

DEVELOPING INDIGENOUS RESOURCES - INDIA

Summary of Activities

APRIL 2014

THOUGHT FOR THE MONTH: What the country needs is more unemployed politicians
(Edward Langley)

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1. CEO's MESSAGE

Frederick Shaw

In this, the first month of a new program year, we review happenings with mixed feelings. On one hand our activities are achieving improvements which seem to be unprecedented, and on the other we look at our disappointing expansion rate. The expansion to which I refer is geographic: India has many slums such as the ones in which we work, and the need for improving conditions – in the specific ways which we have proven can bring about beneficial change - is *vast*, and is *unmet*.

One barrier to geographic expansion is financial, but this has not presented the barrier which has held us back from implementing recently proposed expansion projects. Historically, when I have put in place a project with a high probability of success in an area of well-documented need, funds have invariably become available. Here, in the Punjab, there are “paper projects” in which plans exist *on paper* for programs which have no other existence. Thus, when we have proposed mounting a program which is essentially one of Preventive Medicine, we are told “There is no need for your program because “X” is already addressing the problems you propose addressing, and providing all the services you propose providing.” To admit otherwise would be to acknowledge that the “paper programs” do not exist and that the funds to pay for them are somehow disappearing. However, I am convinced that there are some honest officials and that it is a matter of time before “justice will out.” However, at this point it seems indicated that our proposals to improve health conditions in economically depressed communities would fare better outside Punjab.

On an entirely different topic, it may be recalled that I informed readers that ever since the program started here in 2005 each Health Promoter has been assigned to the same specific Unit (a cluster of about 240 households) for which s/he provides DIR Health and other services. In discussions during staff meetings, the Health Promoters (HP) suggested that perhaps a reallocating HP to Units would be beneficial. They reasoned that a change of HP in a Unit would expose learners in the various families to new ideas and new methods which might be convincing to some “slow acceptors” of improved health behavior. I respected their reasoning, and we planned together the new assignments, and the procedures involved in changing work locations.

Since it would be necessary for each newly assigned HP to meet the family members in his/her new Unit, we took the opportunity to compile a revised census, conduct blood pressure screening of everyone over 18 years, and do a survey of how long each family had lived in our project area. We have now completed the “change over” and the survey, and also the seemingly endless checking and cross-checking to ensure data accuracy. Now, we feel confident when we report that we provide services for 17,314 residents (or at least we did, yesterday).

As remarked above, in an extension of our census date we set out to discover the distribution of population based on how long the residents lived in our area. In the past, our data indicated that about 15% of the residents were transients. To arrive at that figure, we described families who lived in our area less than two years as transient. In our new survey, to make a finer definition, we made six groups. One group consisted of residents who came to our area prior to 1990. The other five groups were each of five years duration between 1990 and now. Thus, we are able to numerate the residents who took up residence here in the last five years, in each five year period before that.

Our findings are summarized in the following table showing numbers of years resident in our project area.

# YEARS RESIDENT	<5	5 - 9	10 - 14	15 - 19	20 - 24	>25	TOTALS
# HOUSEHOLDS	1,341	644	542	452	301	627	3,907
% HOUSEHOLDS	16	7.7	11.5	13.8	16.5	34.4	99.9

The six “time groups” may be collapsed to three groups with the simplified result:

# YEARS RESIDENT	< 9	10 - 19	>20
# HOUSEHOLDS	1,985	994	928
% HOUSEHOLDS	23.7	25.3	50.8

Because our method of bringing about improvements in health (and indeed, all life conditions) is through behaviour change, rather than through clinical intervention, this new data has potential for helping us make improvement in our model and possibly will help us discover associations between “desirable change” and duration of exposure to interventions, and additionally may help us evaluate making changes in individuals who deliver behavior-change messages.

Incidentally, one important revision in our statistics has come about because of this census work. In our 2005 census we calculated that the average number of residents in a household was 4.3. To-day, the number is 4.43

On other fronts, Our School With A Difference is going strong with over 70 pupils, our tailoring class is bigger than ever before, the newly trained caddies are supplementing family incomes. Our “cottage industry” programs of making paper bags for the retail trade, and stitching “wine bags”, “i-Pad bags, purses are all going strong,, and our HP training program had a shot-in-the-arm when we had the full-time services of a physician in April. Two new additions to our Senior Staff, Mrs. Kalpana Ghai and Mr. Arun Gupta (directors of Public Relations and Administration , respectively) are becoming familiar with our methods and procedures and soon will be contributing significantly to our functioning.

2. MOTHERS' HEALTH

Ms. Meena Kumari - Senior Health Promoter

Pregnancies

On the 1st of April there were 112 pregnant women in Janta colony and Adarsh Nagar. Of these, twenty three women delivered their babies during the month. Six pregnant women shifted their residences permanently from the colony, and twenty-three new pregnancies were reported during the month. All had appropriate postnatal examinations within two days of delivery.

Deliveries

Out of 23 women who delivered this month, 14 delivered in the Government Hospital, Sector-16, 6 delivered in PGI, one delivered at home. Of the newborns, 16 are baby girls and 7 are baby boys. All deliveries were assisted by qualified professionals except one.



The Health Promoters leave our Centre to start their daily rounds.

3. The IMMUNIZATION PROGRAMME

Mrs. Veena Rani – Senior Health Promoter

In the month of April, DIR-I collaborated with the government-run immunization programme on the 2th, 9th, 16th and 23rd. A total of 242 shots were administered to children, details of which are as follows:

(a) Measles – 11 (b) Measles Booster -19 (c) BCG -1 (d) DT -28 (e) DPT Booster - 19

SHOTS	1 st Dose	2 nd Dose	3 rd Dose
Hepatitis B	6	27	16
DPT	12	29	20
TT	13	17	-

In addition to these, 9 children of age 10 yrs and 1 child of 16 yrs were given TT shots

4. D.O.T.S.

Mrs. Meenakshi- Health Promoter

Last month, **Twenty One** tuberculosis patients were being served medicines at our bustee office through the government DOTS program run by DIR. Our bustee 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, **three** patients completed the treatment and were declared free from this disease. **Three** new patients have been diagnosed having Tuberculosis this month, and have started medication from our centre.

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 **sixteen** 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 **five** patients in this category.



A typical street in Janta Colony

5. INCOME GENERATION

Ms. Meena, Mrs Maya - Senior Health Promoters

CLOTH BAGS

Under the skills training program, a total of fifteen women from the bustee are learning to sew in our Tailoring Class. Aside from these stitching classes being held in DIR bustee office, DIR also gives paid assignments to bustee 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 fabric shopkeepers who are donating remnants and patterns of fabrics, and we send thanks to all these people who buy our products. The income means a lot to the women in the slum, and the profit goes 100% to fund our Medical activities.

PAPER BAGS

“Stop using plastic bags, use paper bags to save our environment”. We would like everyone to read and follow that advice. We have different sizes of paper bags (which we make out of re-cycled newspapers) to sell to every customer. If some generous local people want to donate old news paper we would be grateful. And we would be happy to provide jobs for more women if we could get more customers for our products.

We are thankful to “My Earth Store” in Panchkula for placing an order for 200 large size and 200 small size paper bags.

Contact us if you live locally and want to donate newspapers or wish to buy the fine recycled bags our women make. Find us at House 105, Sector 10-A, Chandigarh. If planning to visit, please 4660419 first to ensure someone is in.



Participants in the CAP (Child Activist Programme) learn a new step

6. EDUCATION

Dr. Tavleen Kaur

School with a Difference' resumed from 1st April in a new session. It was a long month for teachers trying their best to accommodate these children on their first separation from their families. The new children are now showing signs of enjoying school. A total of 72 children have been admitted thus far.



DIR Trustee, Mrs. Joyshree Lobo reads to some of our students

7. PERSONNEL ACTIVITY

Mr. Arun Gupta

During April we were visited by Mr. Vinayak Chpora and his colleague from The Punjab Engineering College. We discussed with them the possibility of their conducting fund raising activities to help support our Health Programme.