

## DEVELOPING INDIGENOUS RESOURCES

### Summary of Activities

February 2014

#### THOUGHT FOR THE MONTH:

**"Until he extends the circle of his compassion to all living things, man will not himself find peace."**

Albert Einstein

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### 1. 1

#### 1. CEO's MESSAGE

Frederick Shaw

Another month of multiple activities rushed by, leaving us wondering where the time went. Our existing activities keep us well occupied, but we took time to review another slum, this time in Chandigarh, with a view to starting a Health program there.

While our present Health program has made impressive improvements in child nutrition, we have never eliminated malnutrition entirely, and still we are finding, in every month's compilation of statistics, a few children in the Red (severely malnourished) Weight Zone. Our records indicate that 14% of our population are transients. Most of these short-term residents have come from other states, looking for work, and finding none, move on.

We know that many of the malnourished children are transient, but the precise numbers are unknown. In the months to come, we will be exploring segregating our statistics in order to isolate, and give maximum attention to children who are permanent residents but are in the "Red." There is no intention to ignore the transients, and we plan to do our best for these youngsters, but we accept that since our program depends for success on parents' behavior change, we may not have sufficient time to bring about the desired changes.

Where our Income Generating activities are concerned, we are very happy to see that there is a decided improvement in the quality of the sewing of our various products. Our stitchers have always been good, but I think we can say they are now excellent. Incidentally, since we started we have had very few unsatisfied customers, and we would like to keep it that way. However, for unpredictable reasons a product may prove less than perfect. When this is the case, and you find out about it, please get the customer/recipient to return the product for instant replacement without questions.

**And now for something completely different!**



It may be recalled that, late last year, DIR ventured into a less-common sub-field in the realm of Education called Caddie Training. The looks of disbelief on the faces of some of my friends when I first told them indicated they thought I had spent more time than desirable in the midday Indian sun without a hat. But those friends are supporters now and ask for news of this new program more than they do about our other activities.

Probability Theory which I was obliged to study in Public Health Courses, led me into caddie training. But I should make clear here that we at DIR are not *doing* caddie training; we are merely collaborating with kind-hearted friends in Chandigarh Golf Association (CGA) to have some youngsters from our slum trained to be caddies.

Probability Theory leads me to understand that out of every X thousand humans born there are probably Y people who have the talent to become concert pianists, Z people who could become champion high-



jumper, or skaters, or competition golfers. But what, in addition to natural born talents, decides who will achieve what?

The key word, it would seem is “Opportunity” And opportunities of many descriptions are in short supply in slums. It would not take us very long to count the slum kids who got the opportunity to play golf after growing up and “joining daddy’s club” but for the more fortunate non-slum residents who did join daddy’s club, long before they become members they have been “putting while waiting for daddy”, and from the age of four (probably) have been familiar with the feel of a golf club.

Observation leads us to believe that while some great golfers had their opportunity through “daddy’s club” some others got their opportunity through being caddies or “green keepers”. Through working in or around a golf course, they got the opportunity to handle a club, and strike a ball or two from time to time. However, the off-chance that we will provide the opportunity for another Tiger Woods or Arnie Palmer is far from being our sole reason for being enthusiastic about the caddie training?

Our slum has very serious unemployment, and Chandigarh is surrounded by golf courses. There is a demand for trained caddies, and every youngster we get trained has a job waiting for him/her, and it is a job with a decent salary, and – to my satisfaction – girls get the same wages as boys. The benefits merely do not end there, because the caddies get a chance to spend time with the players, and many of the players are the more influential businessmen, and other Chandigarh “movers and shakers.” Those caddies who display intelligence and a pleasing personality get an opportunity to meet and impress people who have potential for shaping their futures.

The nature of the job also has many benefits. Working in the outdoors, in a healthy environment, getting exercise every day, in addition to making a good living, and meeting valuable contacts. Our collaboration is very limited in terms of time invested. We shall merely keep our eyes open identifying teenagers we think would make good candidates, referring these to our friends in CGA, and monitoring progress of those who become caddies.

Another aspect of the program which appeals to us is that it does not interfere with school education. To stay in the caddie program, participants MUST not drop out of school.

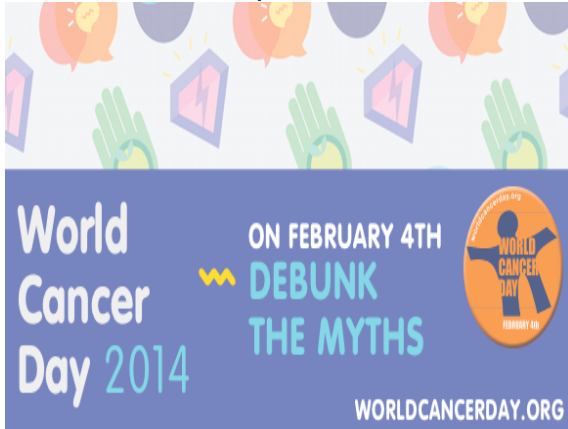
And where does our caddie program stand in February 2014? 15 caddies have been trained, 11 boys and 4 girls. Several are getting jobs on a day to day basis. One girl, Auti, comes from a family that is next-door to destitute. She works hard to survive in twelfth grade, and has suddenly – and to everyone’s delighted surprise - become the family’s major wage-earner.

I seem to have talked at length about a program that calls for very little input from DIR, and is barely related to “what we do”, but the activity has potentially important benefits for some young people who are at the very bottom of the list of *“people with opportunity for significant achievement in life”* and because of this, motivates us.

## **2. HEALTH ACTIVITIES**

**Dr. Tavleen Kaur**

World Cancer Day



This year, when we celebrated World Cancer Day, on 4<sup>th</sup> February, WHO introduced news about the increase of cancers in India which is most unsettling. With a million new cases being reported every year, cancer seems to be tightening its grip on India. Experts say the incidence of the disease is expected to rise five-fold by 2025. According to medical professionals, lung and oral cancers were the most common among men while cervix and breast cancer were striking more and more women.

Cancer has become a leading causes of death in India, as our country's mortality statistics shift away from contagious diseases and just as this shift began in the early 1900 in the advanced nations. Now we have nearly three million patients suffering from the disease. Annually, nearly 500,000 people die of cancer in India. The WHO said this number is expected to rise to 700,000 by 2015. According to WHO, lung, oral, lip, throat and neck cancers are the most common among men with prostate cancer and kidney, and intestine cancer more common in elderly men. Indian women suffer more from cervix, breast and ovarian cancers.

How does this affect DIR's activities? Since the greatest impact we can have is getting people to deal with contagious diseases, we will continue our normal programs, but education about cancers will be given emphasis, especially in our youth programs. If we provide them with a basic understanding of the causes and their avoidance, this could be an advantage and give them a foundation upon which to build knowledge in the future.

## **3. MOTHERS' HEALTH**

**Meena Kumari - Senior Health Promoter**

### **Pregnancies**

On the 1<sup>st</sup> of February, there were 111 pregnant women in Janta colony and Adarsh Nagar. Of these, nineteen women delivered their babies during the month and one of them had twins. Three pregnant women shifted their residence permanently from the colony, and twenty seven

new pregnancies were reported during the month. Out of nineteen women who delivered, all had appropriate postpartum examinations within two days of delivery.

### **Deliveries**

Out of nineteen women who delivered this month, fifteen delivered in the Government Hospital in Sector-16, three delivered in PGI, one delivered at sector 22, and none delivered at home. Of the newborns, 8 are baby girls and 12 are baby boys. All deliveries were assisted by qualified professionals.

## **4. IMMUNIZATION PROGRAMME**

### **Ms. Veena – Senior Health Promoter**

In the month of February, DIR-I collaborated with the government-run immunization programme on the 5<sup>th</sup>, 13<sup>th</sup>, 22<sup>nd</sup> and 26<sup>th</sup>. A total of **213** shots were administered to children, details of which are as follows:

(a) Measles – 15; (b) Measles Booster - 20 ; (c) BCG - 0; (d) DT - 7; (e) DPT Booster - 20,

SHOTS	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose
Hepatitis B	17	16	22
DPT	17	16	22
TT	12	9	-

In addition to these, **one kid** of age 10 years was given TT shot. Besides these, a total of 35 children were administered a supplemental dose of vitamin A.

## **5. DOTS PROGRAMME**

### **Mrs. Meenakshi – Health Promoter**

On the 1st of February, **25** tuberculosis patients were being served medicines at our basti office through the government DOTS program run by DIR. Our basti office is an authorized DOTS centre, and patients from the vicinity get their supply of medicine from our office on a regular basis. During this month, **seven patients** completed the treatment. **Four new** patients have been diagnosed having Tuberculosis this month, and have started medication from our centre. In February 21 patients were given medicines for TB.

Following is the distribution of these patients in different categories and what each means:

Category I – All those new patients whose pulmonary smear is positive for Tuberculosis Bacilli or those whose pulmonary smear is negative but are seriously ill, or those who have extra pulmonary Tuberculosis but are seriously ill are included in Category I. This month, we have **fourteen patients** in this category.

Category II – Those old Tuberculosis patients who had either defaulted from the treatment at an earlier stage and have re-started the treatment or those who have again contracted the disease after being cured once those who had not been cured even after completing a full prescribed course are included in Category II. This month we have **seven** patients in this category.

## **6. INCOME GENERATION**



## Meena & Maya- Senior Health Promoters

### A. CLOTH BAGS

Under the program of skills training, a total of **fourteen** women from the bustee are learning to sew in our Tailoring Class. Aside from these stitching classes being held in DIR bustee office, DIR also gives paid assignments to bustee women in the form of stitching cloth bags such as wine bags, i-Pad bags, clutch purses, Craft bags (to hold knitting needles, wool, etc.,) and water bottle bags. This month 4 champagne bags, 18 water bags, 20 i-pad bags, 11 towel wraps, 5 side bags, 2 carry bags, 34 salwars and 39 purses were made.

We are grateful to all fabric shopkeepers who are donating remnants and patterns of fabrics, and we send thanks to all these people who buy our products. The income means a lot to the women in the slum, and the profit goes 100% to fund our Medical activities.



Bustee ladies learning stitching at DIR.

### B. PAPER BAGS

"Stop using plastic bags, use paper bags to save our environment". We would like everyone to read and follow that advice. We have different sizes of paper bags (which we make out of recycled newspapers) to sell to every customer. If some generous Chandigarh people want to donate old newspapers we would be grateful. And we would be happy to provide jobs for more women if we could get more customers for our products. 292 paper bags were made this month.

Contact us if you live locally and want to donate newspapers or wish to buy the fine recycled bags our women make. Find us at House 105, Sector 10-A, Chandigarh. If planning to visit, please call 4660419 first to ensure someone is in.

## 7. EDUCATION

(Dr. Tavleen Kaur)

In our School With A Difference, our present school year will end in March. Teachers were busy preparing children for their annual examinations which will start from 18<sup>th</sup> March. On 25<sup>th</sup> February, a Parent Teacher Meeting was held in which parents discussed their problems and

gave some suggestions to Dr. Shaw. Many parents want the school to be upgraded so that we will teach beyond the pre-primary level to class (or Grade) 5. This is under consideration. On 21<sup>st</sup> February, 160 pupils from St. John's School, Chandigarh visited SWAD with their teachers, and each donated notebooks and pencils to our students. Dr. Shaw gave our guests a short talk on our SWAD, and thanked them for their generosity.

## **8. EYE CAMP**

**(Dr. Tavleen Kaur)**

Eye camps were organized by Bharat Vikas Parishad (an NGO which promotes eye care for the poor) on 10<sup>th</sup> and 17<sup>th</sup> February.

An "eye camp" is an event in which specialists come to our Centre with a mobile examination room (in their van) and provide free screening services. These are important for the local people who otherwise would not have access to these services.

Ms Nutan Mohanta, optometrist conducted the check ups and was assisted on first day by Mrs. Chanchal and Mrs. Harjinder who are volunteers in BVP. People from bustee were given appointments between 10am – 1 pm for 10<sup>th</sup> and 17<sup>th</sup>. Total 29 patients were checked on first day and 22 patients in second camp. Many patients suffered from cataract and were advised to have surgery.



Eye check-up during camp at DIR

## 9. PERSONEL ACTIVITY

### VISITORS:

1. Mrs. Tanvi Garg
2. Mrs. Chanchal Khosla, Mrs. Harjinder Kaur, Ms. Nutan Mohanta conducted eye camp.
3. 160 Children from St. John's School

### Absences:

Name	Paid Leave		Unpaid Leave	
	# Days	Dates	# Days	Dates
Mrs Natasha (Nutritionist cum Administrator)	28			On leave for whole month
Sunita (HP)	1.5	12,13 <sup>th</sup> Half day and 20, 26 for 2hrs		
Ms. Sangeeta (HP)	2.5	3,4 full day, 5 <sup>th</sup> half day		
Ms. Meena (SHP)	1.5	5 <sup>th</sup> Half day		
Mrs. Banita (HP)	0.5	24 <sup>th</sup> Half day		
Mrs lata	3	5 <sup>th</sup> ,6 <sup>th</sup> ,7 <sup>th</sup> full day		
Mrs. Maya (SHP)	2hrs	28 <sup>th</sup> for 2 hours		
Ms. Meenakshi (HP)	0.5	12 <sup>th</sup> Half day..		
Mr. Sunil (HP)	0.5	26 <sup>th</sup> Half day		
MS. Sarita (HP)	0.5	28 <sup>th</sup> Half day		
Ms. Suman (HP)	1	4 <sup>th</sup> Full day	0.5	19,20 for 2hrs
Mrs. Sushma (HP)	2 hrs	20 <sup>th</sup> for 2 hrs.		
Mrs Veena (HP)	1.5	26 <sup>th</sup> Half day, 28 <sup>th</sup> full day		
Mrs. Reena Paul ( Teacher)			1	13 <sup>th</sup> full day.
Hemanti	1	4 <sup>th</sup> Full day		
Ravi	0.5	24 <sup>th</sup> Half day		