DEVELOPING INDIGENOUS RESOURCES-INDIA

Summary of Activities

For

AUGUST 2016

THOUGHT FOR THE MONTH:
“Tell me and I forget. Teach me and I remember. Involve me and I learn.” — Benjamin Franklin

CONTENTS

1. CEO’S MESSAGE .................................................. PAGE 1
2. MY STORY .................................................................. 3
3. NUTRITION TRAINING........................................... .4
4. NIPP ..........................................................................4
5. MOTHER’S HEALTH....................................................5
6. IMMUNIZATION PROGRAMME............................ 6
7. INCOME GENERATION ACTIVITY .................. 6
8. CAP-CHILD ACTIVISTS' PROGRAMME........... 7
9. D.O.T.S. PROGRAMME..................................................7
10. SCHOOL WITH A DIFFERENCE..............................8
11. EVENTS & CELEBRATIONS............................................. 9
Endnotes ............................................................................. 10

1. CEO’s MESSAGE
W. Frederick Shaw DrPH MPH

With occasional rain to dramatically reduce Augusts’ heat for (tragically fleeting) intervals, another summer month draws to a close, and I, once again, am filled with admiration for our field workers. Daily, this staff goes from home to home endlessly weighing children, classifying their nutritional statistics, advising mothers on food, health and hygiene, checking to discover signs of preeclampsia or other possible problems, cheerfully checking elder hypertension and dispensing kindness and caring. This team has built a well-earned reputation amongst their fellow-residents in our project area. They are popular, well liked, respected and welcomed. Their work is important, often difficult and invariably demanding. Daily academic classes in Preventive Medicine and Nutrition, and study for monthly exams to ensure they absorb new knowledge completes my scheme to deprive them of any vestige of free time!
If our weather were benign DIR’s field staff’s productively would be admirable, but our weather is not benign; it is brutal, and the staff’s achievements, to me, are only slightly short of amazing. Never mind, we tell each other, September is upon us tomorrow and in less than two months we can expect at least three weeks of lovely weather in November!

As most readers of our progress reports know, we work in what we consider to be an economically depressed community, assessing the quality of human life for local residents and feeling an obligation to do whatever we earn to improve it. We have transcended the concept of improvement assistance resulting from the efforts of outsiders. Privately, we compliment ourselves for being sufficiently observant as to realize that the solving of serious problems results only from the achievements of the people who have the problems. Knowing this, we set out to equip the people who have the problems with the knowledge and skills capable of solving their problems, and we facilitate the functioning of necessary problem-solving programs.

All of this development activity essentially involves our comparing the quality of life in a developed community with the quality of life in an underdeveloped community, and then striving to facilitate improvement where this is most needed. The results we have been achieving are encouraging; we feel that the gains made are permanent gains, and felt that we were on the right track, until recently.

Now, we feel our intentions and principles are sound, our observations are accurate, our methods are appropriate, but our comparison criteria are sadly inappropriate. What do I mean by this? I mean that when I, as the chief architect of planning activities for DIR, think of life conditions we should aim to achieve, I think of conditions extant in a "developed" community, but principally conditions in the US and/or in the UK. It has taken Michael Moore, in his most recent film "Where Should We Invade Next?" to awaken me to the fact that we are aiming too low.

Of course, we should aim for minimizing human suffering however possible, but when it comes to the juncture where we are looking for foreign models to replicate, Moore’s film makes clear that we would do well to look beyond our parochial boundaries.

May I urge anyone who has not yet seen Moore’s thoughtful, and short video "Where To Invade Next?" to see it free on the internet. It seems we have a lot to learn from other countries which have been quietly and steadily moving ahead to create superior, and free, health care systems, more successful (and cheaper for the consumer) educational systems, and on, and on, and it is a difficult pill to swallow that we have somehow fallen behind on so many fronts except creating bigger and more powerful weapons.

I read Moore’s message for DIR to be that we should look beyond what we are used to seeing in a "good" educational system, to discover and replicate methods employed in countries whose children are ahead of ours academically, and whose "10 minutes of homework" allow more time for games and human interaction. And we need educate ourselves about how other nations are achieving improved living conditions, to see what we can implement, adapt, employ.

And now for something entirely different. In closing, I want to make an appeal. This emerges from the fact that we have access to an almost unlimited supply of samples of new cloth, a goodly supply of slightly used clothing, and the stitching services of women who have recently completed a tailoring class. This causes me to look around for a recipe of how to meld these commodities so that we produce...
funds with which we can expand our programs. One suggestion I received is that we obtain the expertise of a volunteer to train our sewers to design and produce patchwork quilts. I am told there is a ready market for these in the US, and that they command a good price. Is it possible that you, or someone you know, has the necessary skills and would be available to donate one or two months to join us in Chandigarh? We should be able to provide room and board for the period, and would suggest coming here during the mild weather, either during October through December, or January through March. November and February are normally our most pleasant months. Of course, any other practical ideas for the utilization of our assets will be most welcome. Thanks in anticipation.

2. **MY STORY**

**MS. SUNITA, HEALTH PROMOTER**

Hello Everyone!

My name is Sunita. I am working in DIR as a Health Promoter since June 2011. I belong to Bihar but I was born in Chandigarh. I am 29 years old. I am living with my family. My father is a government employee. He is working in The Chandigarh Club. My mother is a homemaker. I have one daughter, Arayna. She is 6.5 years old. She is studying in second standard in Govt. Model Middle school, in Chandigarh’s Sector 23.

My life is a big sad story. I started working with DIR in 2006 and I worked until 2008. Then I got married and left my job to join my husband in Bihar State. My married life was very bad. My husband and his family forced me for dowry. I spend spent worst three years of my life with him and then I finally left him in 2011 and come back to Naya Gaon. Now, I am living with my parents. Being a single mother is not an easy job. I have to earn and the only option I had, was DIR. I met Dr. Shaw and discussed my situation with him. I am very thankful to him for giving me one more chance. There was no vacancy at that time but somehow Dr. Shaw adjusted me and I rejoined DIR in June 2011 once again. I don’t have words for saying thanks to him. My daughter was 1.5 years old only at that time. It was hard time for me but I don’t had any option except accepting my destiny. My only wish is to educate my daughter in a best way so that she can live a successful life. I am satisfied with my job. DIR gives me a name. Now everyone knows me in Janta Colony. People trust me. They share their joys and sorrows with me. I am glad that I am a part of DIR.

Today I have knowledge of Prevention and Nutrition. I am not a doctor but I am Health Promoter and promoting health awareness is more than being a doctor in our community. I agree that money is necessary for survival but in DIR, I have learnt that money is not everything. The satisfaction that comes naturally through serving people is the best thing.
The first week of August this year was celebrated as World Breast Feeding Week. Most of us know, breastfeeding is usually the most highly effective, and convenient practice to be followed by any new mother. It is recognized as the best way to provide newborns with the nutrients they need. WHO recommends exclusive breastfeeding until a baby is six months old and continued breastfeeding with the addition of nutritious complementary foods for up to two years.

Unhappily, that information is not universally appreciated, and we are obliged to devote much of our time to educating mothers. Given that WHO has made August "Breast Feeding Month" we gave more emphasis than ever this month. We scheduled many discussions with women's groups to talk about the advantages of breast-feeding and set about clearing-up doubts and dismissing misconceptions. Additionally, we reinforced the idea that a fully nutritious diet is absolutely essential during pregnancy and lactation time.

In the regular Nutrition classes for Health Promoters, this month we introduced three topics of increasing major importance. These were: (1) Breast feeding and benefits to mother and child (2) Celiac disease and how to treat this, and (3) Lactose intolerance. To reinforce learning, we had a written examination at the end of the month on all material covered.

4. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

Ms. SARITA, HEALTH PROMOTER

NIPP stands for Nutritional Improvement Priority Project. We started this programme for improving the health of those kids who are in priority zone category.

Last month 35% kids gained their weight and this month 44% kids gained their weight. We are all happy because this month more kids gained their weight. In addition, three kids changed their category from Red to Yellow (Please see Endnotes for "Zones" description.) However, unfortunately 4 kids lost their weight. Now we have 6 kids in the Yellow zone.

We were successful in distributing deworming medicine to 97% of bustee kids. DIR is fully involved in this project for decreasing the number of malnourished children. Those children who cannot afford a proper meal at their house come to DIR and
we feed them a cup of milk, seasonal fruit and an egg. This is a project funded by Dr Shaw's daughter, Dr. Maya Shaw and her friends in California. We send them our thanks.

All Health Promoters are trying their best. When some kids cannot come regularly, we ourselves visit their homes and counsel parents. I hope next month, these kids will gain their weights.

5. **MOTHER'S HEALTH REPORT**

**MS. SANGEETA, HEALTH PROMOTER**

I am feeling very happy to give my report this time, because there were no deaths, no still born, and no miscarriages. Additionally, all deliveries took place in hospital under the observation of experts, and the number of baby girls was more than baby boys.

Last month we had 125 pregnant women out of which 17 women delivered. 7 were boys and 10 were girls. Mothers and children both are healthy and fine. They all had appropriate checkups and examinations before and after delivery. We find 12 new cases of conceiving and 2 new arrivals in Bustee. 17 women went to villages for celebrating some festival. Five women left permanently. At the end of the month, we had 117 pregnant women in our project area. We all try our best ways to spread awareness and make them healthy and educated during this phase of life. We are working on ourselves to become more knowledgeable and better at motivating positive behavior.

<table>
<thead>
<tr>
<th># of pregnant Last month</th>
<th>New Cases</th>
<th>Miscarried</th>
<th># of deliveries</th>
<th>Moved</th>
<th>This month no. of pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>125</td>
<td>A C</td>
<td>0</td>
<td>M F</td>
<td>T P</td>
<td>117</td>
</tr>
<tr>
<td>12 2</td>
<td></td>
<td></td>
<td>7 10</td>
<td>17 5</td>
<td></td>
</tr>
</tbody>
</table>

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

We have a success story we are most proud to relay. A 39 year-old woman from HP Vandana’s area called Sarita, is married to Suresh. In the Third Trimester of her Second pregnancy she was going through bad times because of ignorance of in-laws and ignorance of her husband. They all kept abusing, scolding and beating her. Our Health Promoters counseled them many times but when nothing happened, HP Vandana took help of SHP Maya and HP Sarita. Both went to her home and educated the family on how important this stage is for a woman. What is the value of good times at this moment, and about antenatal checkups. After the long talk on this topic, finally the family said it realized its fault. The next day, her husband took her to hospital for checkup. Now the woman is happy and the family is taking proper care of her.
6. IMMUNIZATION REPORT

Mrs. VEENA RANI, SENIOR HEALTH PROMOTER

Each Wednesday morning during August, four women who work at the government’s local health centre came to give "shots" and up-date immunization records. Their achievements are summarized in this table.

<table>
<thead>
<tr>
<th>BCG</th>
<th>PENTAVALENT*</th>
<th>IPV</th>
<th>MEASLES</th>
<th>DPT BOOSTER</th>
<th>DPT 5Y</th>
<th>9</th>
<th>10</th>
<th>5</th>
<th>6</th>
<th>6</th>
<th>20</th>
<th>9</th>
<th>9</th>
<th>9</th>
<th>2</th>
<th>T.T 16Y</th>
<th>T.T1</th>
<th>T.T2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>20</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>6</td>
<td></td>
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</table>

*Pantavent vaccine provides protection against 5 life-threatening diseases i.e. Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib. DPT.

Iron, Folic acid, calcium supplements were also provided for each child who was also given a nutritious snack.

Pregnant women also received TT “shots” and had weight and blood pressure checked.

7. INCOME GENERATION

Mrs. MAYA, SENIOR HEALTH PROMOTER

Hello Friends!

This month all DIR workers & bustee women are very happy because our CEO Dr. Shaw has come back from USA. Women are coming to me and asking about work to do but unfortunately, Dr. Shaw did not get any new orders from USA. We badly need people to buy our products. My humble request to our readers is kindly buy some of our products, or talk to friends who have shops to get them to buy our products. It means so very much to our people to be able to earn a living, and unhappily they cannot do it here without outside help. Any kind of help will be a great blessing to us.

This month DIR received 2 sewing machines which are donated by our kind and helpful Ex COO, Mrs. Harsharan Kaur. Her generosity is much appreciated. She helps me in income generation projects time to time.

We are missing our CEO’s wife, Roberta, whose illness has kept her in California. We pray to God for her soonest recovery.

TAILORING CLASS

This month nine girls are learning stitching. They are doing good work. Rakhi, Kusum and Sunita are doing better than others. Most of the girls have left the course as there colleges and schools are open.

BEAUTICIAN TRAINING

In beautician training course, seven girls are learning. Megha is good in “threading” and “waxing”. Shweta is good in hair styling and massage. Some girls are good in everything.
8. Child Activist Programmed (C.A.P)

MS. BANITA, HEALTH PROMOTER
Timing: 3:30 to 4:30 PM

In this month, we educated the children about dengue fever and side effects of cold drink on health through games and activity. This month our children played many games including badminton, kho kho, and football. This month, there is a Hindu festival named “Rakhi”. This month one topic was Medical Musical chairs. In this game, we took one less chair of the total chairs and play music. All the children run around the chairs. When the music stops, children got the chairs, but the one who left will have to tell the prevention and symptom of dengue fever.

In another game, the HPs taught children about the side effects of cold drinks through visual aids. So that children understand that how bad cold drinks are for our health. It can cause cancer, diabetes, thyroid, obesity, liver and kidney diseases, decay of teeth and weakness in bones. Children were surprised to know all this. Then HPs told them about the uses of lemon juice, buttermilk, glucose and ORS etc.

9. DOT’S REPORT

Mrs. MEENAKSHI, SENIOR HEALTH PROMOTER

Last month we had four tuberculosis patients at our DOTS center. Out of four, two patients have been cured. This month there are no new patients. Therefore, we are presently giving treatment to only two patients. We now have one patient in Category I and in one in Category II. We are spreading awareness messages to bustee people for the prevention of Tuberculosis. We hope that we can spread more awareness about this disease so people take it seriously and take the right precautions.

<table>
<thead>
<tr>
<th>CATEGORY I</th>
<th>CATEGORY II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabali Devi</td>
<td>Sonu</td>
</tr>
<tr>
<td>86 yrs</td>
<td>25 yrs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunil</td>
</tr>
<tr>
<td>Neha</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF T.B. PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST MONTH 4</td>
</tr>
<tr>
<td>NEW 0</td>
</tr>
<tr>
<td>CURED 2</td>
</tr>
<tr>
<td>NOW 2</td>
</tr>
</tbody>
</table>
This month was full of activities for our SWAD children. On 10th and 11 August, we had a team of 18 people from Khusi Hona Woodstock. They arranged a workshop for our school kids, in which our kids did paintings, dancing and playing. This team of students taught our SWAD kids how to make hand bands. It was a very good time spent with them. Our children were very happy enjoying their each activity.

On 15 August 2016, it was our 70th Independence Day. We told children about the important of this valuable day. Every child made National Flag on paper as well as on their cheeks. Kindergarten kids sang patriotic songs. Children were told about the importance of our national flag and what the colors indicate.

Teachers and Health Promoters also sang songs. Ms. Sapandeep, our schoolteacher and Mr. Bikram Singh, our Administrator donated refreshments for our students.

Then, we had Raksha Bandhan celebration on 17 August 2016. It is an important Hindu festival. It means "Bond of protection". On this day, sisters tie a rakhi (sacred thread) on her brother’s wrist. This symbolizes the sister’s love and prayers for her brother’s well-being and the brother’s lifelong vow to protect her. All teachers and children made Rakhis with materials like cotton, pulses, shells, etc.

On 24 August 2016, we celebrated Janmashtami. It is a festival celebrated annually for the birth of Hindu deity Krishna. Maximum number of our boy pupils wore the dress of Lord Krishna and female children dressed themselves as Radha (a Hindu goddess who is usually depicted alongside Krishna). Children celebrated this festival by singing and dancing. It was a great fun.
10–11th August 2016: We had a team of 18 people from Khusi Hona Woodstock. They arranged a two-day workshops with our SWAD Children as well as Staff. It was a very educational and entertaining event. Mr. Geet Sharma and Mr. Mathew Van Rooyen were the main organizers. On 10th, they taught children how to do paintings and other artistic things. They taught our staff about social networking sites. On 12th, most of them visited our field areas with Health Promoters. They taught children how to make hand bands.

12th August 2016: On 12 August, we celebrated India's 70th Independence Day. Actually, it falls on 15 August every year but it is a holiday so we celebrated it on 12th. Teachers of our SWAD School gave an educational talk on this and we sang our National Anthem. All the children including staff painted flags on their face and hands. At the end of the celebration, we all sang patriotic songs. Refreshments were distributed to everyone.
17th August 2016: On 18 August, we had a Hindu festival called Raksha Bandhan (Mentioned in SWAD Report) but because of holiday, it was celebrated on 17th.

24th August 2016: On this day, we celebrated Lord Krishna’s birthday known as Janmashtami with all the DIR staff. All the SWAD kids dressed themselves as Krishna and Radha (They both loved each other but never get married). They all were looking very cute and beautiful.

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. A minimum of 80% of all DIR employees must be women. 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.
NUTRITION ZONES
For ease of classifying children’s nutritional status, we have accepted the common World Health Organization use of 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. These 39 children are the exclusive members of the NIPP.

UNIT
This is number of contiguous households being served by one Health Promoter. The typical number of homes in a Unit is 230, but his 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.

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.