weighing scales and 19 thermometers. The water filter is very important to us because we do not have safe water to drink at our DIR Centre in the basti. The other items allow us to complete equipping our Health Promoters.

On 7th April 2016, three young men visited us, who are from an N.G.O called Oorjaa. They came to see our work and to learn what we are doing. They were basically looking for those N.G.O(s) which are already running and need any help. These three young men Karan, Karun and Jay Singh give references to the different local N.G.O(s) as to how they can help each other.

8th April 2016, Dr. Mala Chintalapudi, who is from the U.S., came along with her nephew Anurag Gupta to see how we are functioning. Dr. Mala is psychiatrist and is a volunteer with an N.G.O in U.S known as AIDINDIA, which may be willing to help us. They were impressed to see our work.

18th April 2016, Mrs. Neena Singh, Mr. Ken Singh and Ms. Muriel came from the N.G.O called Bharat Prakarsh Foundation to see our program and share their experiences with us.

ENDNOTES

The job title, "Health Promoter", is given to a special, full-time employee of DIR. To be hired, s/he must be a resident of our project area. There are no educational requirements but s/he must be literate in Hindi, and be able to prove (by passing monthly exams) that s/he is learning adequately in our daily (Medical and Nutrition) classes. Each HP is assigned to a "Unit" which is a group of 230 contiguous households. The HP visits each family in his/her Unit monthly, where appropriate checking and monitoring blood pressure, checking and monitoring the weight of each child under the age of 60 months, examining for hygienic conditions and procedures, advising and counseling as necessary, and promoting living a healthy life however possible. A minimum of 80% of all DIR employees must be women. Through demonstrating that s/he is learning well in our academic classes, for exhibiting skill in educating the public, and showing leadership potential, a Health Promoter may be promoted to become a Senior Health Promoter.

For ease of classifying children's nutritional status, we have accepted the common World Health Organization use of weight "Zones". These are weight areas plotted on a graph showing weight for age. Children in the "Green zone" are said to be of appropriate weight. Children in the "Yellow zone" are said to be Underweight, and those in the "Red zone" are judged to be "seriously underweight."