

DEVELOPING INDIGENOUS RESOURCES-INDIA

Summary of Activities

For

November 2016

THOUGHT FOR THE MONTH

"How wonderful it is that nobody need wait a single moment before starting to improve the World." - Anne Frank

CONTENTS

1. CEO's MESSAGE
2
2. IMMUNIZATION REPORT
3
3. INCOME GENERATING ACTIVITY
3
4. MY STORY
4
5. CAP- CHILD ACTIVIST PROGRAMME
4
6. NUTRITION TRAINING
5
7. NIPP- NUTRITIONAL IMPROVEMENT PRIORITY PROJECT 6
8. MOTHER'S HEALTH REPORT
6

1. CEO'S MESSAGE

W. Frederick Shaw DrPH MPH

Our November started with a very pleasant surprise. Hyatt Regency Hotels (world headquarters in Chicago) notified us we had won a grant of \$15,000 (Rs.930, 000). This is great news and promises to be one, which will have a "multiplier" effect. It comes at a time when we have identified another village, not far from our project area, in need of the kinds of support DIR gives. Of course, the Hyatt grant will cover merely a part of expenses of the first year, but it gives the fund-raising for our new project a good start, and one, which will surely encourage other donors to provide support.

On the subject of fund-raising, I was scheduled to travel to the US on 10 November, to devote a month or two to that vital activity, but events here forced me to postpone that departure to 30th of this month. The pressure of excess work activity is the most intense we have seen in years. It has recently amused me to contemplate the difference between my lifestyle and that of my contemporaries. They are retired, some of them for more than 25 years, while I am working as hard (and longer) than any time in life. "What's wrong with you?" I ask myself, but it is a waste of time: I get only silly answers.

I mentioned Hyatt earlier. That chain has recently opened a new 5-Star Hotel in Chandigarh, and the staff is very kindly getting to know DIR, and is taking a supporting interest in our activities. On Children's Day, which fell on Monday 14 November, Hyatt staff provided three small buses (They had to be small because of our narrow streets, and almost impossible corners.) to transport 43 children and 3 adults to their new hotel for an afternoon of fun activity and delicious snacks. The children were having a reward for distinguished themselves in our CAP (Child Activist Programme), and the accompanying adults were charged with each returning with twelve children.

As may be remembered, the CAP is the nearest thing in this area to Scouts in other countries, but we aim at more outcomes that are serious. The children's afternoon programmes are a mixture of games, and sports skill and learning and putting into practice beneficial health and nutritional behavior. We had been looking for a way to reward three top performers in each of our twelve CAP teams, but lacked the necessary finances, until we got this generous offer from Hyatt.

This activity achieves two goals for DIR. in the first place we needed to reward the children for good attendance and earnest efforts, and in the second place, and most importantly, we want to get the children OUT of the slum. We want them to SEE that slum homes, and overwhelming poverty, and unemployment, and filthy, diseased pigs in the streets, and adults who have given-up and become hopelessly helpless, are not ALL there is. We want them to see a different reality, and see it as the first essential step towards it becoming something it is possible to aim for.

Thus, getting the children OUT, and allowing them to SEE are events we value highly. Unless they have personal outside experiences. I fear non-slum life is myth to them. I was horrified, when I came here first and discovered many, many twelve-year olds had never, ever - on even one occasion - set foot outside the slum.

Of, course, there is more that need to be done to prevent some valuable human lives being drastically shortened at best and totally wasted at worst, and we can work on that, but first we need facilitate the discovery experiences, and we are thankful to our Hyatt friends for providing this one. Hopefully, other caring friends, companies and organizations will offer opportunities for our children to

SEE life outside our basti, most importantly in a middle-class home or environment, see a reality worth aiming for, see a life worth striving hard to reach through devotion to education and achievement.

2. IMMUNIZATION REPORT

Mrs. VEENA

SENIOR HEALTH PROMOTER

As is usual most months, we devoted four Wednesday mornings to collaborating with Health Department immunizers who brought their supplies and their skills to our Centre. Everything is going well. Almost 100% of all children under the age of five have their full range of inoculations, and all our pregnant women are coming every month for antenatal checkup.

We are providing them with Iron, Folic Acid and Calcium supplement tablets as we check their weight and blood pressure readings. We integrate our activities with the distribution of nutritious food for the most needy as they come to receive "shots".

This programme, which sees Auxiliary Nurses, Midwives, and Asha Workers all working closely together

Promoters, continues high achievements low cost, when public collaborate.

alongside our Health to demonstrate the which are possible, at and private sectors

**SUMMARY OF
NOVEMBER**

| # | "Shot" | 1st | 2nd | 3rd |
|----|-------------|-----|-----|-----|
| 1 | DPT (baby) | | 1 | |
| 2 | DPT 5 yr | 16 | | |
| 3 | DPT B | 17 | | |
| 4 | Measles | 25 | 17 | |
| 5 | Hepatitis B | | 1 | |
| 6 | Pentavalent | 18 | 23 | 12 |
| 7 | TT 1 yr | 11 | | |
| 8 | TT 10 yr | 4 | | |
| 9 | TT 16 yr | 5 | | |
| 10 | IPV | 12 | | |
| | Totals | 91 | 42 | 12 |

SHOTS GIVEN IN

3. INCOME GENERATION ACTIVITY

Mrs. MAYA

SENIOR HEALTH PROMOTER

This month we have introduced a new product. This is a cloth carrier "POUCH" for a mobile phone. It fits on a belt and provides better security and protection for a phone than a pocket or a handbag does. Now that Dr. Shaw is going to USA this month, we hope that he will get us orders to make wine bags, etc. Our stitching women are presently all unemployed.

4. MY STORY

Mr. RAMESH
Assistant Administrator

My name is Ramesh Kumar Khadka, and I am from Nepal. We are four members in my Family, my parents, my younger brother and me. My father is retired from PTC (Punjab Tubewell Corporation). Now he is a farmer in Nepal.

I am 26 years old. I have studied till 10+2 (Grade 12). On leaving high school, I worked in the High Court for 2 years and then heard of DIR. This was two years ago, and I liked what I learned about DIR and how it helps people. Ms. Harsharan was the Chief Operations Officer then, and she offered me this job. I am very thankful to her. I have learned so many things since becoming a part of DIR. I learned how to cook good nutritious food which I did not know before. I have learned how to maintain personal hygiene. In addition, I have also learned how to interact with people.

I feel very privileged when I cook food for the small children of our school and under NIPP. I feel happy when I see children are loving the food, which I have learned to cook in a nutritious way. When I see malnutrition children gaining weight and improving, I feel rewarded. In addition, I am very thankful to NIPP because of it I am employed today.

I want to thank our Dr. Shaw, God bless him and may he live long.

5. CHILD ACTIVIST PROGRAMME (CAP) REPORT

Mrs. BANITA
HEALTH PROMOTER

OUR CAP meets daily from 3 to 4:30pm and sets out to help children aged 7-13yrs:

1. Develop socially;
2. Learn how to improve health conditions at home;
3. Improve their Sportsmanship;
4. Promote team spirit;
5. Create leadership for sports and community outreach.

In November, our children played many games including badminton, football and skipping. We educated children about Tuberculosis (T.B), and stressed how children can reduce their chances

of becoming infected with this very dangerous disease. We also made the learners aware of Vitamin A sources and the importance of Vitamin A for good vision.

In both activities, we devised games for the children to play in which their teams earned points for providing accurate, important facts about TB.

6. NUTRITION TRAINING

Mrs. Natasha
Nutritionist

World Diabetes Day is held on November 14 of each year and is the primary global awareness campaign of the diabetes mellitus world. It was introduced in 1991 by the International Diabetes Federation and the World Health Organization in response to the alarming rise of diabetes around the world. World Diabetes Day is a campaign that features a new theme chosen by the International Diabetes Federation each year to address issues facing the global diabetes community. The day itself marks the birthday of Frederick Banting who, along with Charles Best, first conceived the idea, which led to the discovery of insulin in 1922. Each year, World Diabetes Day activities are centered on a theme related to diabetes.

Today diabetes is one of the World's major health problems. Unhealthy life style and poor eating patterns are two of the main reasons for diabetes. The high incidence of diabetes in India is mainly because of sedentary lifestyle, lack of physical activity, obesity, stress and consumption of diets rich in fat, sugar and calories. (Sweets!)

People with Type 2 Diabetes have frequently few, or no, symptoms. When symptoms do occur, they are often ignored because they may not seem serious. Symptoms in Type 1 Diabetes usually come on much more suddenly and are often severe. **Common symptoms of diabetes include:**

- Excessive thirst and appetite
- Increased urination (sometimes as often as every hour)
- Unusual weight loss or gain
- Fatigue
- Nausea, perhaps vomiting
- Blurred vision
- In women, frequent vaginal infections
- In men and women, yeast infections
- Dry mouth

- Slow-healing sores or cuts
- Itching skin, especially in the groin or vaginal area

Therefore, to overcome this problem good diet for diabetes is essential. Patients are advised to include a good balance of low fat, high proteins as well as complex carbohydrates such as whole grain cereals, whole-wheat flour, fruits and vegetables in their daily meals. Complex carbohydrates are to be digested very slowly so that there is not a "spike" in the level of blood sugar. In addition to that, patients must devote time daily to take a walk and exercise for at least 30 minutes a day.

I identified another child patient this month from our H.P Meenakshi's area. He is called Ansh, is 19 months old and is only half the weight an average child his age should be. This family belongs to Uttar Pradesh State. His mother is a housewife and his father is rickshaw puller. The Mother is illiterate and ignorant and hardly bothers about her child's health. They are living under very pitiful conditions. I discussed this case with our C.E.O and he allowed us to include Ansh in our supplemental food programme. Now, daily he is getting milk, egg, porridge and fruit, and daily we are monitoring the vitals of the family.

In our regular training to Health Promoters, topics of Dehydration, Adulteration, Functions and deficiencies of vitamin A, D and Folic Acid were taught. To test HP's knowledge they took a nutrition exam in which most of them scored well.

7. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

**Ms. SARITA
HEALTH PROMOTER**

| Age Group in Months | # of Children |
|----------------------------|----------------------|
| 0 - 12 | 1 |
| 25 - 36 | 8 |
| 37 -48 | 12 |
| 49 - 60 | 15 |

The children in this high priority programme are judged to be the 36 most malnourished children under the age of 60 months in our project area. As children improve, they are "graduated" out of the group and are replaced by other children in worse condition.

This month 64% of the NIPP children suitably gained weight. In addition, this month no one has lost weight. Eight kids have moved from the "Red" (severely malnourished) zone to the "Yellow" (underweight) zone. Several children, but not all, are from economically weak families, and are unable to afford an adequate diet. So we call such children to DIR and give them healthy nutritious diet (egg, milk, soya bean, khichdi, poha, daliya etc.) we also provide them deworming tablets. Our Nutritionist, Mrs. Natasha Sharma helps us in counseling. All our Health Promoters visit the homes of these high priority children twice or thrice a month, and counsel parents about healthy diet and hygiene and give them a diet chart for each child.

All of us Health Promoters try our level best to provide knowledge to parents. We hope next month most of the children will appropriately gain weight as we renew efforts to decrease the number of malnourished children.

8. MOTHER'S HEALTH REPORT

Ms. SANGEETA
HEALTH PROMOTER

In the beginning of the month, there were 105 pregnant women in our project area, and during November 14 of these women delivered. There were 9 boys and 5 girls. 13 deliveries occurred in hospital and one occurred at home because a woman could find no one to take her to hospital. In her case, the mother had labor pains in the early morning and called in a midwife who was very good at her work. Happily, the delivery of that baby was normal and all went well. All the women who gave birth in November had two or more antenatal and post-natal checkup before the delivery and within two days of delivery including that woman who gave birth to a baby at home.

15 women reported that they conceived this month, and 12 women who were already pregnant came to live in our area. Seven pregnant women have now gone to visit their respective villages and 6 pregnant women have moved permanently from our project area. At the end of the month, we had 112 pregnant women.

At the end of our report, we are glad to inform everyone that there were no miscarriages, no infant deaths, and no stillborn cases in November. We have worked very hard to get this result. All our new mothers and their babies are healthy and doing well. We are very happy that our young women are taking our efforts to educate them and motivate them to follow wise precautions about childbearing very seriously.

We are trying our best to serve them, motivate them and give awareness about their health during pregnancy.

9. SWAD (SCHOOL WITH A DIFFERENCE)

This month we celebrated Sports Day with every pupil in every class, (Play Class, Pre-nursery, Nursery, and Kindergarten) participating. They played a wide range of different games including lemon-and-spoon race, sack race, three-legged race, simple race and frog jump. Our CEO, Dr. Shaw, distributed the prizes to all the winners, and gifts to the helpers. Many parents attended to cheer-on and encourage the participants. Our teachers did not miss an opportunity to reinforce the importance of games and sports and team-effort in daily life. Sports can be so important in our daily lives to keep us fit and healthy.

10. SKILLS TRAINING CLASSES

Presently, we have nine women attending our Tailoring Course, and all are reported to be making good progress. Our Beautician Training course is closed for the month of November, and a new session will commence in December.

11. EVENTS

14 November

On **CHILDREN'S DAY**, Hyatt Hotel invited the highest achieving CAP kids for a picnic. They also generously arranged transportation. Mr. Akshay came from Hyatt Hotel to DIR, had a chat with the CAP kids, told them about his new hotel, and in exchange had them tell him what they learned in CAP, what types of games they play. He was interested to learn that they knew how to make a home-made Oral Rehydration Solution which is so important for preventing diarrhea deaths.

Hyatt staff had arranged some games for our kids including musical chairs, an art competition and balloon games. After they gave prizes to the winners and distributed art supplies to all the kids, they served welcomed snacks of pizza, noodles and cake. All the kids had lots of fun there and enjoyed the delicious snacks. All participants were very happy.

The timing of our visit for 44 children and 5 (supervising) Health Promoters was 12:30pm to 4:30pm. Our CEO, Dr Shaw was able to visit Hyatt briefly.

18 November

Our SWAD (School with A Difference) celebrated our annual Sports Day with full participation of every child in one or more competition. Many parents attended to cheer on their favorite pupils.

12. VISITORS AND PERSONNEL ACTIVITY

24 November

Two women from TATA STRIVE, Ms. Isha and Ms. Mimly, came to visit DIR. They talked with our HPs and questioned us about DIR and our work. They said they were impressed with our project, and then told us all about Tata Strive. They described the skills courses (AC technician, Banking, BPO, Retailing, etc.,) they offer, and invited the whole DIR staff to a Seminar at their place at Mohali on 26 November. Their courses are open to people aged 18-30 years with a minimum qualification required of passing Class 10.

28 October

Dr. Shalini Sahai, the Chairperson of the Board of DIR, came to visit. She is always such a welcome and valuable guest. Not only did she inspire us with her dedicated attitude towards patients and towards educating them, she generously donated a day to sharing medical knowledge with our Health Promoters

and thereby improved their proficiency. We thank her, and look forward to her next visit, which we (selfishly) hope will be longer,

30 November

We are sorry to announce that a Health Promoter who joined DIR the week it was started, (in December 2004) Mr. Sunil Vidla, has left us. While we shall miss him, we understand he has got a wonderful job, and we wish him every happiness and success.

We are also sorry to report that another Health Promoter, Manju, who has only been with us for eleven months has resigned due to home pressures.

13. 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/e 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 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 our high priority programs. The initials stand for Nutrition Improvement Priority Project. Each of our 13 Health Promoters has identified the three most chronically malnourished

children under the age of 60 months in each of their Units. These groups 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 influences 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 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.