

DEVELOPING INDIGENOUS RESOURCES-INDIA

Summary of Activities

for

OCTOBER 2016

THOUGHT FOR THE MONTH:

“There is no failure except in no longer trying. There is no defeat except from within, no really insurmountable barrier save our own inherent weakness of purpose”.

“Kin Hubbard”

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1. CEO's MESSAGE

W. Frederick Shaw DrPH MPH

As October ends, we, in the Punjab, enjoy our best weather of the year. Our days are bright and sunny allowing us to enjoy midday without a jacket. Our nights are cool requiring two light blankets and no concern about power cuts and air conditioners!

With the weather, change comes an added concern about the danger of snakebite. It seems snakes in their search for warmth are more likely to invade human habitats when there is a temperature drop, than at other times.

We had a case in recent years of a young girl being “bitten” by a Krata and dying in a matter of hours. Upon researching the issue we learned a two-step process was involved. It seems that rats and mice often live in close proximity to humans who provide them with food. This comes in two forms: first there are our kitchen supplies if - and only if - not in rodent-proof containers, and the second is our waste which may contain

discarded edible scraps. These rodents are considered delicious by the deadly Krates who normally eschews human company but who will put aside their anti-human prejudice for some tasty rodents.

While there appears to be no ready reason to believe the neighbours in our bustee set out to invite killer snakes to their homes, that is exactly what they do by not “protecting” their food and their discarded waste. In short, it is our mistaken behavior which makes food available to rodents, that brings the snakes to our homes.

“Unprotected food” are the key words which describes a key concept, which we hope we can cause our neighbors to learn. The unprotected food that attracts rodents is on kitchen shelves in cloth or paper containers. It is also contained in neat little piles of floor sweeping which are often not discarded immediately but remain until the after-breakfast clean-up each morning.

How do we protect our food? The cheapest, easiest, quickest way is to use plastic, metal or glass containers with a close fitting lid. This is the answer for storing new food in the kitchen, and waste scraps waiting to be dumped.

And so, we are reminding ourselves and our neighbors that we can 100% protect ourselves and our families from lethal snake bites at very, very low cost, and in many cases – at no cost at all. So we, in the DIR staff, are spreading the word, and also spreading the containers, the surplus empty containers which clutter-up many, many kitchen shelves. And we are doing our best to be good neighbors by collecting and distributing containers to the extremely poor, and by passing on our critical “disinvite snake” technology.

This project is of considerable interest, and indeed of significant importance to DIR. If we were to state what is the most important fragment of information that we would wish every beneficiaries of our programme to ingest, digest, and internalize, it is that “my behavior is the single greatest influence on my health, and – more than that – is the single greatest determinant of my health.

In so many of the things we attempt to teach community member to do to improve the quality of their own lives, we cannot control all the deciding factors. For instance, in our anti-malaria activities, we recommend all the positive measures, but we cannot (yet) get rid of all the standing water, and all of us cannot have mosquito nets (yet), so the best we can achieve is “an improvement”. But consider the anti-snake project; we hold all the cards. ***If we play them right, 100% success is within our reach.***

Few of our activities offer such opportunities, and we don’t have space to discuss them all, but here is a golden opportunity to demonstrate to the learners how their behavior affects their own and their family’s health. And importantly for DIR is the opportunity to learn how we can effectively communicate (a) in order to get beneficial behavior adopted, and (b) to have the learners SEE the outcomes they have brought about – the positive as well as the negative. And here is an opportunity to get unsophisticated bustee residents to see and appreciate an easy to grasp two-step- process, not just a simple one-on-one- cause and effect outcome, which could pave the way for other more complex understandings. The opportunities abound.

2. NUTRITION TRAINING

MRS. NATASHA SHARMA MSc, NUTRITIONIST

October 16th was celebrated as World Food Day across the world. The date is celebrated to honor the founding of the Food and Agriculture Organization of the United Nations in 1945. World Food Day is also known as “Food Engineer Day”. Its main aim is to increase awareness about hunger and poverty and how to reduce these evils.

Apart from that, Global Iodine Deficiency Disorders Prevention Day was celebrated on 21st October. Iodine Deficiency Disorder (IDD) is one of the most preventable and prevailing micronutrient deficiencies, which mainly affect small children and pregnant women. This very serious deficit results in spontaneous abortions, brain disorders and low mental development for too many people. Just to make people aware of it and taking



When we arrived in Janta there were years of trash to be dumped



Every Sunday our staff with residents and their children cleaned up



Eventually, we got what we wanted- a playing field for the children

steps towards educating the people and introducing healthy eating habits which helps to get closer towards a world with minimal number of people who suffer because they haven't got the adequate amount of the micronutrient in their diet. We need to educate the world on having iodized salt and iodine-rich foodstuff like sea food, leafy and other vegetables.

We have a case of a pregnant woman called Renu, originally from Bihar; she is living with her one- and-a-half year old daughter under very pitiful condition in our HP Banita's area. Renu is severely anemic and is severely underweight for the last three months. A few days ago hot tea fell on her belly which was burnt badly. After getting the CEO's approval Renu and her daughter were given supplemental food (milk, egg, porridge and fruit) daily. This month there is one kg improvement in weights of both mother and daughter.

In our regular training for Health Promoters, the topics of Dehydration, Adulteration, Iodine deficiency were taught. As per our regular schedule, an exam was also conducted to test the nutrition knowledge of HPs, in which Banita scored highest marks.

3. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

Ms. SARITA, HEALTH PROMOTER

Weight Gain	22%
Same Weight	61%
Weight Loss	11%
Gone to Village	6%

We have total of 36 children in our NIPP programme. This group of children is made up of the three most severely malnourished children in each of the 12 areas in which our Health Promoters provide assistance. These children come to our Centre daily to get a cup of milk, a fruit, an egg and porridge.

Age of children in the NIPP	
0-12 month	3%
13-24 month	0%
25-36 month	22%
37-48 month	31%
49-60 month	44%

This supplemental food programme is the one Dr. Maya Shaw (daughter of our CEO) started, and is funding along with her friends in California. This month 22% kids gained their weight and 61% remained sadly underweight. Many of the latter group have "colds" and coughs, etc.

All the unwell children are getting good medical care from government hospitals. DIR is fully involved in this project for decreasing the number of malnourished children.

We are providing deworming tablets to the people of Janta Colony and this month, dewormed 92% kids.



4. MOTHER'S HEALTH

MS. SANGEETA, HEALTH PROMOTER

Last month, we had 123 pregnant women out of which 30 women delivered. 15 babies were boys and 16 were girls. This apparent mathematical miscalculation is explained by one mother having twins. They all had appropriate checkups and examinations before and after delivery.

We have 14 new pregnancies, and 3 new pregnant residents have arrivals in our bustee. 8 our pregnant women are presently visiting "their villages, and an additional four women left our area permanently.

There were no deaths and no still born but unfortunately, we had one case of miscarriage. A 24 year old woman from my area, Preeti Devi (wife of Mr.Kuldeep Kumar) naturally miscarried her fetus. She went to hospital for routine antenatal checkup, and there the examining doctor recognized that the fetus was not moving properly. They found the baby's growth and its heart beat had stopped. Then they prescribed medicine which aborted the fetus. She is recovering from this sad and depressing state. It was her second pregnancy. She has one baby girl of 1.5 years of age. I have counseled her many times to allow a wait for minimum two years between babies. She is very nice woman who listens to me carefully and consider my words.

We, Health Promoters, are all trying our best to pass on the knowledge DIR is giving us, so that the bustee residents will be able to improve their own health. At the same time we are making a big effort to teach the children so that the practical information and health improvement knowledge stays in the community.

# of pregnant Last month	New Cases this month		Miscarried	# of Babies born		Women Moved		This month end, no. of pregnant
123	A	C	1	M	F	T	P	105
	14	3		15	16	8	4	

* A: Arrivals * C: Conceive * M: Male * F: Female * T: Temporary * P: Permanent

5. MY STORY

Dr. SHALINI SAHAI Chairperson of DIR's Board of Directors

"Helping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. when you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul." ([Rachel Naomi Remen](#))

I was born in India, the oldest of 3 children in a family with great emphasis on education. I completed medical school in India and then went to USA with my husband where I did a pediatric residency. For the past 10 years I've been practicing with a health care organization in California.

In 2009, while I was on my yearly visit to India to see my family, I was introduced to Dr Frederick Shaw. At that time he had been running the Janta Colony program for about 5 years and had already achieved spectacular results in reducing infant mortality and malnutrition in children. The simplicity of his approach to these complex issues was very refreshing and the results undeniable. I was very inspired by his program and for the following 2 years, I spent some months working with DIR in India. Dr Shaw later invited me to join the Board of Directors of DIR which I happily did and I'm still part of it.

I've come to realize that every person seeks to find meaning in his or her life. More often that meaning comes from something outside one's self.. For me, this meaning has come from being a part of the DIR family, serving to give back to my community in whatever ways I can.

Once I asked Dr Shaw while we were driving in his car on a hot summer day in India: "Dr Shaw, what makes you want to do this, at your age, away from your family, in a foreign country where you don't even speak the language?" And he replied : " It's very simple really, I know how to do this; while there is a need for it in the world, how can I not do it?" His simple words affected me profoundly and will always be a source of inspiration for me.

With gratitude, Shalini

6. IMMUNIZATION STATISTICS

Mrs. VEENA RANI, Senior Health Promoter

In the immunization programme, which we jointly conduct with Punjab's Department of Health, the following shots were given in October.

BCG	PENTAVALENT*			IPV	MEASLES		DPT BOOSTER	DPT 5Y	T.T 10Y	T.T 16Y	T.T1	T.T2
0	17	7	7	7	12	4	4	11	4	2	8	12



Every month are staff passes academic examination on Nutrition and Preventive Medicine



Games at a CAP meeting



The DIR staff attending an evening function

7. INCOME GENERATION ACTIVITIES

Mrs. MAYA, Senior Health Promoter

Is there any reader who can help us by buying even a few dozen wine bags?

Is there a college student somewhere, or a member of Rotary, or anyone with a connection to good-hearted people who will help us out, and even make a nice profit if that is needed? (Does your uncle sell wine? He could make a profit from these SALE PRICES.)

THESE SPECIAL PRICES ARE FOR THE MONTH NOVEMBER ONLY

(AND WE WILL PAY HALF THE MAILING COSTS, AND CHARGE NOTHING FOR PACKING)

The following prices are for endlessly-re-usable, BEAUTIFUL, cloth gift bags for bottles of wine:

NUMBER OF BAGS	REGULAR PRICE	SALE PRICE	UNIT SALE PRICE
ONE	\$5	\$4	\$4
HALF DOZEN	\$24	\$18	\$3
ONE DOZEN	\$45	\$33	\$2.75
THREE DOZEN	\$	\$90	\$2.50
SIX DOZEN	\$	\$144	\$2.

8. TAILORING CLASS

This month nine girls are learning stitching, and doing good work. Rakhi, Kusum and Sunita are doing better than others. Many trainees are leaving us as their colleges and schools are re-opening. They were getting a little Tailoring education during college vacations.

9. BEAUTICIAN TRAINING

In beautician course, seven girls are undergoing training. Our student, Megha, is good in "threading" and "waxing" while Shweta is excellent at hair styling and massage. Some girls are good in everything.

10. Child Activist Programmed (C.A.P)

MS. BANITA, Senior Health Promoter

In October, children play many games such as badminton, kho-kho and football. We educate the children about the six steps of hand washing and why and it is important for our health. We also told them about the diet of fever because many children suffered from fever this month.

This month the CAP educational topics included:

- A. Six steps of hand washing. (Our HPs showed everyone the six steps of hand washing. Then every child was taught about its importance and its role in our life. Then the children were told to demonstrate the same.
- B. Game: Brick Walk. Before beginning this game, children were taught about "diet for a fever". After that, we divided the children into two teams. A bowl was filled with slips of paper containing questions related to diet for a fever and its results. A line was marked on the floor. From each team, two kids were called out. One child placed the brick on floor and other had to move a step forward, if he gives the correct answer. This learning through games indirectly helps us in providing information to their families and friends.

11. SCHOOL WITH A DIFFERENCE

Ms. MANJIT, Schoolteacher

This month was our big festival month. First, we celebrated **Dussehra**, which day marks the victory of Lord Rama over Ravana. On that day, we made a statue of Ravana and burnt it in our school ground. Burning the statue explains what happens to bad and evil powers. Our children drew pictures of Ravana and colored them nicely.

Our second important festival was **Diwali**- On this day, Lord Rama returned to his place Ayodhya after 14 years of exile and killing Ravana. Our schoolchildren drew candles and Diyas on sheets of paper and colored them. They were also told about the adjoining festivals -**Vishwakarma Day** - A day of celebration for Vishwakarma, a Hindu god, the divine architect, was the creator of many fabulous weapons for the gods. He is credited with, the science of mechanics and architecture. On this day, people pray for a better future, safe working conditions and, success in their respective fields. Workers also pray for the smooth functioning of various machines. It is customary for craftsmen to worship their tools in his name, refraining from using the tools while doing so. Another festival is **BhaiDooj** --A festival celebrated by Hindus on the last day of the five-day-long Diwali. Celebration. On this day, sisters pray for a long and happy life for their brothers, by performing the Tika ceremony. We had one more festival, **BandiChhorDivas** -- "Day of Liberation"; it is a Sikh festival, which coincides with the day of Diwali. BandiChhor Divas celebrates the release from prison in Gwalior of the Sixth Guru, Guru Hargobind, and 52 other prisoners with him. The word "Bandi" is translated from Punjabi into English as "Imprisoned" (or "Prisoner"); the Hindi word "Chhor" translates as "Release," and the Punjabi word "Divas" means "Day", rendering "BandiChhor Divas" into English as "Prisoners' Release Day".

All the children are taking an interest in class activities. They were delighted to be painting diyas and candles decoration. We are happy that all the students are enthusiastic and are giving a good response.

Apart from that, we have two more activities that are educational as well as fun for our children in which we taught them how to make fruit salad and now children knows that beneficial fruits are for our health.



We also introduced them with sounds of animals and now they know the difference between domestic and wild animals.

This was our busy month but we are satisfied with the smiling faces and enthusiasm of our kids.

12. VISITORS & PROMOTIONS

- A.** Dr. Shalini Sahai, Chairperson of the DIR Board of Directors in the U.S. came to visit our Centre in Janta Colony on 28th October. She taught our health promoters about her medical experiences and also discussed the dengue fever with all of us. It was a positive interaction with her. She and Dr. Shaw gifted everyone Five Hundred Rupees as a Diwali gift. Everyone was very happy to see her here. We hope she will come back soon.
- B.** All her work colleagues congratulate Health Promoter Banita upon her becoming a Senior Health Promoter

13. EXPLANATORY ENDNOTES

HEALTH PROMOTER (HP)

This job title 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. 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.

GENDER BIAS

Because the traditional roles of women in developing countries exert heavier influence on family health than the roles of their male counterparts, it is strict policy that DIR staff will never have less than 80% of positions (in developing countries) staffed by women.

NUTRITION ZONES

For ease of classifying children's nutritional status, we have accepted the common concept World Health Organization has popularized of using 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."

NIPP

This is the name of one of our high priority programmes. The initials stand for Nutrition Improvement Priority Project. Each of our 13 Health Promoters have identified the three most chronically malnourished children under the age of 60 months in each of their Units. This group of children are normally the exclusive members of the NIPP, but the CEO may assign a limited number of emergency cases when such is seen to be essential..

UNIT

This is number of contiguous households being served by one Health Promoter. The typical number of homes in a Unit is 230, but this may be increased or decreased if the number of children or pregnant women abnormally influence the HP's workload.

DOTS (DIRECTLY OBSERVED TREATMENT SHORT-COURSE)

This is the name given to the Government's programme for early detection and treatment of Tuberculosis. DIR has one room reserved for DOTS activities in its Centre. One HP is designated as the DOTS Co-ordinator.

TB Categories I and II.

When these designations are used in a DIR report, they refer to categories of TB patients. Category I – All new patients whose pulmonary smear is positive for Tuberculosis Bacilli or those whose pulmonary smear is negative but are seriously ill, plus patients with extra-pulmonary Tuberculosis are in this Category.

Category II – These are 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, plus those who had not been cured even after completing a full prescribed course

PGI

These are the frequently used initials for the government's Post Graduate Institute of Medical Education and Research. This large Chandigarh medical complex serves the north-East quarter of India. In recent years it has started a rare addition in India – a School of Public Health. PGI borders on the slum called Janta Colony, where DIR has been active since 2005.



Here are four beautiful, endlessly reusable, gift wraps for bottles of wine these are presently on “SALE”