DEVELOPING INDIGENOUS RESOURCES - INDIA
Summary of Activities
For
February 2017

THOUGHT FOR THE MONTH

Once you choose hope, anything is possible. - Christopher Reeve

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February came and went like a flash. This month saw two startling happenings within DIR. On 1st February we celebrated Basant Panchmi. Basant Panchami marks the onset of spring. Considered as an auspicious day, the festival is celebrated in different states of India, according to the Hindu calendar and falls on the fifth day (Panchami) of the Hindu month of Magha. There are many interesting stories associated with Basant Panchami celebrations. According to popular belief, goddess Saraswati – the deity of knowledge, music, arts, science and technology – was born on this day and people worship her to achieve wisdom. Mrs. Bindu Sharma, along with her two friends visited our DIR office on the occasion of Basant and in addition her daughter’s birthday falls on same day. She distributed sweets and gifts among our SWAD Kids as well as to our staff. She is so much impressed with the services provided by DIR to bustee people.

Our Health Promoter Sarita got married in a splendid series of ceremonies over the space of two days, 19 and 20 February. Nearly all of DIR staff attended at least one of the days. We wished them a life together filled with love and happiness from this moment throughout eternity.

As a Nutritionist, I continue to be impressed by the increase in medical and nutritional knowledge of our Health Promoters and their seemingly tireless energy when advising, demonstrating, and encouraging the residents in efforts to get them to improve their families’ health. Not only is their work impressive, their visible results are as well and that is highly rewarding. On the whole I am quite satisfied by the progress and improvement made by each and every individual associated with DIR.
This month we had four Immunization camps. All went well and all children and pregnant women are coming every month for Anti-natal checkups.

We are providing Iron and Calcium Supplements and take weight and blood pressure also.

As usual Auxiliary nurses, midwives and Health Promoters and Asha workers work together.

We give nutritious food (Sweet Dalia and seasonal fruits) to children and pregnant women.

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<tr>
<td>TOTAL</td>
<td>83</td>
<td>34</td>
<td>19</td>
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</table>

THE FOLLOWING INOCULATIONS WERE GIVEN DURING FEBRUARY
3. INCOME GENERATION ACTIVITY
Mrs. Maya
SENIOR HEALTH PROMOTER

This month we are expecting our wait to be over and we hope Dr. Shaw will bring some exciting stitching orders along with him.

4. MY STORY
Mrs. Lata Thakur
SWAD TEACHER

Hello friends!

My name is Lata Thakur. I belong to Himachal Pradesh. Now I am living in Naya Gaon after my marriage. I have done my M.A, B.Ed. from H.P. University. My husband’s name is Mr. Kamlesh Thakur. He is an accountant in Krishna-Automobiles (B.M.W). I had done my B.Ed. after my marriage and this happened only because of my Parents-in-Law. They are very supportive and cooperative. They always support me in every situation of my life. I feel grateful to god that he gave me such a nice family. I have my only son and his name is Shiven. He studies in U.K.G class. I had started teaching in Jyoti Public School in Himachal Pradesh. Now, I am working in SWAD as a teacher. I joined DIR on 25th April 2016. I really like the environment of DIR. All the staff members are very supportive and nice. I have learned so many new things about life and kids after joining DIR. I feel grateful to Dr. Shaw for recruiting me. I feel happy being a part of this organization.
5. CAP: CHILD ACTIVIST PROGRAMME

Mrs. Banita
SENIOR HEALTH PROMOTER

Timing: 3:30pm to 4:30pm
Age group of children-> 7-13 years
In this month we educated children about oral hygiene and its causes and Iron deficiency Anemia. They played games like Kho-Kho, football, skipping, etc.

This month Medical and Nutrition topic were:
1. Medical Topic:- Oral Hygiene
   Game-1- Demo of Oral Hygiene

   In this game, firstly Health Promoters explain to the children about the oral hygiene with the help of charts and also explain how to clean the teeth and the things which we use in our oral hygiene. Health Promoters also gave them a demo with the help of Denture and Brush.

2. Nutritional Topic:- Iron Deficiency Anemia
   Game-2- Musical Chair

   In this game, firstly health promoters explain about Iron Deficiency Anemia to children through charts. In this game if we have 20 children then we take 19 chairs. Then one of the health promoters plays the music, and children start moving around the chairs. Then the health promoter stops the music, then every child rushes to get his/her seat and whosoever will not get the seat will tell about the sources of Iron.
In this programme we tried our level best to serve the children and to improve their knowledge about health and hygiene, so that they can further educate their own families and community as well.

6. NUTRITION TRAINING

Mrs. NATASHA
NUTRITIONIST

This month a very sad case came to my attention. In this, a pregnant woman called Savita, Originally from Bihar, she is living under very pitiful conditions in our HP Meenakshi’s area. Savita is 21 years old and is going to give birth to her first child. She is living in extreme poverty, although her husband is working as a labourer and they are living in rented room in our bustee. Savita is anaemic. She didn’t go to hospital for her antenatal check-ups due to scarcity of money. Moreover her husband was not taking these check-ups seriously as he is illiterate and ignorant. Then HP Meenakshi discussed this case with me. We talked to her husband and counselled him about the importance of antenatal check-ups. Apart from that we counselled him about diet also and told him all about easily available, low cost nutritious foods which are important for the lady. Now the husband agrees to provide all types of help to his wife. I suggested to Meenakshi to look after this case and give all necessary feedback from the lady.

This month, one new Health Promoter joined our office, so again Health Promoters were re-taught about some basic things in nutrition like nutrients and their functions, meal planning, balanced diet and its importance, and breast feeding and its advantages to the child and mother. At the end of this month an exam was given to test the nutrition knowledge of HPs.
In this programme each health promoter has selected three malnourished children from their respective areas. This month 47% kids have gained weight, and 4 kids changed their category from Red to Yellow zone. Now, we have a total of 11 kids in Yellow Zone.

Those families who are unable to afford nutritious meals for their children at their places, we call such kids to DIR and give them a cup of milk, an egg and one seasonal fruit every day. We also gave them Deworming tablets and Vitamin A Capsules.

We always try to give our best in order to decrease the number of Red Zone kids. We hope next month these kids will gain their weight.

<table>
<thead>
<tr>
<th>Age of children in the NIPP</th>
<th>0-12 month</th>
<th>13-24 month</th>
<th>25-36 month</th>
<th>37-48 month</th>
<th>49-60 month</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 (0%)</td>
<td>1(3%)</td>
<td>5 (14%)</td>
<td>15 (42%)</td>
<td>15 (41%)</td>
<td>36</td>
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</table>

| Children who gained Weight | 14 | 39% |
| Children whose weight remained constant | 16 | 44% |
| Children who lost weight    | 5  | 14% |
| G.T.V                      | 1  | 3%  |
| TOTAL                      | 36 |     |
Last month we had 105 pregnant women in our project area. We had 22 deliveries this month of which 10 were boys and 12 were girls. All the deliveries took place in hospital. All the ladies who gave birth to their babies had appropriate Ante-natal check-ups and Post-natal examinations within the two days of delivery.

Fortunately this month we did not have any bad news - no deaths, no miscarriages, no abortions. As people are now more aware about their health, they ask questions regarding the health and balanced diet and clear all their doubts; even now they share about their pregnancies without any hesitation. We found 21 new cases of conceiving and 5 cases of new pregnant women moving into our project area this month. This time we are facing most of the cases of hypertension and thyroid in the pregnant ladies, but they all are having their medicines properly on time and taking care of their diet. 3 pregnant women went to their home villages temporarily, and 3 women left our project area permanently. At the end of the month we had 105 pregnant women.

We always try to provide them our knowledge so that they can take the best decision for keeping their health fit and good.

<table>
<thead>
<tr>
<th>Pregnant mothers Last Month</th>
<th>Delivery (Births)</th>
<th>Total Birth</th>
<th>Mothers who Moved</th>
<th>Abortion</th>
<th>Miscarriage</th>
<th>Newly Pregnant</th>
<th>Total Pregnant This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
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<td></td>
<td></td>
<td>Arrived</td>
<td>Conceived</td>
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<tr>
<td>105</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>03</td>
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<td>21</td>
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**9. SCHOOL WITH A DIFFERENCE**

**Mrs. Manjeet Kaur**

SWAD TEACHER

In this month the DIR family celebrated the Basant Panchmi on 1 February 2017. All the DIR staff and the SWAD kids chose yellow colored outfits to show the value of this auspicious day.
On this day students brought yellow colored meal in their lunch boxes like, halwa, yellow rice, and pakoras. Our SWAD teachers educated the students about the importance of this day. According to popular Hindu religion belief, goddess Saraswati – the deity of knowledge, music, arts, science and technology - was born on this day and people worship her to achieve wisdom. On this occasion we distributed sweets among the students and Mrs. Bindu Sharma also distributed gifts among the students including: sharpener, pencil, eraser, biscuits and sweets.

10. **TAILORING CLASSES**

This month 14 girls are learning. Neelam and Aarti are doing well. Shanti is also doing well but it’s her last month, as her course is finished now. Aarti is good at stitching suits and blouses and Neelam is good at cutting.

11. **BEAUTICIAN TRAINING**

Five ladies are learning this month and all are doing well.

12. **DEPARTURES AND VISITORS**

**Visitors**

**1 February 2017:** We celebrated Basant Panchmi, on this occasion Natasha Ma'am's Sister-In-Law Bindu Sharma along with her friends Twinkle and Simarjeet Kaur came to DIR to visit our Organization and celebrate Basant Panchmi. As it was also Bindu Sharma daughter's birthday, so she distributed gifts, sweets and samosas among SWAD kids and DIR Staff.

**21 February 2017:** Municipal Counsellor (MC) Mr. Parmod visited DIR and distributed sweets among SWAD Kids and DIR staff.
New Face

Mrs. Simranjeet Kaur joined DIR on 17 February 2017 as a Health Promoter.

13. 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/e 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 counselling as necessary, and promoting living a healthy life, however possible. 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.

GENDER BIAS

Because the traditional roles of women in developing countries exert heavier influence on family health than the roles of their male counterparts, it is strict policy that DIR staff will never have less than 80% of positions (in developing countries) staffed by women.

NUTRITION ZONES
For ease of classifying children's nutritional status, we have accepted the common concept World Health Organization has popularized of using weight "Zones". These are weight areas plotted on a graph showing weight for age. Children in the "Green Zone" are said to be 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 our high priority programs. 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. This group of children are normally the exclusive members of the NIPP, but the CEO may assign a limited number of emergency cases when such is seen to be essential.

**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 DOTS Coordinator.

**TB 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.