

# DEVELOPING INDIGENOUS RESOURCES

## Monthly Summary of Progress

February 2015

### THOUGHT FOR THE MONTH:

Man often becomes what he believes himself to be. If we keep on saying to ourselves that we cannot do a certain thing, it is possible that we may end by really becoming incapable of doing it. On the contrary, if we have the belief that we can accomplish something, we shall surely acquire the capacity to do it even if we did not have this at the beginning.  
(Mahatma Gandhi)

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### 1. A NOTE FROM OUR CEO

**Frederick Shaw**

I arrived back to my Indian home on 9<sup>th</sup> of the month after a fund-raising trip to California, and was happy to see that Harsharan, who joined us a mere week or so before I left, had done a fine job in heading DIR activities. Her success was the more commendable, because our physician had just left (having found a more lucrative position), Natasha our Senior Nutritionist was on Maternity leave, and Arun our Administrator resigned from DIR in mid-January. Thus, Harsharan was without support from senior staff for much of the period. She did benefit, however from the arrival of David, a young Welshman normally domiciled in NY State. He is our newest Intern.

A week before I returned to India, our California support group ("DIR Friends") and my most efficient spouse staged a charity event at El Cerrito's UU Church. The first half of the program consisted of classical Indian instrumental music. In that, our good friend, Dr Michael Lewis who is a gifted tabla player and Steve Oda, a well-known Sarod player, played evening ragas. In the second half of the program, Dr Shalini Sahia (a member of DIR's Board of Directors) had arranged for nine young women from an Odissy Dance College to stage a very well-received concert of Indian classical dancing.

While "the take" from the concert was not monumental, it did bring in some welcome funds, and also reminded the public about our program and its activities. After each of our past concerts, we have received a trickle of cash gifts donations from new donors over the following two months.

My daughter Maya (a physician for Kaiser) came to donate a week's valuable volunteering last December. She was unable to take a longer break, and so worked long and hard to make every minute count. Her chief contributions were (1) extending the medical training of our Health Promoters, and (2) starting supplemental feeding for the worst malnourished children in our project area. With the latter, she commenced the programme with a personal donation of \$400. The supplemental food was to be one glass of milk and one egg

per child per day. Since returning to California, Maya has approached her Kaiser Physician colleagues with a request for donations, and has now collected enough to fund the programme for one year. We anticipate that this programme will make a dramatic difference to the nutritional status of the children benefited. It is important to note that this is a “supervised” supplemental feeding programme. This means that the targeted children come to our Centre to be fed, and that means that we insure the food goes into the mouth for which it was intended.



In mid-month, Natasha, our Nutritionist who has been on maternity leave, returned to work. This versatile woman, who filled an accounting role on our staff, is now helping us catch up with our financial books which had become “behind” in her absence.

On the horizon of collaborating with other organizations, we held exploratory meetings with Sikh Chamber of Commerce, the management team of the new Hyatt Hotel, the Deputy Commissioner of the British High Commission, and PGI (Post Graduate Institute of Medical Education and Research). With the first two, no definite plans were made, although the 11-person Hyatt Management Team came to visit our Centre, and generously brought delicious nutritional snacks for all our school children.

The representative of the British government in Chandigarh is planning with us an event to celebrate the unveiling of a statue of Mahatma Gandhi in London on 14 March. We are planning an art competition for children in which the competitors will illustrate “What Gandhi means to me”. Plans for this should be completed early in March.

We have approached PGI for assistance in holding a meeting to inform the public about Swine Flu and how to avoid it. Two cases have been reported (not far from our Centre) in our project area, and, unhappily, one died three days after being identified.

On the last day of February, DIR staff, in a public plaza in Chandigarh’s Industrial Area, staged dances and educational skits under the direction of Harsharan. Details of this will appear later in this Progress Report.

In this month in which I returned to India, Natasha returned to DIR, the local weather underwent several unpredictable, violent changes, opportunities for new collaboration arose and Harsharan directed her first “DIR Cultural Event”. This was one very busy time.

## **2. CHIEF OPERATION OFFICER’S MESSAGE**

Harsharan Kaur

As my time at DIR continues I get a better understanding of how the organization works; having Dr. Shaw back in Chandigarh helps. It has been an adventurous three months and finally we can settle down the daily activities and focus on the big picture. While we look at ways to maximize efficiency and increase DIR’s presence in Chandigarh we cannot forget the reason we are in Janta colony. Improvement!

To facilitate quick communication within DIR, we speak of children belonging to one of four Nutritional categories. Children in the Green group are considered to be of “normal” weight; those in the Yellow group

are judged to be “underweight”, and those in the Red are seen to be “Seriously malnourished”. The “Priority” group consisted of the three most seriously malnourished children in each Unit when the NIPP began. (A Unit is a cluster of about 250 homes.)

My focus continues to be the NIPP children and we have made some improvements. We have also started to monitor Priority children separately. These are the children who have been in the Red category for at least 3 months, have been losing weight in the Red, or are under 24 months and in the Red category. Although it is sad to know that children fall in this category, it is important that we identify them and work extra hard on these severely “at-risk” children. Our work on the NIPP is paying off as the percentage of children who made a weight gain this month (54%) is the highest since the project started. The consistent increase in the last three months gives me hope that we are taking the right steps and making a difference.



The School With A Difference is finishing up their academic year and we have great hopes for the new year. To improve the skills of the teachers they will be having teacher training after the final exams are over. We have invested in some “activity” books for the children bought at a book fair and hope for new ideas to flow through various activities and excursions planned for next year.

### 3. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

Ms. Sarita - Health Promoter

	Sept	Oct	Nov	Dec	Jan	Feb
<b>% of Priority children who made a weight GAIN</b>	36	47	39	31	46	54
<b>% of Priority children whose weight status remained UNCHANGED</b>	50	40	46	62	41	26
<b>% of Priority children who had a weight LOSS</b>	15	7	10	5	10	13
<b>% of Priority children who WERE ABSENT from area</b>	0	5	5	2.5	3	5

This program has targeted 39 “PRIORITY” children whom we consider to be in need of greatest attention. This group has been made up of the three most malnourished children in each Health Promoter’s area, as decided by the concerned HP. Each of the 3 children from each Unit will receive this special attention until s/he has gained weight and are in the “Green” (normal weight) section of the growth chart. Once a child has gained “normal” status, another will take her/his place therefore there are always 39 children in NIPP.

Out of the 1,400 we weigh each month, We are unhappy to note that, this month, 165 children were found to be “in the Red”; at the same time, we were glad to discover that 3 “Priority” children gained enough weight to

enter the yellow category. This is viewed as an impressive feat given the length of time they had been “in the Red.”

Many of the families, to which “Priority” children belong, are in the lowest economic group and some of their parents have been reported to have said “We are below the poverty line and hence cannot afford enough nutritious food for our children.” However, from the remarks of mothers who have started to use the recipes and diets our Nutritionists have been teaching families, we know that lack of funds is not necessarily correlated with a poor diet. Several mothers have told us “We are spending less on food since we started following your recipe and diet advice.” We are learning that improving one’s diet depends more upon behavioral change more than any other factor. We are working hard on counseling against junk foods, and are offering alternative solutions. This is a slow process, since altering the mindset of a person can take time; however, with the increasing respect DIR is gaining in the community, the more change we see.

Age group	% of NIPP children
0-12 months	0
13-24 months	18
25-36 months	24
37-48 months	43
49-60 months	15

In our Nutrition program we have tackled one of the most difficult problems there is where the improvement of young children’s health is concerned. After the De-worming and iron syrup distribution was complete, we included an additional 16 target families in our supervised supplemental feeding programme. Ten of these children now come regularly to the DIR centre where they drink a 100ml cup of milk and eat a boiled egg (or plate of peanuts for the “vegetarians”). Monday through Friday these children get the most nutritious meal at DIR. This should help the children start their weight gain process and should also demonstrate to the parents the benefits of a simple nutritious meal.

#### 4. MOTHERS’ HEALTH

Ms. Sangeeta -Health Promoter

This month there were 19 births; 11 girls and 8 boys -- the same results as the month before. These are great results as more girls are being born into our community. Unfortunately we had news of 2 still born births. One family has not yet returned to Janta Colony and hence we do not have full details. Whereas the other case was reported to be due to “self-medication of the mother” and this we plan to fully study.

All deliveries took place in a hospital. No mothers are complaining about problems with lactation or any discomfort. All mothers and babies are healthy and happy. But a trend was seen of babies not getting Post-Natal check ups. The chief reason for this seems to be that parents were reluctant to expose their children to the very cold winter weather. We will now concentrate on making sure all post natal checkups get completed.

Preg. On 1 <sup>st</sup> of Month Last Month	Delivered	Left our Area	New Preg.	Preg. At end Of this month
88	19	7	23	85

## 5. THE SCHOOL WITH A DIFFERENCE

Meenakshi Chauhan – Teacher

DIR's 'School With A Difference' focuses on teaching the basics of Mathematics, English and Hindi through fun and play. Our children are aged from 2 to 6 and-a-half years old and presently number 77. We are currently trying to get more teacher training in order to give our children the best possible instruction.

In February, the school was in a serious atmosphere with students and teachers alike concentrating on the final examinations in March. The children did have plenty of fun and games because, one of DIR Trustees, Mrs Lobo taught us some new techniques.

Some volunteers from Hyatt Regency Chandigarh came in to spend a day with the children. They played games and everyone won stationary prizes for their creative answers. These volunteers also brought in delicious fruits for the children to enjoy. Everyone involved had a great time and enjoyed the company of our bright students.



The students also took part in the cultural event at Elante mall by pleasing the crowd with a little song and adorable actions along with it. Later they rode in the toy train on the premises thanks to Mrs. Lobo's donation. This whole experience was a great adventure for them as they have never been to such a huge space.

## 6. INCOME GENERATING ACTIVITY

### Stitching and Products

(Banita – Health Promoter)

Several of the women who have taken the tailoring class, now make products at home using fabric we provide, and are getting paid, per item, when their products pass our quality-control inspection. They make cloth purses, re-usable gift wrapping for a bottle of wine, cloth cases for i-Pads, salwars, etc. For the most part we send the products overseas where they are marketed (in US, France, and Switzerland).

This month we worked on making samples of "sheer" travel and stationary bags. As the women start to get better at sewing we can market their products both here and overseas.

### Beautician Training Center

(Sunil Vidla – Health Promoter)

Our beautician teacher, Mrs. Khushbu Thapa, helped us complete the course for all the girls enrolled in our beautician training class. Now that this has happened, the girls were awarded certificates by DIR. Only a few of the girls want jobs in other beauty parlors and we will try to facilitate this. The rest want to use their skills for personal use or business of their own. Mrs. Thapa also gave birth to a baby boy on the 27<sup>th</sup> of February.

## 7. IMMUNIZATION PROGRAMME

Ms. Sarita –Health Promoter

DIR has collaborated with the government-run immunization program every Wednesday morning (in the DIR Centre) to provide free immunization for a number of years. A total of 177 shots were administered to children this month, details of which are as follows:

SHOTS	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Total
<b>Hepatitis B</b>	0	8	13	21
<b>DPT</b>	0	8	13	21
<b>DPT-B</b>	13	-	-	13
<b>TT</b>	13	8	-	21
<b>TT 10 yrs.</b>	1	-	-	1
<b>Measles</b>	14	13	-	27
<b>BCG</b>	0	-	-	0
<b>Pentavalent</b>	13	-	-	13
<b>Total</b>	-	-	-	<b>117</b>



## 8. D.O.T.S.

Mrs. Meenakshi- Senior Health Promoter

At the end of last the month we had 10 patients with Tuberculosis and this month we have 3 new patients. This month we had no patients who completed their course of medication as all patients are on different course schedules. This results in a total of 13 patients who will continue the program

Following is the distribution of these patients in different categories and what each means:

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. This month, we have **eleven** patients 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. This month we have **two** patients in this category.



## 9. PERSONNEL ACTION, VISITORS, EVENTS

### David Fathers, Intern

#### Addition:

- Mrs. Natasha a long standing nutritionist with DIR returned to fill her former post after the birth of her first child. She has already begun teaching the HP's new recipes and has begun her admin work. A welcomed return to the DIR staff.

#### Visitors:

- DIR has begun to build a relationship with the staff of the Hyatt regency hotel this month which is currently being built next to Elante mall. This manifested itself in a visit by the hotel's eleven member Management Team. The Head Chef cooked delicious food for our schoolchildren, and other Managers played games with the children of SWAD. The food and entertainment was thoroughly enjoyed and we look forward to their next visit.

#### Events:

- DIR launched it's Vitamin A program at the end of January. DIR linked up with the NGO Vitamin Angels in order to reduce Vitamin A deficiency in children under 5. We began the launch with a demonstration and talk at our office in Janta colony. A number of mothers and children came to learn about the new capsules that we'd be giving to their children twice a year and to receive the 1<sup>st</sup> dose. A total of 31 children received the vitamin A drug that day. A successful launch to a life altering addition to DIR's health programs. A total of 1200 children were administered Vitamin A by the 10<sup>th</sup> of February.
- Dr. Shaw returned on the 12<sup>th</sup> of this month after his visit to California. While there he arranged a concert of Indian classical dance and music which also served as a fund raiser.
- This month I began offering daily classes in Conversational English classes for beginners and intermediate students. The class' aim is to try and help the students improve their English skills and improve their confidence speaking the language. In India being able to speak good English is very appealing to many employers so it's an important skill to possess. The classes have begun small but are slowly increasing.
- On the 28<sup>th</sup> of February DIR had a cultural show at the courtyard of Elante mall, courtesy of Hyatt hotel. The event was done to a moving audience and involved a Punjabi dance, a Garhwali (native to the hills of Garhwal where many of our HPs are from), singing from the HP's, a song from our one of our HP's (Maya's) daughters, a street dance group of some CAP children formed by another HP's (Veena's) son and a Skit on inflation and the woes of the common man. All of this was interspersed with short introductions to our programs by the HP's and a speech by Dr. Shaw. The event went off well considering it was a new venue and a new layout. As an added bonus we also raised some money which paid for the event and more.

