

DEVELOPING INDIGENOUS RESOURCES – INDIA

Summary of Activities

For

June 2017

THOUGHT FOR THE MONTH

Until you cross the bridge of your insecurities, you can't begin to explore your possibilities.

(Tim Fargo)

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1. ACTING DIRECTOR'S MESSAGE

Mrs. Natasha NUTRITIONIST

The heat in Chandigarh for June was often unbearable with mercury rising to 45° C (113F). Power cuts and shortage of water supply in Janta Colony made our tasks even more challenging, but DIR sustained it well. As summer starts, many families in our bustee start moving to their native villages for vacations. This is an annual phenomenon when families visit the grandparents of the family's children. There, their grandparents traditionally control the level of hygiene observed in the home, and the grandmother decides what food will be consumed. Unhappily, the choices that are made are less well-advised than those made (because of DIR's influence) by the children's' parents. For many, these vacations last up to two months. Which is long enough to adversely affect the health status of small children and pregnant women. Besides hygiene and diet considerations, the fact that the visits are to large, extended families, drastically affects the resource-supply ratio of food. It has been observed that when such families return to our bustee after vacations, many children have unfortunately lost weight which they can ill afford to lose. This presents an annual challenge for us.

Our programs continues to increase the knowledge of our Health Promoters and they apply what they have learned on a daily basis to the people in their individual communities. Our most important priority where health is concerned is prevention.

The success of the efforts of the Health Promoters (and all our successes are theirs because they cause the changes to happen), has had, and continues to have, a deep effect upon them. They have become important people. They have information to give, and they *see* its impact. Their neighbors seek their advice, and our Health Promoters are driven to learn more and pass it on.

This month our Health Promoters distributed vitamin A supplements to the young children in their respective areas as they do every six months. Vitamin A is essential for eye and skin health, and is also good for immunity. This is an important new programme that Dr Shalini, The Chairperson of our Board of Directors, has started, and for which, she and her friends are providing funding. This distribution is very beneficial for our community.

In the photo on the left, our Health Promoter, Sangeeta, is seen giving Vitamin A supplemental dose to a bustee Child
On 28th June, a former intern, Debra McCormick, and her mother Mrs. Amie Taylor from the U.S. visited our DIR office in the bustee. They were very impressed by our HPs and commended them for their knowledge of Medicine and Nutrition, their discipline, and their dedication.



Debbie (center) and Her Mother with DIR Staff

2. IMMUNIZATION PROGRAMME

Mrs. Veena

SENIOR HEALTH PROMOTER



This month we had four Immunization days. Everything is going well. But on one Immunization day there was a shortage of medicine, so children had to go back home on that day without injections. But next week when they come again, all will get their pending injections.

We are providing Iron and Calcium supplements and folic acid to pregnant women and they have also received TT Shots and had their weight and blood pressure checked.

As usual, an auxiliary Nurse, Midwives, Asha workers, and DIR Health Promoters work together.

We also provide nutritious food to children and pregnant women who come for Immunizations.

THE FOLLOWING INOCULATIONS WERE GIVEN DURING JUNE 2017

SHOTS	1 ST Dose	2 nd Dose	3 rd Dose
DPT 5 yrs.	19	-	-
DPT-B	19	-	-
Measles	20	19	-
Pentavalent + IPV	30	17	24
TT 1 Injection.	17	-	-
TT 2 Injection.	22	-	-
TT 10 yrs.	16	-	-
TT 16 yrs.	02	-	-
TOTAL	145	36	24

3. INCOME GENERATING ACTIVITY

Mrs. Maya
SENIOR HEALTH PROMOTER

STITCHING PROGRAMME

In this month again there is no work from our side to the ladies but it is better that they are getting new work from outside to fulfill their family requirements. Our past students are all very thankful to DIR because through DIR they learned to stitch and gained self-confidence to go out to find some work so that they can also contribute to their families' income.

TAILORING CLASSES

There are 12 ladies attending Tailoring Classes this month. Out of them, 4 ladies, Anita, Poonam, Manju and Rakhi are doing well. They are all giving their best and everything is going well.

BEAUTICIAN TRAINING

There are 6 girls training to become Beauticians presently. All are doing well.

4. MY STORY

Mrs. Sushma Devi
HEALTH PROMOTER

Hello Readers!

My name is Sushma Devi. I am from Himachal Pradesh and have completed two years of high school. I am 30 years old. I got married at age 16, in 2003 and I have 2 kids. My husband's name is Rupal Singh and he is working in a Networking Agency. I joined DIR on 16 Nov 2016 as a Health Promoter. I feel very proud being a part of the DIR family. After working here I have gained so much knowledge regarding medical and nutrition fields. In DIR we understand the value of health and how to take care of our



family and the families in the communities to which we are assigned. Here we do medical and nutrition counselling of local families especially the pregnant ladies and small kids. Here in DIR our Nutritionist, Mrs. Natasha Sharma, gives us various demo classes for cooking nutritious food with low price ingredients.

I feel very proud to work in an organization which is doing such a wonderful job for the local welfare with no personal benefits. I am very thankful to Dr. Shaw for giving me the chance to be a team member of the DIR family.

5. CAP: CHILD ACTIVIST PROGRAMME

Mrs. Banita SENIOR HEALTH PROMOTER

This activity, which is provided for children aged 7 through 13 years, meets between 3:30pm and 4:30pm daily. The goals of the CAP Programme are: -

- (1) To educate children and their families.
- (2) To help children develop socially.
- (3) To promote sportsmanship.
- (4) To Increase team spirit.
- (5) To create leaders for sports and community outreach.

In this month of June, children played many games such as badminton, kho-kho, football, etc., and in addition attended Medical and Nutrition classes in Tuberculosis and Vitamin A and played two games.

In the TB game, the children learned about the topic from the Health Promoters. Then everyone sat in a circle and a Health Promoter whispers a message, such as "T.B. (Tuberculosis) is an infectious disease", to the first child sitting next to her in the circle. Then this child whispers the message to the child sitting next to him and so on. The last child in the circle has to say that message out loud in front of everyone. If the message is correct then all the children clap.



We continue passing 5-6 messages among the children related to Tuberculosis, and the children learn from having the messages corrected and discussed.

In a second game concerning the Sources of Vitamin A,

The Health Promoters educate the children about the importance and resources of Vitamin A through a chart. Then we divided the children into two groups. Next we call up one child from the first group. Then that child sits in front of the white board with his back facing the white board. Then we call up a child from the other team and then he draws a picture of a source of Vitamin A on the board. Then the teammates of the child sitting on the chair give him clues regarding the picture drawn by the other child. If he guesses the right source drawn on the board then his



team will get a point for that. We repeat this game several times with different children.

In the CAP, we try to improve children's knowledge through different activities and try to make them aware so that they further educate their families and society for the betterment of everyone's health.

6. NUTRITION TRAINING

Mrs. NATASHA NUTRITIONIST

As this is summer, the heat is rising day by day and many people in the bustee consume beverages and ice creams that are unhygienically prepared. This results in diarrhoea and, due to the heat, dehydration is also a concern for all. Keeping this in view, field demonstrations repeating the recipe of homemade Oral Rehydration Solution (ORS) were given throughout the bustee. This is of significant benefit during the hot weather. Another demonstration of Vegetable Idli (South Indian Steamed Snack) was given at the end of the month. The ingredients included semolina, curd, capsicum, onion, tomato, curry leaves, mustard seeds and lemon, all of which are locally available and are rich in protein, carbohydrates, vitamins A and C, which made the recipe nutritious and tasty. This recipe is especially valuable for growing children, pregnant and lactating mothers.

Topics such as vitamin A, vitamin E, vitamin K - their functions and deficiencies, and the problems of obesity and diabetes were taught. At the end of the month a Nutrition quiz was planned for the Health Promoters to judge their overall performance in the subject. Banita, Meenakshi and Sarita scored highest and the rest of the other Health Promoters scored well.



Nutritionist Natasha's delicious Vegetable Idli

7. NIPP - Nutrition Improvement Priority Project

Ms. Sarita **HEALTH PROMOTER**

Age of children in the NIPP	
12 month	00 (0%)
13-24 month	02 (6%)
25-36 month	05 (14%)
37-48 month	16 (44%)
49-60 month	13 (36%)

In this programme, which sets out to improve the health of the 39 most highly malnourished children under the age of 5 years, in our slum, we are happy to see that 22% of the children gained weight in June. We now have 8 kids in the “Yellow Zone”. [See explanation of “Nutrition Zones” in ENDNOTES.]

As schools are closed for summer holidays this month, 8 kids went to their "family" villages. Because of that, we were unable to examine them. In this programme those families who are unable to afford nutritious meals in their homes, bring the priority children to our Centre where we give each a glass of milk, boiled eggs, and other nutritious food and seasonal fruits. To ensure that the food goes to the target children, we OBSERVE its consumption. Otherwise the food might go to a favorite son, and girl children would probably never get any.

A child name Jiyas, age 25 months, house no. #1972 Janta Colony, was a “Red Zone” kid from our Health Promoter Sarita’s area. She was very weak when we included her in NIPP and started feeding her daily. As we give her a protein-rich diet and healthy nutritious food, she loves to eat here in DIR and she always comes on time for her feeding. Her mother is also very serious about her diet. She was very curious so she always keeps on asking questions to learn about the healthy diet through which her daughter’s health is rapidly improving. However she is unable to give her a proper nutritious diet because of financial problems. However, with her cooperation in getting her daughter to DIR to get good food daily, we soon saw a dramatic difference in her health. She is rapidly gaining weight and shows every promise of becoming a healthy child.

Children who gained Weight	8	22%
Children whose weight remained constant	18	50%
Children who lost weight	2	6%
G.T.V (Gone To Village)	8	22%

8. MOTHER'S HEALTH

Ms. Sangeeta HEALTH PROMOTER

In the beginning of the month we had 99 pregnant women in our project area; during the month 12 women delivered babies. Happily all the deliveries occurred in hospital. There were 6 baby girls and 6 baby boys born this month. All the mothers and their babies are healthy. All the 12 women had appropriate examinations and checkups before and after delivery.

This month we found 23 new cases of conception and 7 cases of new arrivals in our project area. As there were summer vacations this month, 15 women went to visit their villages. 4 pregnant women left our project area permanently.

Unfortunately one of the ladies from our Health Promoter Dimple's area had an abortion. Her name is Shanti, age 22 years. In her 3rd trimester (8th month) she didn't feel any fetal movement, so she went to the hospital for her checkup. After she was examined by the doctors, they said that the baby's heartbeat had stopped and that the baby had died, which explained why she was not able to feel any fetal movement. The doctors delivered the baby with artificial labor pain through injection. It was Shanti's first pregnancy. Everything had been going well and it was a natural incident, according to doctors. Now she is having her proper treatment through the hospital. We felt bad for Shanti but we hope she will have a safe and healthy pregnancy again when she recovers from this trauma and recovers her health.

A baby's health depends upon the mother's health because if the mother is physically and mentally healthy then the baby will most likely be healthy.

Success Story of the Month: -

This month we have a success story from our Senior Health Promoter Veena Rani's area. Kusum, who is the wife of Sandeep, age 26 years, #1497 Adarsh Nagar Naya Gaon, reached her trimester 2nd in June. Her family frequently misguided her and told her superstitious stories. They believed that "city doctors" do not give proper checkups and do not deal with their patients properly. So they always take Kusum to the village for antenatal checkups, because of this, Kusum had many erroneous concepts. But when Our Senior Health Promoter Veena visited her and told her the truth about doctors and also counselled her about proper balanced diet and to have proper anti-natal check-ups from the hospital, then Kusum went to the hospital and had all her medical examinations. After going through that phase, she herself realized that it was a total myth of her family that city doctors do not deal with their patients in a decent manner. Now she is having her proper routine check-ups at the hospital. After experiencing everything now she has a improved knowledge and information about her body, about health, baby's growth and proper development of the body.

We always try to give our best support and help the pregnant women in every situation by providing them with appropriate knowledge and motivating them through guidance and counselling.

We all are happy to serve the public with our services. Our Field Staff always try to give their best knowledge to the people.

Pregnant mothers Last Month	Delivery	(Births)	Total Birth	Mothers who Moved		Abortion	Miscarriage	Newly Pregnant		Total Pregnant This Month
	M	F		Temporarily	Permanently			Arrived	Conceived	
99	06	06	12	15	04	01	01	07	23	112

9. SCHOOL WITH A DIFFERENCE

Mrs. Manjeet Kaur SWAD TEACHER

Our school was closed this month because of the summer vacations from 1st June until 2nd July 2017. Students will rejoin next month. We are also going to have some more new admissions in the month of July. There is so much excitement when we see new faces. I hope that this July will be enjoyable for our school kids.

10. GUEST REMARKS FROM A BENEFICIARY

Hello!

My name is Rajni Bisht, wife of Surinder Singh Bisht. DIR workers have been working here for the last 11 years and through them we came to know about very useful and important things in our life which are related to our health. They educate us about different diseases through the committee meetings and tell us about the symptoms and precautions to be taken in such diseases. Health Promoters also take care of our kids and the local public's health and provide them medical information and medicines (like Vitamin A and Deworming Tablets, etc., to kids) on time. Health Promoters also take weight and Blood Pressure regularly and also counsel us about how to give the proper and balanced diet to control Blood Pressure and maintain ideal body weight. We are very thankful to DIR for giving us such useful knowledge and wonderful facilities and services to everyone with no cost and still doing such a kind job for social welfare.



Rajni Bisht with our Health Promoter, Sangeeta

11. EVENTS

Captain Bikram

Administrator



DIR Staff Celebrating International Yoga Day on June 21st

22 June 2017: - Mrs. Roberta Shaw went back to California (U.S.)

28 June 2017: - Debbie McCormick (former DIR Intern) and her mother Amie Taylor visited DIR. Debbie and her mother gave some gifts for SWAD kids and thanked DIR and also wrote the following remarks:

“Thank you for showing us the much improved bustee. I was amazed at the progress I could see. Your Health Promoters do such exceptional work. I could tell how well respected they are through the warm, positive interactions they have with the residents. Keep up the very good work and continue making a huge impact in your community and the world.”

Mrs. Amie Taylor, Debbie's mother left this message:

“There is so much good in DIR. Everyone knows their job and does it with pride. The spirit of cooperation in finding and implementing solutions to problems of humans is inspiring. The integration of Health Promoters into the community is unparalleled in my experience. The Health Promoters were wanted in the homes, listened to by the parents and grandparents, respected by all. I am proud to have a daughter who was a part of such a professional and competent community health effort.”

12. 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, and other) 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 (at least) 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 counselling 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. Preference in Board positions is to have 50/50.

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 of our high priority programs. 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.

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.

NGO - Non-Government Organization.

Typically, but not excusably, an NGO is an organization which strives to improve the quality of life within a given community. For example, CARE is an NGO, as is HOPE, PLANNED PARENTHOOD, DIR , AARP, etc. Some, but not all, NGOs, are non-profit.

DONATIONS to DIR

DIR is a non-profit NGO which is funded entirely by voluntary donations. In the US and in India donations to DIR are made deductible, for income tax purposes, by both governments.

In India, donations in Rupees, may be addressed to: The Director, DIR-I, House 105, Sector 10, Chandigarh 160009.

Donations in other currencies, should be sent to: The CEO, DIR, 8321 Terrace Drive, El Cerrito, CA94530.