DEVELOPING INDIGENOUS RESOURCES - INDIA

Summary of Activities

MARCH 2014

THOUGHT FOR THE MONTH:

A life spent making mistakes is not only more honorable, but more useful than a life spent doing nothing (G. B. Shaw)

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1.CEO's MESSAGE

Frederick Shaw

As the Financial year ends for DIR on 31 March, we are concerned with making the books balance, preparing for our annual audit, and -- most importantly – examining where we spent our money. With the thought that our readers might be interested in the subject I have prepared two "pie charts" which make clear where the money sent to India went. For good value, I have included a chart for the last financial year as well.

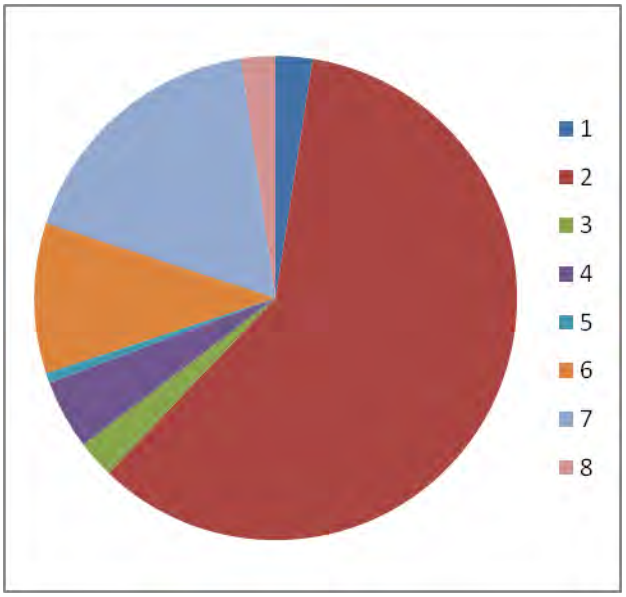
If your monitor presents the colours clearly, then the charts are easy to read. If you are getting too many shades of grey then let me attempt to help you read the charts. The largest "slice" in both years is on the right. It should be brown, and shows the expenditure on Training. This is as it should be, since the most important thing we do is train. Our Senior Staff, especially our physicians and nutritionists, five ***days every week*** train our Health Promoters and the Health Promoters train their committee members and also members of CAP (our Child Activist Program). It is this training that allows our Field Staff to be so successful in educating the public, and convincing the public to change and improve their health behavior. This improved behavior is the major factor which has caused the impressive decreases in baby deaths and in child malnutrition.

The second biggest "pie slice" (which should show in light blue) is the expenditure of our pre-primary school. It should be understood here that the charts show where we spent money, but the case of two categories, our School and our Income Generating Programs, DIR receives some income which is not shown here. In these latter categories, our aim is to have the programs be self-supporting, and we are making progress but not yet reached our goal. When we further complete our financial books for the year, I hope to produce a later report showing the net cost of the School and the Income activities. In all the other categories there is no income involved and so the expenditure charts tell the whole story.

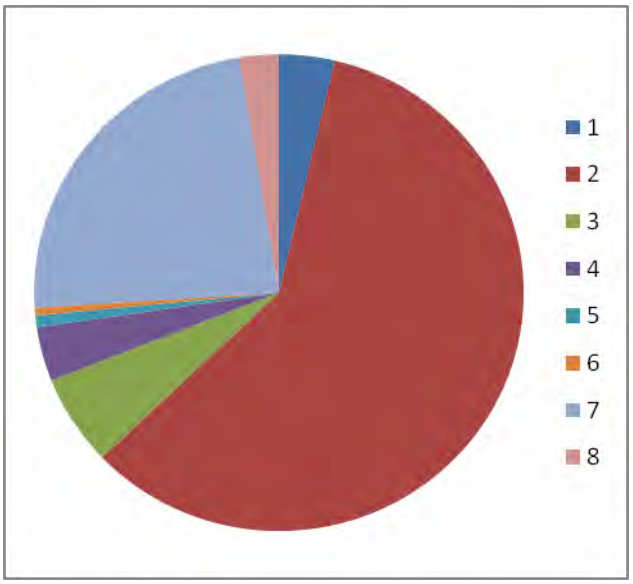
EXPENSES	1. Administration Supervision	2. Training	3. Plan & Research	4. Monitoring & Evaluate	5. Public Relations	6. Fund-raising	7. Education	8. Income Generation	TOTALS
FY 2012	68647	1656669	69242	129146	18347	278142	490664	64147	2775004
FY 2013	115030	1855836	192115	115097	24842	16561	732923	81875	3134279

WHERE DIR-I .SPENDS ITS MONEY

FY 2012



FY 2013



#	Spent On	FY 2012 (%)	FY 2013 (%)
1	Administration & Supervision	2.47	3.67
2	Training	59.70	59.21
3	Planning & Research	2.50	6.13
4	Monitoring & Evaluation	4.65	3.67
5	Public Relations	0.66	0.79
6	Fund-raising	10.02	0.53
7	Education Programs	17.68	23.38
8	Income Generating Programs	2.31	2.61

2. HEALTH

Dr. Tavleen Kaur

In areas, such as ours, where there are many homes without bathrooms, and where supplies of clean drinking water are usually scarce, the risk of catching Hepatitis A is a constant threat. It is a liver disease caused by the hepatitis A virus. The virus is primarily spread when an uninfected (and unvaccinated) person ingests food or water that is contaminated with the faeces of an infected person. The disease is closely associated with a lack of safe water, inadequate sanitation and poor personal hygiene.

Unlike hepatitis B and C, hepatitis A infection does not cause chronic liver disease and is rarely fatal, but it can cause debilitating symptoms and fulminant hepatitis (acute liver failure), which is associated with high mortality.

In developing countries with very poor sanitary conditions and hygienic practices, most children (90%) have been infected with the hepatitis A virus before the age of 10. Those infected in childhood do not experience any noticeable symptoms. Epidemics are uncommon because older children and adults are generally immune. Symptomatic diseases rates in these areas are low and outbreaks are rare.

Visitors, however, or anyone who has not been vaccinated or previously infected can readily contract hepatitis A. In areas where the virus is widespread (high endemicity), most hepatitis A infections occur during early childhood. Risk factors include:

- poor sanitation
- lack of safe water
- injecting drugs
- living in a household with an infected person
- being a sexual partner of someone with acute hepatitis A infection
- travelling to areas of high endemicity without being immunized.

Improved sanitation, food safety and immunization are the most effective ways to combat hepatitis A. Nearly 100% of people develop protective levels of antibodies to the virus within one month after a single dose of the vaccine. Even after exposure to the virus, a single dose of the vaccine within two weeks of contact with the virus has protective effects. Still, manufacturers recommend two vaccine doses to ensure a longer-term protection of about five to eight years after vaccination.

3. MOTHERS' HEALTH

Ms. Meena Kumari - Senior Health Promoter

Pregnancies

On the 1st of March there were 116 pregnant women in Janta colony and Adarsh Nagar. Of these, fourteen women delivered their babies during the month. Nine pregnant women shifted their residences permanently from the colony, and twenty-one new pregnancies were reported during the month. Out of fourteen women who delivered, all had appropriate postnatal examinations within two days of delivery.

Deliveries

Out of fourteen women who delivered this month, six delivered in the Government Hospital, Sector-16, three delivered in PGI, one delivered in Government Hospital Sector 32, two delivered at a private hospital in Sector 22, one delivered at a private hospital in Ramdarbar and one delivered at private hospital in sector 35. Of the newborns, 4 are baby girls and 10 are baby boys. All deliveries were assisted by qualified professionals.

4. IMMUNIZATION PROGRAMME

Mrs. Veena Rani – Senior Health Promoter

In the month of March, DIR-I collaborated with the government-run immunization programme on the 5th, 12th , 19th and 26th. A total of 242 shots were administered to children, details of which are as follows:

(a) Measles – 24 (b) Measles Booster -22 (c) BCG -0 (d) DT -11 (e) DPT Booster - 22

SHOTS	1st Dose	2nd Dose	3rd Dose
Hepatitis B	20	21	23
DPT	20	21	23
TT	14	14	-

In addition to these, 7 children of age 10 yrs were given DPT shots and a total of 24 children were administered a supplemental dose of vitamin A.

5. D.O.T.S.

Mrs. Meenakshi- Health Promoter

Last month, **Twenty One** tuberculosis patients were being served medicines at our bustee office through the government DOTS program run by DIR. Our bustee 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, **three** patients completed the treatment and were declared free from this disease. **Three** new patients have been diagnosed having Tuberculosis this month, and have started medication from our centre.

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 **fifteen** 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 **six** patients in this category.

6. INCOME GENERATION

Ms. Meena, Mrs Maya - Senior Health Promoters

CLOTH BAGS

Under the skills training program, a total of fifteen 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 making different kinds of cloth bags (wine bags, i-Pad bags, Sling bags, Craft bags and water bottle bags.

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.

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 re-cycled newspapers) to sell to every customer. If some generous local people want to donate old news paper we would be grateful. And we would be happy to provide jobs for more women if we could get more customers for our products.

We are thankful to "My Earth Store" in Panchkula for placing an order for 200 large size and 200 small size paper bags.

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 4660419 first to ensure someone is in.

7. EDUCATION

Dr. Tavleen Kaur

Final academic examinations were conducted for all classes, in our 'School With A Difference'. Results of these examinations were announced on 24th March. We are happy to say that most children achieved high scores. School was closed for the Spring break on 26th March and will reopen on 1st April, for the new session with a number of new students in our school.

Two of our pupils.... thinking out of the box

8. PERSONEL ACTIVITY

Dr. Tavleen Kaur

Absences:

	Paid Leave		Unpaid Leave	
Name	# Days	Dates	# Days	Dates
Mrs Sunita Mukhiya (HP)	2days +2 hrs	13,19th full day, and 31 for 2 hrs		
Ms. Suman (HP)	2	3, 7,10,14 half day	4	18,19,20,21st full day
Mrs. Urmila (HP)	8	18,19,20,21,24,25,26,27th full day	1	28th full day
Mrs. Meenakshi Chauhan			1	3rd full day
Mrs. Baby (HP)			1.5	4th half day,5th full day
Mrs. Lata (HP)	0.5	24th half day	1	14th Full day
Ms. Meena (SHP)	2	27,28th full day		
Ms. Sangeeta (HP)	2	25,26th full day	3.5	18th half day, 27,28,31st full day
Sunil(HP)	2	7, 31st half day and 14th full day		
Mrs. Reena Paul			2hrs	11th for 2 hrs
Mrs Manjeet			1	6th full day
Mrs. Natasha				Whole month
Ms. Ankita	1	31st full day		
Mrs. Banita (HP)	0.5	4th half day.		
Mrs. Maya (SHP)	2.5 days and 2 hrs	5th for 2hrs,14th half day,25,31st full day.	3	8th, 9th half day and 3rd,6th full day
Mrs. Veena (SHP)	8	3,4,5,6,7,13,14,10	2	11,12th full day
Mrs. Meenakshi (HP)	2	27, 31st half day , 13th full day		
Ms. Sarita (HP)	1day +2hrs	3rd for 2 hrs,11th full day		
Mrs. Sushma (HP)	1	24,27th half day		