DEVELOPING INDIGENOUS RESOURCES – INDIA

Summary of Activities
For
July 2017

THOUGHT FOR THE MONTH
Do not go where the path may lead, go instead where there is no path and leave a trail.
(Ralph Waldo Emerson)

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1. MESSAGE FROM THE CHAIRPERSON OF DIR’S BOARD OF DIRECTORS

Dr. Shalini Sahai

I returned from India just a few weeks ago and would like to share some updates from DIR. With your generous contributions I was able to purchase 700 bottles of iron syrup, each containing 300 ml. The DIR staff helped to distribute these to the children who were in greatest need based on their nutritional status.

It’s my experience that iron-deficient children are likely to stop eating or reduce the quantity of food they consume. This probably explains why some of our malnourished kids do not gain weight despite all efforts made by their parents. When I examined some of these children they looked very pale and had significant pica. (Swallowing non-food items such as paper, chalk, or earth.)

One of our new Health Promoters, Simran sent me a letter describing conditions in a particular home. They are typical of conditions in so many homes in our project area that I thought I would repeat Simran's observations here to illustrate some of the challenges we face.

Simran had just examined a 9 month old child called Kanika. Kanika has eight sisters and one brother. Her father is a labourer in a local hospital. Her mother (we can be sure) is a very busy housewife. Recently, Kanika's two year old sister died "of a fever". The family's extreme poverty is exacerbated by there being too many family members to support with one very modest income. They lack funds to provide an adequate diet, never mind purchasing medicines when illness strikes. DIR can avert a possible tragedy, when we know in time, but some families are reticent to ask for help. Their abysmal ignorance of simple hygiene and of family planning compounds their already multiple problems.

Our Health Promoters daily deal with the kinds of problems Simran describes; HPs commonly provide family planning education, and distribute free FP supplies provided by the Health Department. They constantly teach the benefits of cleanliness, and either provide needed treatment, or insure adequate treatment is received, free of charge.

The supplement of Iron Syrup, I feel sure, can make a significant difference in the lives of many malnourished children in homes similar to Kanika's, each of these bottles of iron should last at least 2-3 months depending on the dose given to the child. Our hope is that once we demonstrate the impact of iron supplementation on the weight of these children, the parents will be motivated to give them more nutritious foods and if needed will purchase the iron syrup themselves. The supplement is not expensive but it will be more effective to demonstrate actual improvement before we ask parents to purchase something with their hard earned money.

DIR's Health Promoters weigh every child, younger than 60 months old, in the bustee at least once a month and will be sending me updates of expected improvements in the weights of the children given iron. I look forward to sharing this good news with you.

Thank you for your continued support.
There is some relief in heat in Chandigarh and surrounding areas from unbearable mercury rising as monsoon starts. Health Promoters are feeling happy because it was hard for all of us to work in 40-42˚ Celsius in field. However, with this change of cool weather, work is going efficiently. The bad effect of this rain may result in arrival of many water-borne and mosquito borne diseases like malaria, diarrhea, and viral fever. It might reduce weights of our kids. Counseling and committee meetings are going on and our Health Promoters continuously spreading awareness about above said diseases.

On 12th July Dr. Shalini Sahai (Pediatrician), USA visited our DIR office. As most of the children in bustee are anemic and due to this they feel lethargic, losing weight, didn’t show interest in activities, some of them having problem of pica etc. Though most of the parents are illiterate and they didn’t understand the importance of iron and moreover government hospitals also runs shortage of iron supplements, so we requesting Dr. Shalini for sponsoring Iron Supplements. So when she came we arranged her session with parents in which she briefed them about the problems caused due to deficiency of iron in body. She arranged 700 Bottles of iron syrup for children and gave to those children who fall in red and yellow category. Now we are monitoring the weights of these kids every month and seeing how much change will take place in their weights after taking this supplement. After that she had an interaction with our Health Promoters and gave tips to them which they will use in their areas. My sincere thanks to Dr. Shalini. Such visits and appreciation help to boost the morale of all our HPs.

Apart from that we all welcome the monsoon season by celebrating Teej Festival which is commonly observed particularly in western and northern states of India and Nepal. The Festival celebrates the bounty of nature, arrival of clouds and rain, greenery. Teej celebrated primarily by girls and women, with songs, dancing and prayer rituals. The monsoon festivals of Teej are primarily dedicated to Goddess Parvati and her union with Lord Shiva. On 28th July we celebrated Teej at our DIR Center. On this occasion we organized traditional and cultural competitions for SWAD Kids and Our staff. The categories include kite making and decoration for SWAD Kids, rangoli, mehndi and painting competition for DIR Staff. Everybody participated and enjoyed these activities.
Dr. Shalini speaks to mothers

Four Health Promoter Meenakshi, Sushma Bisht, Simranjeet and Meena from left to right respectively, pose beside their Teej Sand-Painting

2. **IMMUNIZATION PROGRAMME**

*Mrs. Veena*

**SENIOR HEALTH PROMOTER**
This month we had three Immunization days. Everything is going well. All children and pregnant women are coming every month for anti-natal check-ups.

Women who work at the government’s local health care give shots and update immunization records.

We are providing iron and folic acid tablets and calcium supplements to pregnant women. Pregnant women also have TT Shots & had weight and blood pressure checked.

As usual Auxiliary Nurses, Midwives, Asha Workers and Health Promoters work together to make this camp successful.

We give nutritious food to children and pregnant women who come for Immunization.

### THE FOLLOWING INOCULATIONS WERE GIVEN DURING JULY 2017

<table>
<thead>
<tr>
<th>SHOTS</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Dose</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Dose</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT 5 yrs.</td>
<td>11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DPT-B</td>
<td>15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Measles</td>
<td>16</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Pentavalent + IPV</td>
<td>12+12</td>
<td>13</td>
<td>11+11</td>
</tr>
<tr>
<td>TT 1 Injection.</td>
<td>08</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TT 2 Injection.</td>
<td>15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TT 10 yrs.</td>
<td>02</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TT 16 yrs.</td>
<td>03</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>94</td>
<td>28</td>
<td>22</td>
</tr>
</tbody>
</table>

### 3. INCOME GENERATING ACTIVITY

**Mrs. Maya**

**SENIOR HEALTH PROMOTER**

**STITCHING PROGRAMME**
In this month again there is no work from our side to the ladies, and we well sad for this that we are not able to give them work at this point of time. But the best thing is they are getting stuff to do from outside.

**TAILORING**

There are 18 ladies attending Tailoring Classes this month. It is good to see these two women are doing well. While all our students are giving their best and everything is going well, two of them, Anita and Rakhi, are doing exceptionally good work.

### 4. MY STORY

**Ms. Jadvinder Kaur**  
**SECRETARY**

Hello Friends!

My name is Jadvinder Kaur and I have completed my 24 years this month. I am the only daughter of my parents and only sister of my 2 brothers. I am graduate in BCA (Bachelors of Computer Application). I am working in DIR as a Secretary since November 2016.

I am a kind of person who prefer to live in present instead of past or worrying about future. I love to live my life tension free and want to explore the world and people. The basic thing is the peace of my mind that what matters the most to me. I am also eager to learn new things, to understand people. I love that if I can solve someone’s problem. I always wanted that if I can help others in their problems. I don’t want to waste my life worrying about the things which doesn’t happen yet. I believe if your life is being spend in helping others that’s the best thing you can do with your life which us worthy also.

My dream is to become inspiration for others if I can do so, in future then I will feel like that, yes! I have achieved something in my life.

After joining DIR I have learned so many new things in my life. I have expand my knowledge of medical and nutrition as I was not aware of before. I have gained confidence of talking to others after coming here. I had a great experience over here with every staff members and SWAD kids.

I would like to thank everyone over here in DIR and Dr. Shaw who gave me this opportunity to being a part of DIR to serve people.

Thank You.
This activity, which is provided for children aged 7 through 13 years, meets between 3:30pm and 4:30pm daily. The goals of the CAP Programme are:

1. To educate children and their families.
2. To help children develop socially.
3. To promote sportsmanship.
4. To increase team spirit.
5. To create leaders for sports and community outreach.

In this month in the Child Activist Programme children played many games like kho-kho, football, etc. In this month we educated the children about Malaria because rainy season has started. We wanted to teach the children how they and their families can avoid getting Malaria. We also devoted time to teaching about the importance of Iodine in our daily diet.

Our first CAP game concerned Malaria.

After we described what Malaria is and how it affects humans, we had the students sit in a circle. Children will count 1 to 7 one by one. The first child will put his hand on his chest and will count one, the other children sat next to him in the direction of his hand will count two similarly by putting his hand on his chest, and similarly other will follow the indication. The last kid will put his hand on his head and will count seven. The whole process will be repeated according to the indication of the hand and the one who will mislead the hand indication will tell about the prevention to be taken in Malaria.
In a second game concerning the deficiency and Sources of Iodine,

In this game firstly Health Promoters explain about the deficiency and sources of Iodine to the children. Then everybody made the circle and settle down. In this game one child will throw a football to any of the child in the group and that child has to catch the football, afterward they have to say their name loudly and whosoever will miss the catch will be out of the game and have to tell the sources of Iodine to everyone.

In this programme we are trying our level best to improve and increase the knowledge of children so that they can further educate others and make them aware about their health.

6. **NUTRITION TRAINING**

**Mrs. NATASHA**

**NUTRITIONIST**

On 12th July, Dr Shalini and I conducted an interactive session on the subject of Iron deficiency for the mothers of children in our two worst nutrition categories (those in Yellow "Malnourished" Zone, and those in the "Red" Severely Malnourished Zone). We described causes and symptoms to help mothers identify affected patients. Nutritional demonstration of Corn Chaat was given to our Health Promoters. This snack is made of locally available, cheap ingredients, which bustee people can afford easily. Corn, onion, potato, tomato, capsicum, beans, lemon, curry leaves are easily available and are good sources of calories, protein, Vitamin A, calcium and iron and hence good for the overall development of people.
In our regular training to Health Promoters, topics of obesity, diabetes, and hyperthyroidism were taught. As per our regular schedule at the end of this month, an exam was also conducted to test the nutrition knowledge of HPs, in which most of them scored well.

Ingredients used in Corn Chaat, Corns besides, coriander, boiled potato, Beans, tomato, capsicum, curry leaves, onion and lemon juice respectively.
Mrs. Natasha Sharma giving Iron Supplements to Bustee kids
7. NIPP - Nutrition Improvement Priority Programme

Ms. Sarita

HEALTH PROMOTER

NIPP stands for Nutritional Improvement Priority Programme. We have started this programme for improving the health of those kids who are in priority zone category for their health status. We provide them nutritional diet at DIR. We call them here at DIR and give them a cup of milk, nutritious food, seasonal fruits eggs, etc. We plan our menu according to different days.

We are happy to inform you all that this month there are 9 kids in yellow zone. This month 28% kids gained their weight. But on the other hand 8 kids have lost their weight because of change in season. Mostly kids suffered from fever, cold, cough, viral, that’s why they lost their weight. This month only 5 kids coming for meal plan.

All the health promoters are doing their level best. When some of the kids to not come for NIPP or not coming regularly, so we go to their place and counsel their parents and educate them about the value of nutrition in their kids life so that they also take this thing seriously and came for the meal regularly, so they can gain their weight.

<table>
<thead>
<tr>
<th>Age of children in the NIPP</th>
<th>2 month</th>
<th>3-24 month</th>
<th>5-36 month</th>
<th>7-48 month</th>
<th>9-60 month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>00 (0%)</td>
<td>02 (6%)</td>
<td>06 (17%)</td>
<td>18 (44%)</td>
<td>13 (36%)</td>
</tr>
</tbody>
</table>

| Children who gained Weight | 10 | 28% |
| Children whose weight remained constant | 18 | 50% |
| Children who lost weight | 8 | 22% |
| G.T.V (Gone To Village) | 0 | 0% |

8. MOTHER’S HEALTH

Ms. Sangeeta

HEALTH PROMOTER

Last month we had 112 pregnant women in our project area. We have found 7 new cases of new arrivals and 29 new cases of conceiving. We had 16 deliveries this month. All the 16 deliveries took place in hospital, 6 were baby boys and 10 were baby girls. All 16 women who gave birth had their appropriate anti-natal, post-natal check-ups examination before, within two days of their delivery.

7 women went to their village to visit their families and 9 women left our project area permanently.

Unfortunately, one lady from our Health Promoter Sushma Devi’s area had miscarriage this month. Name; Soni, of age 22 years, #1365, W/O Bablu. She had natural miscarriage. She had all check-ups and proper medications as prescribed by doctor. Now she is fine and recovering from this trauma.

Success Story of the Month:

One lady from our Health Promoter Sunita Mukhiya’s area, name Nibha, age 25 years, W/O Muni Lal Shah. She is a new arrival case in her area. That lady had all her the check-ups and medical tests from hospital. But unfortunately she
lost her hospital card and other medical documents in hospital. So after that she stopped going to hospital for her routine check-ups again because of the fear of medical tests again. She is also suffering from thyroid problem and less eating habit. Then our Health Promoter Sunita visit her place and counsel her about the proper balanced and healthy diet and told her that she should go to the hospital for her check-ups and tell them about her problem of reports. She also told her that hospital use to keep the record of our reports too, so she will get the computerized copy of her report over there and should go to hospital again for her routine check-ups. Now she is visiting hospital regularly and having her proper anti-natal check-ups and also having her thyroid medicines on time and she is glad to get this useful information from our Health Promoter.

We are giving are best to serve the people and trying to be always there in all their problem, good and bad time to support them and to encourage them about their health.

<table>
<thead>
<tr>
<th>Pregnant mothers</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>This Month</td>
<td>M</td>
<td>F</td>
<td></td>
<td>Temporarily</td>
<td>Permanently</td>
<td>Arrived</td>
<td>Conceived</td>
</tr>
<tr>
<td>2</td>
<td>06</td>
<td>10</td>
<td>16</td>
<td>07</td>
<td>09</td>
<td>00</td>
<td>01</td>
</tr>
</tbody>
</table>

9. **SCHOOL WITH A DIFFERENCE**

Mrs. Manjeet Kaur
SWAD TEACHER

This month we have celebrated Van Mahautsav, in which children planted different kinds of tree. We educate them about the trees and their importance in our life and surrounding. We educated them that trees provide us food, oxygen, paper, wood, intake Carbon dioxide, etc. students also drew trees on sheets and colored it.

After this we had celebrate Teej festival in SWAD, in which every student participated. Children drew kites on sheets and also decorated kites. After the activity poha was being served among all the children and staff of DIR.

At the end of this month we also conducted a parent teacher meeting, in which we had discussed the performance of students with their parents.
Hello!

My name is Manju. I live in #761-C Janta Colony, Naya Gaon. I live in a joint family. I came to know about DIR and its staff member since I came here after my marriage. At that time my sister-in-law use to weight her child, because of that I also get familiar with Health Promoters. After sometime when I got pregnant then they also use to come here for my check-up like weight, Blood pressure and diet counseling. After sometime I had my baby and he was pre-mature and was of weight 1.96 gm only. He was very weak at that time. Health Promoter Sarita and Maya use to came to our place twice in a month for his weight. They always use to say that feed your baby after every 2 hours and also take care of his hygiene also. Whether baby is sleeping, still I have to feed my baby. As he was growing, he was gaining 1 kg of his weight every month. Now his weight is right according to his age. Still the DIR’s Health Promoter use to do his weight every month and also do his diet counseling. They tell us about the ORS, healthy and balanced diet which should be given to the children to maintain his ideal body weight so that he should not face any health problem in future. Only because of DIR’s Health Promoters we came to know about the progress of our children weight every month. I am very thankful to DIR staff those who are giving us their free services and spreading awareness about various diseases and what we should do to prevent getting them. The Health Promoters teach us how we and our children can become healthy and fit.

Thank You.

Manju with Health Promoter Sarita
VISITORS
12 July 2017:- Dr. Shalini Sahai (Pediatrician), USA visited our DIR office. She distributed Iron supplement among children under 5 years old. 700 Iron supplement have been distributed among bustee children so that the can gain their weight, especially those who are under weight.

EVENTS
28 July 2017:- We had celebrated the Teej festival with all SWAD kids and DIR staff. In this event everybody gave their participation, children decorated and drawn kites, where DIR staff did rangoli, mehndi, bangle decoration. After that we distributed Poha among all the SWAD kids and DIR staff.
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, and other) 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 (at least) 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. 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. Preference in Board positions is to have 50/50.

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 of 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.

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.

NGO: - Non-Government Organization.

Typically, but not excusably, an NGO is an organization which strives to improve the quality of life within a given community. For example, CARE is an NGO, as is HOPE, PLANNED PARRENTHOOD, DIR, AARP, etc. Some, but not all, NGOs, are non-profit.

DONATIONS to DIR

DIR is a non-profit NGO which is funded entirely by voluntary donations. In the US and in India donations to DIR are made deductible, for income tax purposes, by both governments.

In India, donations in Rupees, may be addressed to: The Director, DIR-I, House 105, Sector 10, Chandigarh 160009.

Donations in other currencies, should be sent to: The CEO, DIR, 8321 Terrace Drive, El Cerrito, CA94530.