DEVELOPING INDIGENOUS RESOURCES - INDIA

Summary of Activities

March 2015

THOUGHT FOR THE MONTH:

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

CONTENTS

1. CHIEF EXECUTIVE OFFICER's MESSAGE

Frederick Shaw

Do you know a person who has saved the lives of several children, and continues to save children's lives? If you know someone who has given instructions to a bank to send $10 every month to DIR, then your answer is "Yes".

Ten Dollars is not a magic sum; it is quoted here as an example of a pittance that most of us in the lower middle class do not notice if our personal monthly budget is increased or decreased by $10. However, these multiple pittances enable DIR to conduct its activities, activities that save babies' lives.

In our organization, our team works fairly hard in a wretched climate enabling slum families to improve their own living conditions, and improving their own health behavior to such an extent that death rates have plummeted. And yes, - they have plummeted. When we started our project in India's Punjab, 101 babies died before their first birthday for every 1,000 born. This is not an unusual rate in an Asian slum, and is far from being the worst. (For those of us who do not study national death rates daily, and consequently have no basis for comparison, we might might consider - a country with reasonably good health programmes - Ireland. There, the infant death rate is about 3 per 1,000 live births.)

Four years after our activities commenced, the infant death rate in our Indian project site, had decreased to one-quarter of the starting rate, and it continues to decline. Other important health rates also have significantly improved. Amongst these is the percentage of children younger than five years who are seriously malnourished. That percentage has shrunk from 87 to less than 20. Does that matter as much as preventing deaths? Some would argue that the reduction of childhood malnutrition is ***more*** important. As time

passes and research improves, we daily become more and more impressed with the influence that nutrition has on determining brain power, on good health, on energy to be productive, etc., and – in short - the influence nutritional status has on a person's ability to earn a living wage, and live a better life. Wage earning ability and ability to solve very basic personal health problems seem to be the two key factors which determine who is resigned to a slum life and who is going to escape it.

As an aside here, but an important aside, we would point to the differences in achievements which occur between conducting a project with a Curative Medicine and conducting a project with a Preventive Medicine orientation. Those working in several Preventive areas, ask ourselves " If we are 100% successful, what will happen?" The ironic answer is, of course, "Nothing". This is in stark contrast to the response of the Curative practioner. Consider how the cardiac surgeon who snatches the over-weight, under-nourished and under-exercised woman from certain death, for a mere $110,000, is cheered for accomplishing his near-miracle. Will she live for another five years? She might.

By contrast, the Doctor of Public Health who organized effective programmes in which at least (probably) 6,500 women learned to eat an appropriate diet in appropriate amounts, while engaging in a regular exercise programme, and observing a low-stress lifestyle, all at the cost of $15 per person per month, is not seen to have accomplished anything. Will the women in his programme live a longer, healthier life, and influence others by example? Almost assuredly, the answers to these questions are all "Yes" but we do not ***see*** these results just now. Does anyone?

When one of our young children dies, this is a tragedy. In a home where there has been no infant death, it is commonly accepted that "nothing has happened." So, who, we wonder, does know when something, and something ***significant,*** has happened? The answer is that some people ***do*** know, or ***can recognize*** the changes that are taking place, judging from the responses of the participants, judging from their actions and the new knowledge they are demonstrating they are gaining, and judging by the differences in community health data over time. They are the people who count the deaths and births, painstakingly on a day-by-day, month by month, year by year basis. These are the people who research and discover what is killing babies and then implement activities to defeat the killers. They are the people who use the $10 donations to save children's lives.

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Last month, it may be recalled that David, our first Intern from Wales was doing fine work being supportive in a variety of DIR programmes. Very unhappily, India's pathogens have not been kind to David, and after struggling along, and losing 12Kg, in his brief stay here, he wisely decided to retreat home to New York. We are extremely sorry to see David leave, we thank him for coming, we wish him a swift recovery, and hope he might consider giving DIR a second chance! India will be kinder next time!

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In Ireland, we say "bad news never travels alone", and I have now reason to believe the rule exists outside the sacred isle. On the same month as we lost the companionship of Intern David, I received news that one of the closest friends that I had on this Earth, Dr. Joseph Schaller, who has been by my side as a Member of the Board of Directors of DIR since the day the NGO was formed, tragically had an unexpected heart attack and died within minutes. This was easily the worst news I have received in many, many years. I shall miss Joseph more than I want to contemplate, and DIR will miss him too, because his generosity combined with his compassion for our less-fortunate relatives to make him one of our major donors. Our thoughts reach out to his wife, Audrey, and my communication skills fail me. Here is a photo taken of Joseph when he participated in DIR's Annual General Meeting in Chandigarh some years ago.

Above, Joseph, sandwiched between the founding Chairman of DIR's Board of Directors, Dr Paul Dean and our Dr. Asha Katoch, lights a ceremonial lamp to signal the opening of a DIR Cultural Evening.

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Our supervised supplemental feeding programme, in which a group of chronically malnourished children receive a glass of milk and one egg per day, is doing well, and has been expanded to include a few other children whose condition ruled-out any chance that we could exclude them from the programme. As time progresses we are developing a keener perception of ***why*** some children are malnourished. Now a cause, vegetarianism, which I heartily support for a variety of ethical and environmental reasons is getting in the way of small children getting an adequate diet. Some parents have problems with their children eating eggs, and we find ourselves struggling to find an available substitute with equal nutritional virtues.

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The representative of the British government in Chandigarh, Mr. David Lelliott approached me with an idea he had to celebrate the unveiling of a statue of Mahatma Gandhi in London on 14 March. Together we planned an art competition for children in our area. In this, young competitors, in age groups, illustrated "What Gandhi means to me".

Her Majesty's Government kindly supplied coloured paint, paintbrushes, crayons, pencils, etc. We supplied the competition site, tables, desks, and (human) monitors, and the artists. The children had two short hours to create their masterpieces, and they went to it with a will. I was personally surprised to see how much thought had obviously been put into the project in advance. Everyone seemed to have worked out in advance exactly what s/he would illustrate. The competition was keen , and there was a wide range of skills being exhibited. Four judges, two from the UK Commissioner's staff and two from DIR agreed upon which children should get First, Second, and Third Prizes.

The experience was a good one for all of us, and we resolved to find other occasions when we could collaborate in the future.

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The two cases of Swine Flu which were identified in our village in February made us apprehensive, and this apprehension quickly turned to worry when one patient died within a few days. We immediately mounted a crash course on "Not Transmitting the Flu", issued a cloth handkerchief to all staff and rigidly enforced handkerchief use to muffle coughs and sneezes. There is no evidence that our corrective action influenced the outcome, which was that no more cases have been reported, but our consciousness was certainly raised by our realizing how undisciplined we had become where disease transmission in concerned, and we view our new emphases on stopping disease transmission to be a very positive event.

2. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

Ms. Sarita - Health Promoter

This program has targeted approach whereby, each Health Promoter selects the three most malnourished children in his/her area to receive special attention. The criterion for this special attention is 3 or more months continuously in the Red category of the growth chart or a weight below the priority line of the growth chart. Each HP will take on 3 children from their area and then nurture them until they have gained weight and are in the yellow section of the growth chart. Once one child has gained weight another will take her/his place therefore there are always 39 children in NIPP, this month from the grand total of 264 children who are in the Red.

Age group (months)	NIPP children
0-12	0
13-24	8
25-36	8
37-48	18
49-60	5

In this 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 andiron syrup distribution was complete, we picked up the 16 most economically weak family and invited them to be a part of our school nutrition program. Thirteen of these children now come regularly to the DIR centre where they drink a 100ml cup of milk and eat a boiled egg or peanuts for the vegetarians. Monday through Friday these children get the most nutritious meal at DIR. This will help the children start their weight gain process and also demonstrate to the parents the benefits of a simple nutritious meal.

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
% of children who made a weight GAIN	36	47	39	31	46	54	31
% children whose status remained UNCHANGED	50	40	46	62	41	26	59
% children who had a weight LOSS	15	7	10	5	10	13	10
% children who WERE ABSENT from area	0	5	5	2.5	3	5	0

3. MOTHERS' HEALTH

Ms. Sangeeta -Health Promoter

In March we had 15 births; 5 were girls and 11 boys. One lady had a spontaneous miscarriage in her first trimester. The total number of newly born are 16 because one lady had twins. At the beginning of the month we had 85 pregnant women and we end with 68. 14 deliveries occurred in hospital and one delivery at home. Happily, all deliveries were normal and all 16 babies are alive and well. All 15 mothers who gave birth had two or more appropriate antenatal check-ups before delivery and all appropriate post partum treatment within two days of delivery.

# PREG. AT END LAST MONTH	# DELIVERED THIS MONTH	# LEFT THIS MONTH		MISCARRIED THIS MONTH	NEW THIS MONTH	#PREG. AT END THIS MONTH
		TEMP	PERM			
85	15	17	2	1	18	68

4. THE SCHOOL WITH A DIFFERENCE

Meenakshi Chauhan – Teacher

Our School With A Difference finished the academic year promoting all students and ensuring admission of all kindergarten students to other schools. Three of the seven students in the highest grade were admitted to St. Stephen's School in Sector 45, Chandigarh. The act of these children being accepted into one of the most elite private schools in our State, provides them with probably the best opportunity their young lives could possibly get. DIR will support these lucky youngsters in their new school, and provide after-school tutoring for them until they catch-up with their classmates. We also provide subsidized transportation to school for parents who cannot afford the regular rickshaw fare.

During a recent parent-teacher meeting (PTM) students from each class were recognized for their achievements. Special mention and prizes were awarded under the category of Best Dressed, Most Punctual, Best Behavior, Best Attendance, Most Improved and Best Grades for each class. Teachers also spoke to every parent about the new year and the activity planned for their wards in the new academic session.

During the last week of March our teachers had interactive training sessions given to them by a teacher-trainer from Hamari Kaksha (HK) School. HK is an excellent, well-established NGO which runs a very good after- school program to help students develop into wholesome adults, and also has expertise in improving academic performance. We are grateful to HK for their generous help and for sharing their helpful experiences with us.

5. INCOME GENERATING ACTIVITY

Stitching and Products

(Ms. Banita – Health Promoter)

Several of the women who have taken our 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, but we do occasionally get an opportunity to sell in Chandigarh.

This month the women are gearing up for an Exhibition in Chandigarh, early next month, when DIR has been allotted a stall to sell its products. Our HP's Ms. Maya and Ms.Shital have been working closely with the women to ensure their products are of high quality.

Beautician Training Center

(Mr. Sunil Vidla – Health Promoter)

After our last "batch" of beautician trainees graduated, we were not immediately able to find another suitable trainer and our Training Centre got a month's rest. In many ways this was propitious since many of our trainees are studying in college or high school and need extra time to study now that it is end-of-year exam time.

Now that we have found a skilled trainer, and hired her, we will start a new training session in April, and are presently signing up students.

6. IMMUNIZATION PROGRAMME

Ms. Sarita –Health Promoter

In March, the immunization programme which we conduct in collaboration with the local Health Department was a sad shadow of what it had been due to a "strike" being conducted by the Auxiliary Nurse Midwives. Immunizations were given on only one morning in March, instead of every Wednesday morning. To complicate matters further,

"immunization day" was changed by the Health Department to Monday, and these drawbacks allowed to give only26 "shots" this month. Hopefully, the strike will soon end.

7.D.O.T.S.

Mrs. Meenakshi- Senior Health Promoter

Very sadly, the number of TB patients we are treating is increasing. At the end of last January we had 10 patients, by the end of February 13, and at the final day of March, we had 17 patients. Even more sadly, we hypothesize that there are still more cases of TB in our area, but these have not yet been identified. Because of the close proximity of living quarters, and the high numbers of family members who sleep in one room, our project area is a "high risk" area by any standards.

My experience tells me that one of the greatest problems we face is that the local residents do not know how serious TB is, and they do not realize – despite all our teaching - how easily it is transmitted. India's TB death statistics are extreme. Two TB patients die every three minutes, which means the average TB deaths per day total almost 1,000.

The patients who have been diagnosed, tend to resist wearing a face mask, and this coupled with coughing and sneezing without the use of a handkerchief, is far too common.

In March, two patients were pronounced "clear" and left the programme. At the same time, 6 new cases were diagnosed, bringing our present number of cases to 17. Of these, there are 13 cases in Category I and four cases in Category II.

A NOTE ON CATEGORIES

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

8. PERSONNEL ACTION, VISITORS, EVENTS

Resignation: Our intern, Dave Fathers, was unhappily forced by illness to cut his term short, and return home.

Visitors: Hamari Kaksha trainers came to assist our SWAD teachers improve their skills.

The local Health Department, at our request, sent a specialist to deliver a public talk on "Preventing TB". (See photo.)

Events: Art Competition

Mr. David Lelliott, the Deputy UK Commissioner, collaborated with DIR to hold a children's art competition on 14th March. This was to commerate the unveiling of a statue of Mahatma Ghandi in London. David is the tall gentleman (nearest to the Union Jack) in the following photograph

Glaucoma Walk The second week of March was Glaucoma Awareness week in India, and some of our staff participated in the annual "March."