

DEVELOPING INDIGENOUS RESOURCES-INDIA

Summary of Activities

For

JUNE 2016

THOUGHT FOR THE MONTH:

The test of our progress is not whether we add more to the abundance of those who have much; It is whether we provide enough for those who have too little."

Franklin Delano Roosevelt. Second inaugural address. (1937)

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1. OVERVIEW

MS. BANITA, HEALTH PROMOTER

Because our CEO, Dr. Shaw is currently absent from Chandigarh and therefore unable to write his usual monthly "Message", I have compiled this overview of the month's events. I say "compiled" because the observations which follow are not all mine. Many are the products of my consulting with DIR staff and in particular with Field Co-coordinator Sanjeev, and Senior Health Promoters Veena, Maya and Meenakshi.

On June 9, 2016, our two Health Promoters Banita and Lata went to Ludhiana (Punjab) at Keys hotel to attend one day training on the subject of Vitamin A and deworming. Vitamin Angels organized this workshop. 14 people came from different places. They taught them 39 steps of providing these supplements. We all Health Promoters are providing these supplements in our field after every six months. Vitamin A is good for eyes and skin. It is also good for our immunity. Deworming works against worm infestation. I am sure this distribution is beneficial for our society.

In this month, we have two articles of Dr. Shaw in the leading newspapers of India i.e. *The Indian Express* and *Dainik Bhaskar*. Here is the translation of one of the Hindi Newspaper.

NEWSPAPER ARTICLE

Slum Women Demonstrate Remarkable Talent

Some of the women who live in the poorest slum areas of Naya Gaon are learning to make cloth products under the guidance of Developing Indigenous Resources (DIR). This organization (whose chief function is improving health conditions) provides beautiful cloth samples to the stitchers, teaches them how to make products, which sell, and then buys back the finished products from the women. DIR markets the finished articles, earns profit, and then donates 100% of this profit to help support their free medical programme.

What do the women Sew? A variety of fine cloth products, evening purses, pencil and pen holders, "wine bags" (which serve a re-usable gift-wrap for a bottle of wine brought to a friend's party), protective bags for smart phones, and their most popular item, shoulder bags for I-pads.

Some of sewers are economically so poor that they do not even have toilets in their homes. However, they have enough talent and passion. Their bags and covers receive love and praise from customers and from people who get the products as gifts. The Chief Executive Officer, Dr. Frederick Shaw of Developing Indigenous Resources showed us around their rented building, where in addition to all their medical activities, DIR runs a pre-primary English medium school that prepares slum children to be successful in Chandigarh's most elite schools.

Frederick Shaw told us his big regret about the sewing project is that DIR lacks a marketing department, and the talented women can now make products faster than DIR can sell them.

'Work will focus on immunisations for babies, guidance on nutrition'

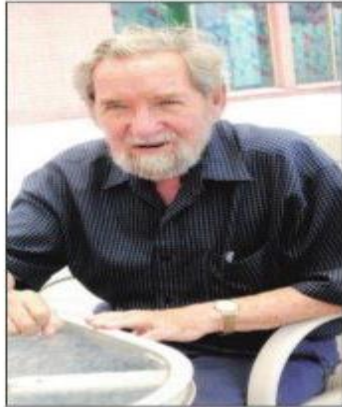
PARUL
CHANDIGARH, JUNE 22

IRELAND-BORN FREDERICK Shaw, along with his team of young volunteers, have been nurturing the health and educational aspirations of the residents of Janta Colony in the city for the past 11 years.

The volunteers from the city and around the world focus especially on children who were severely malnourished and needed urgent healthcare.

The founder of Developing Indigenous Resources (DIR), a non-government organisation in the city, Shaw has, against all odds, been developing programmes in needy communities. As a new project starts to take shape here in the city, Shaw feels a urgent need to reach out to people and connect with them about their work over the years in the city.

"We are beginning our effort in Shastri Park, a local village in the IT Park, to reach out to the neglected population of this area, people without any



Frederick Shaw in Chandigarh. *Express*

influence or clout. We want to show them that there are health services available and how to use them. Our extensive work will be on immunisations for babies, guidance on nutrition, treating severe cases of malnutrition and reducing the

death rate of infants," said Shaw, looking to start the new project next month.

Shaw, a doctor of public health, has devoted the last four decades of his life in improving the health conditions in developing countries and started working in Chandigarh in 2005.

Over the last 20 years, he has concentrated upon developing a low-cost, sustainable, easily replicated model of a programme that will solve the worst health problems in neglected communities in developing countries.

In 1989, he had co-founded Appna Sehat (Our Health in Urdu), a Pakistani non-government organisation, and implemented, for the first time, an innovative programme that integrated successful components of projects he had supervised in India, Philippines, The Gambia, Swaziland, Indonesia and Papua New Guinea, with new methodology.

"The programme continues throughout Pakistan and its success motivated me to start Developing Indigenous

Resources. With my personal funds and donations from friends, I began work in Chandigarh in 2005 and we have grown to serve a population of 19,340 slum residents," Shaw said what keeps him going is the change he can feel in people lives.

"It's heartening to know how our effort has reduced death of infants and how we have helped women give births with the assistance of a trained physician, and also focused on reducing severe malnutrition," said Shaw, who now spends his time here and in the US.

Looking to expand his work, Developing Indigenous Resources programmes here also include education and income generating activities, with the pre-primary school preparing slum children for admission to the private schools in Chandigarh.

"We also provide classes for job skills and provide interest-free loans to start businesses and I dream of replicating our model in other areas of the city and the country," said Shaw.

We hope Dr. Shaw will come back soon!

2. MY STORY

MS. MANJU, HEALTH PROMOTER



Hello Everyone!

My name is Manju. I am 28 years old. I am a married woman. My husband's name is Mr. Sambir Singh Bisht. He does private job. I have two children, one girl and a boy. My daughter, Garima is 5 years old, she is studying in UKG in Paramount Public School, Naya Gaon, and my son goes to crèche. I live with our joint family. My mother-in-law, Father-in-law, brother-in-law and sister-in-law.

I joined DIR on 11 January 2016. Before marriage, I was working in a private company but I have to leave that job because of my wedding. My husband was not in favor of that job. After 5 years of our marriage, my husband fell seriously ill and he was unable to run his own business of printing because of which we lost everything whatever we have earned in our earlier years. We had very hard time. Our survival was difficult at that time.

Then god blesses me with vacancy of Health Promoter at DIR. I was interviewed by our CEO, Dr. Shaw and shared all my problems with him.

He is very kindhearted man. Therefore, he gave me a chance of working with him. I have learned lot after joining and how to look after our and community health.

3. NUTRITION TRAINING

MRS. NATASHA SHARMA, NUTRITIONIST



As the summer, heat is rising day by day and there is no signs for monsoons so to cope with the heat people in busti consume beverages and ice creams, which are unhygienic ally prepared. This result in diarrhoea and due to the heat, dehydration is also a concern for all. Keeping this in view field demonstrations on repetition of the recipe of homemade Oral Rehydration Solution (ORS) was given throughout the bustee. This will surely benefit people during the hot weather.

In our regular training to Health Promoters, topics of hyperthyroidism, hypothyroidism, Functions and deficiencies of vitamin A, D and Folic Acid were taught. As per our regular schedule, an exam was also conducted to test the nutrition knowledge of HPs, in which Banita

scored highest marks.

4. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

Ms. SARITA, HEALTH PROMOTER

NIPP stands for Nutritional Improvement Priority Project. We have started this programme. We have started this programme for improving the health of those kids who are in priority zone category for improving the health status. We provide nutritional diet to the kids at DIR. We call them to DIR and give them a cup of milk, boiled egg and one fruit every day. We planned a menu for every day.

We are happy to say that this month two kids change their category from Red to Yellow^{Please see "Endnotes"} and know we have six kids in yellow zone. This month 22% kids gain their weight. On the other hand, unfortunately six kids lost weight. Because of climate is changing and very hot. So mostly kids are suffering from diarrhea and fever.



Age of children in the NIPP	
0-12 month	0 (0%)
13-24 month	1 (3%)
25-36 month	10 (28%)
37-48 month	10 (28%)
49-60 month	15 (41%)

This month only 14% kids are coming for meal plan. Because most of the children are gone to their village. Not that school is closed for summer holidays, many children go to their grandparents in other states. That is why attendance of the children is less.

All health promoters are trying their best. Whenever kids do not come at our center, we specially visit their homes and counsel their parents

5. MOTHER'S HEALTH REPORT

MS. SANGEETA, HEALTH PROMOTER

Last month we had 113 pregnant women in our project area in which 12 deliveries took place; eight were boys and four were girls. All the deliveries occurred in hospital except one from SHP- Meenakshi's area (The woman did not feel any pain, at night after passing the urine when she came back to her room the baby delivered suddenly. She unable to call somebody so she cuts herself the umbilical cord with new blade, her husband helped her a bit. However, the woman saved herself and her child life. The child and the mother both are healthy and alive. She went to the hospital early morning for checkup. All the women who gave births had two or more antenatal checkups and appropriate postnatal checkups before delivery and within the two days of delivery and within the two days of delivery.



We found 16 new cases of conceiving in bustee. At the end of the month, we had 119 pregnant women in our project area.

# of pregnant Last month	New Cases		Miscarried	# of deliveries		Moved		This month no. of pregnant
	A	C		M	F	T	P	
113	6	16	0	8	4	14	4	119

6. IMMUNIZATION REPORT

Mrs. VEENA RANI, SENIOR HEALTH PROMOTER

This month we had four immunization days. Everything is going well. Children and women are coming every month for antenatal checkups.

We do weights and check blood pressures of pregnant women and children on day of immunizations. In addition, we are also providing iron and calcium supplements to women. As usual, Auxiliary Nurse Midwives (ANMs) and health promoters are working altogether. We also give nutritious food like porridge on this day.



Details of immunizations given are shown in the following table:

BCG	PENTA			IPV	MEASLES		DPT BOOSTER	DPT SY	T.T 10Y
1	9	11	13	13	15	10	10	6	7

T.T 16Y	T.T1	T.T2
2	20	11

7. INCOME GENERATION

Mrs. MAYA, SENIOR HEALTH PROMOTER

Hello everyone!

Tailoring women are free, as they have nothing to do because we have got new orders for products. Our storeroom is filled, and we urgently need more customers I feel very bad for them. However, knitting women have work to do. They are making mufflers for Mrs. Bubble ma'am. I would like to thank her; Mrs. Joyoshree Lobo introduced her. Thanks to her too.

This month Dr. Shaw went to USA. I hope he will bring more orders of bags from there and women can get more and earn more money.



TAILORING CLASS

In tailoring class, 24 women are learning stitching. All are doing well. Most of the women are learning Punjabi suits. Some of them are learning stitching frocks and some are blouses. Rest of the women is learning male's shirts. They are happy.

BEAUTICIAN TRAINING

This month nine women are learning beauty course. Two of them have completed their 5 months. Two have completed 3 months and two women have just joined.

They have tests 2 times a month. Megha, Gunjan, Sheela are good in waxing, manicure, pedicure and threading. Shweta, Kiran and Anita are good in Hairstyling and henna.



8. Child Activist Programmed (C.A.P)

MS. BANITA, HEALTH PROMOTER

This programme, which is conducted for children between the ages of 7-13 years, is held daily between 3:30 and 4:30pm. The children are collected into groups of about 20 each, which are led by teams of two H.P. Each group meets twice a month for activities that are a combination of fun and education.

Our motives for conducting these activities are:

- 1) Educate the children and their families.
- 2) Develop socially
- 3) Increase sportsmanship and team spirit.
- 4) create leaders for sports and community outreach.



We devoted the first half of June to playing games like Kho-Kho, badminton, Cricket, etc. Our topic for Medical Training in June was "Malaria" and we played the Puzzle game.

In this game, we make three squares and write questions on its outer portion like What is malaria, its symptoms and its preventions. Then cut this square into three groups and each group have three puzzles. Whichever group makes fixed the puzzle, becomes winning team. Then the winning team reads out loud their solved puzzle.

NUTRITION TOPIC: Vitamin C

GAME 2 → Ring Throw Game

In this game, label cups with the sources of Vitamin C. Then divide the children in two teams. Every child was given three chances to throw the ring. If the ring falls in any of the labeled cup of vitamin c, he/she earns a point.



9. DOT'S REPORT

Mrs. MEENAKSHI, SENIOR HEALTH PROMOTER

Last month we had 8 Tuberculosis patients at our DOTS center out of these 8, 1 patient completed his course of medicines. Two Patients relapse this month. Therefore, we are presently giving treatment to five Patients with lots of efforts, counseling and awareness. We are successful in curing one Patient. We now have four patients in category I and 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 precaution.



CATEGORY I		CATEGORY II	
Kabali Devi	86y	Sonu	25y
Neha	23y		
Sant Ram	65y		
Sunil	18y		

NUMBER OF T.B. PATIENTS	
LAST MONTH	8
NEW	0
CURED	1
NOW	5

10. SWAD (The SCHOOL WITH A DIFFERENCE)

MS. MANJIT, SCHOOLTEACHER

Our school was closed this month because of the summer vacations from 1st until 30th June 2016. Students will rejoin in new month. We will be meeting new admissions in month of July. Excitement in so much to see new faces. I hope that this July wills justice with our school kids as well as the hot weather

11. ARRIVALS & DEPARTURES

1. **New Face:** Mrs. Sapandeep Kaur joined us on 6 June 2016 as a schoolteacher cum accountant. She is doing well and handling accounts sharply.
2. **Left:** Ms. Jadvinder Kaur left us on 20 June 2016. She was working as IT Assistant.

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 this 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.