DEVELOPING INDIGENOUS RESOURCES - INDIA

Summary of Activities

August 2014

THOUGHT FOR THE MONTH:

The strongest weapon for improving the world is EDUCATION. (Nelson Mandela)

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1. CEO's MESSAGE

Frederick Shaw

The "wet" season in Punjab has been disappointingly dry. Some experts report that rainfall has been 11% of what is normal. This is not good news for the farmers, and is especially bad news for those of us in the low-income brackets, because past water shortages have inevitably preceded an increase in food prices.

Environmentalists grimly inform us that this temporary shortage will give us a small taste of a future in which they have calculated the available water in the world will be merely adequate to support 50% of the world's population. Unfortunately for our World, there seems to be no government – from the least advanced to the most advanced – capable of understanding environmentalists' very logical predictions, and the future does not look as bright as it could. The situation brings to mind one of G.B. Shaw's many truisms that "In a democracy, the people get exactly the government they deserve."

On a different topic, we have been studying the effect of our interventions to improve health conditions, and are striving to fully understand as many as possible of the various aspects of the many variables involved. At this point, I would request readers familiar with our modus operandi to forgive me repeating information they know by giving a brief program description of our approach for the benefit of new readers. DIR's main thrust is principally a Preventive Medicine one, and the method of achieving our goals is almost 100% in the realm of behaviour change. In the briefest of terms, our Senior Staff train our Health Promoters, (HP) and our HP motivate members of the local community to improve their health behaviour.

The strategy works well as our results demonstrate. To quote merely few examples – the number of infants who die before their first birthday per 1,000 born has dropped from 100 to less than 25; the percentage of children younger than 60 months who are severely malnourished has been reduced from 87% to less than one-quarter of that initial rate. The bulk of this change was evident after the fourth year of our efforts in the present project area.

Humans, it seems, almost universally resist changing their own behaviour. Because of this, it is not normally considered sagacious to conduct a short project, because it takes time before noticeable changes occur. In our project we collect data on a daily basis to examine change. After the first year, there was scant evidence that we had accomplished anything, and at the end of the second year there was still little obvious improvement. When the third year ended, some small amount of change was evident, but at the end of the fourth year it appeared we had "struck gold." Of course, health behaviour did not change because we employed magical new techniques in the fourth year. The changes that had shown up in the fourth year were the results of four years of striving to have people improve their own behaviour[1].

This causes us not to consider starting any new projects in areas where there are few permanent residents. A transient population, we reason, would not be exposed to our interventions sufficiently long for significant changes to take place. This rationale seems eminently reasonable, but what we do not know is where we should we draw the line (for our purposes) between a transient and a stationary community. To guide future action, we have just completed a brief survey of how stationary the population is in our present project area. The results are shown below.

NUMBERS OF YEARS FAMILIES HAVE LIVED IN DIR'S PROJECT AREA

DATA FOR JANTA COLONY AND ADARSH NAGAR COLLECTED IN 2014

ARRIVED HERE =	Before 1990	1991 -94	1995 -99	2000 -04	2005 -9	2010 -14
# YEARS HERE =	>24	20 – 23	15 – 19	10 – 14	5 – 9	<5
# OF FAMILIES =	627	301	452	542	644	1341
% OF FAMILIES =	16	7.7	11.5	13.8	16.5	34.3
% COMPRESSED	More than 20 years = 23.7		Between 10 and 19 yrs =25.3		Less than 10 years = 50.8	

Notes:

1. In general, it may be said that approximately half the residents have been in the area less than 10 years.
2. The average number of family members living in one house was found to be 4.43
3. The population of DIR's Project Area was found to be 17,314

Combining information about achievements with the discovered data shown above suggest that the behavior change model we employ can be expected to be successful if it is used in a community where as many as one-third of the population have been resident for less than five years, and that our approach could be appropriate if even 50% were resident for less than 10 years. While our study is revealing, and can be important when investigating possible new project sites, we need exercise caution lest it transpire that the length of time of the "more stationary" residents is overwhelmingly influential. However, we have more information than we did earlier, and this should equip us to make better-advised selection of future project sites.

On another front, our efforts to isolate and concentrate on correcting the worst cases we have of chronic malnutrition is moving ahead, and Dr. Ritesh has news for us of recent developments.

[1] One of our colleagues with an over-developed sense of humour, has suggested that, because scant improvement is seen in the first three years of a project, that we should skip the first three years and begin with the fourth year.

A View of some of the roofs of homes in Janta colony. The miscellaneous items on most roofs are there not for storage purposes, but because their weight holds the corrugated sheeting in place (in the absence of nails or other fastenings.

2. NUTRITIONAL IMPROVEMENT *PRIORITY* PROJECT (NIPP)

Dr. Ritesh Singha (Health Officer)

(Dr. Ritesh Singha)

While we feel our efforts to improve the nutritional status of young children has enjoyed success, in every Health Promoter's (HP) area it seems there are a few families who need special attention. These are the homes in which at least one child under the age of 60 months, has been identified as severely malnourished but is not making satisfactory progress. To provide assistance to the HPs with the most difficult cases, Dr Shaw designed "The NIPP". Under this project, each HP was asked to identify the three most worrisome cases in his/her area, and then make a concerted effort to get the parents of the selected children to improve their health behavior in general, and their dietary habits in particular.

The worst 3 cases will be designated as P1 (First Priority) and all the other severely underweight children in "Red' (severely malnourished) category will be designated as P2 (Second Priority). The criteria for identification of P1 children are:

1. Being in the Red-Category for more than two months while showing no sign of improvement;
   OR
2. Sudden and severe weight reduction

The first step is now completed. All 14 HP have selected 3 P1 children, and we now have identified 42 top priority cases who are in need of intensive interventions.

The second step will be to ensure all P1 and P2 children are de-wormed, and that a member of the Senior Staff visits the parents of all P1 children to counsel and advise them about the importance of good nutrition and hygienic habits. A fourth

intervention will be to conduct a series of committee and community meetings dealing with improving family food consumption habits, and providing public demonstrations of preparing low-cost, nutritious meals.

Last month Mrs. Kalpana Ghai and I visited the Home Science College of Chandigarh to seek the guidance of the nutritionist, Professor Monica Mallik. She was very interested in our project, and enthusiastically suggested that she assign some final year students to participate in our NIPP. This is a very welcome development, and our thought is that their expert advice can be extremely valuable especially in making diet plans for P1 children. They would be assisting us in making the diet plan for the priority children.

Kalpana made an appeal to faculty members of HSC, and they generously agreed to provide DIR with Rs5,000 a month to fund the provision of a supplemental feeding program for the P1 children. Planning how this feeding program will function most effectively is now one of DIR's first priorities. Our first thought on the subject is that we shall probably serve a highly nutritious, balanced meal to all P1, 5 days a week in the premises of the DIR Centre.

Our overall plan is that as each of the first P1 children advances from "Red" category to the "Green" (normal) category, another child will take his/her place as a P1. By this means, each HP will have three P1 upon whom to concentrate until none of the project area's children are seen to be severely malnourished. Given that changing eating habits is recognized as one of the most difficult sets of behaviours to change, NIPP has very optimistic goals, but our HPs past achievements encourage us to believe with a little help from their friends . . . . .

Above one of our Senior Health Promoters gives a talk on Child Nutrition to a group of neighbours

3. MOTHERS' HEALTH

Ms. Meena Kumari - Senior Health Promoter

Pregnancies

On the 1st of August there were 98 pregnant women in Janta colony and Adarsh Nagar. Of these, 19 women delivered their babies during the month. Two pregnant women shifted their residences permanently from the colony, and 31 new pregnancies were reported during the month. Out of 19 women who delivered, all had appropriate postnatal examinations within two days of delivery.

Deliveries

Out of 19 women who delivered this month, fourteen delivered in the Government Hospital, Sector-16, two delivered in PGI (The Post-Graduate Institute of Medical Research and Education), one delivered in the Government's Hospital in Sector 22, Chandigarh, one delivered at private clinic and one delivered at home. Of the newborns, 8 are baby girls and 11 are baby boys. All deliveries, except one, were assisted by qualified professionals.

4. IMMUNIZATION PROGRAMME

Ms. Sarita – Health Promoter

In the month of August, DIR-I collaborated with the government-run immunization programme on the 2, 6th, 13th ,20th and 27th of August. A total of 199 shots were administered to children, details of which are as follows:

(a) Measles – 20 (b) Measles Booster -12 (c) BCG -1 (d) DT -15 (e) DPT Booster - 12

SHOTS	1st Dose	2nd Dose	3rd Dose
Hepatitis B	14	16	18
DPT	14	16	18
TT	13	22	-

In addition to these, 8 children of age 10 years were given TT shots.

5. Beautician Training Centre

Administrative Officer Arun Gupta and Health Promoter Sunil Vidla

With the festival season fast approaching, training emphasis this month was on the application of nail art, party make-up, and hair-styling. Classes were held six days a week, with Tuesday being the "free" day.

The aims and objectives of this DIR Beautician Training Programme are:

1. To train unemployed young women to:

(a) learn techniques of applying Mehendi, (Having Mehendi on the hands and arms is an important ritual in marriages and certain festivals.)

(b) learn other elementary make-up, and hair-styling procedures, "threading", "waxing", and "facials" which could provide an additional source of income;

(c) Become owners of their own small home businesses.

2. To provide income for DIR to subsidize its health programmes.

In August, the gross funds raised by the Centre was Rs.12,000. Incidental small expenses, including space rent and utilities, amounted to Rs. 4,624; from the remaining Rs.7,376, Rs.3,688 provided Trainers' salaries, and DIR had net gain of Rs.3,688.

6. D.O.T.S.

Mrs. Meenakshi- Health Promoter

Last month, **eighteen** 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, **four** patients completed the treatment and were declared free from this disease. **Two** new patients have been diagnosed with TB this month, and have started medication from our centre. One patient of 15 years died due to the disease.

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 **eleven** 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 **four** patients in this category.

7. INCOME GENERATION

Ms. Meena, Mrs. Maya - Senior Health Promoters

PAPER BAGS

"Stop using plastic bags, use paper bags to save our environment"- this is the message the women at the basti give when they make bags out of old newspapers. There are bags of different sizes and strength. We would be able to provide jobs for more women if we could get more customers for our products.
200 paper bags were sold to the My Earth Store in Panchkula in this month.
Contact us if you live locally and want to donate newspapers or wish to buy the fine recycled bags the women make. Please contact House 105, Sector 10-A, Chandigarh. If planning to visit, please call at 4660419.

CLOTH BAGS

Under the skills training program, a total of twenty three women from the basti are learning to sew in our tailoring class. Aside from these stitching classes being held in DIR basti office, DIR also gives paid assignments to basti 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 shopkeepers who donate fabric to DIR, and all those who buy our products. The income means a lot to the women in the slums, and all the profit from the sale of these products is used to fund our Medical activities.

In our School With A Difference, we got the Indian flag painted on hands and faces on Independence Day (16 August)

8. EDUCATION

A. Our Newest Project

(Frederick Shaw)

Thanks to the thoughtfulness of the Chairman of our Board of Trustees, Mr. S.M. Sharma, DIR has a new innovative Education project. He is leading the way with his personal participation, and hopefully will encourage other caring people to follow his example.

The relevant background to this project is that there are many barriers that prevent bright students in economically deprived communities from getting the education they deserve. Without quality education they have scant chance to obtain a job with a reasonable salary, and without that, they are – in almost all cases – doomed to life in a slum.

To address this problem, DIR started its pre-primary school, The School With A Difference (SWAD). The sole objective of SWAD is to equip its graduates with the (English) language and other skills necessary to not only gain entrance to Chandigarh's finest private schools, but to succeed there. Thus far, we have placed 79 children in these elite schools, and – for the most part – there are 79 success stories.

However, getting into a good school, and successfully passing through the various levels, are two very different things. Enduring social rejection, becoming imbued with social graces, catching-up academically, and parents giving-up because "It is all too hard for my child" are just a few of the reasons there are liable to be drop-outs. It is difficult for us not to view every bright child that drops-out of school to be a human tragedy.

In response to recognizing the difficulties faced by the children we have placed in good schools, Mr. Sharma started his project. In the first place, he had our Health Promoters help select the brightest of the children we have placed in Chandigarh's best schools. He created and administered a short competitive examination to allow him to judge who the five most promising students are. (Some exam takers are shown above.)

Motivated by the thought of how very sad it would be if these students dropped-out, Mr. Sharma is personally providing a monthly stipend to each student, and donating his time to tutoring them after school hours, on Tuesdays and Thursdays. This is a project with a difference, and what a difference it will surely make for the children it benefits!

As other local, caring people learn of this project, it is hoped that they will recognize the impact it can have, and the potential benefits it has for a wide spectrum of people, because each person who does not reach his/her potential is a loss for our human community. If you are inspired by our Chairman, please act on it, and if you know of a retired teacher whose life can be enriched by his/her personal participation, please do not feel compelled to keep this project a secret!

Mr Sharma presents a prize to one of the top scorers in his exam.

8. The School With A Difference

Dr. Tavleen Kaur

The total pupil strength of school has increased to 78 as some new children got admission this month. Children were taught how to make best use of some waste materials in best out of waste activity in August.

Raksha Bandhan, a traditional Hindu festival that celebrates the love and duty between brothers and sisters, was celebrated in school. In this festival sisters tie rakhi (sacred thread) on her brother's wrist which symbolises sister's love and prayers for brother's well being and brother's life-long vow to protect her. On this occasion Rakhi making competition was held in which all students participated and made wonderful designs.

SWAD celebrated Independence day on the 15th August'14 with a lot of enthusiasm. National flag was painted on the wrist and face of children. Children were distributed sweets (Ladoos) which were donated by a faithful friend of DIR, Mr. Ajit, and in the end all the students sang the National Anthem.

9. Donations

Administrative Officer, Arun Gupta

Mr. S.M. Sharma, President DIR-I, along with some other donors have most generously offered to sponsor the education of six deserving children from Nayagaon, with the sum of Rs 1000/- each per month per child.

Ten contributions of Rs. 500/- each amounting to Rs. 5000/- have been collected for a proposed mid-day meal/ supplement by Ms. Kalpana, for the most malnourished children in the Basti.

Students in School With A Difference (SWAD) create art

10. Visitors & Events

Mr. Arun Gupta

Visitors

Mr. Maninder Singh and Karan, two students of Khalsa College have offered the services of Sector 34 Gurdwara to take us on a one-day trip to visit the Golden temple Shri Harmander Sahib at Amritsar.

Mr. Pavneet Tiwana visited DIR, and kindly invited us to submit a proposal for a project which he and his colleagues would endeavour to support financially. We are at the earliest stages of exploring a Tailoring Support Project. In this, we might obtain some 20 sewing machines to use in our tailoring classes, and perhaps rent their use when not being used in class.

Events

Dr. Shaw along with Dr. Ritesh Singha, Dr. Tavleen, Mr. Arun Gupta and Ms. Banita attended a conference on preventing violence against children, at Indira Holiday Home on the 29th of Aug 2014.