

DEVELOPING INDIGENOUS RESOURCES - INDIA

Summary of Activities

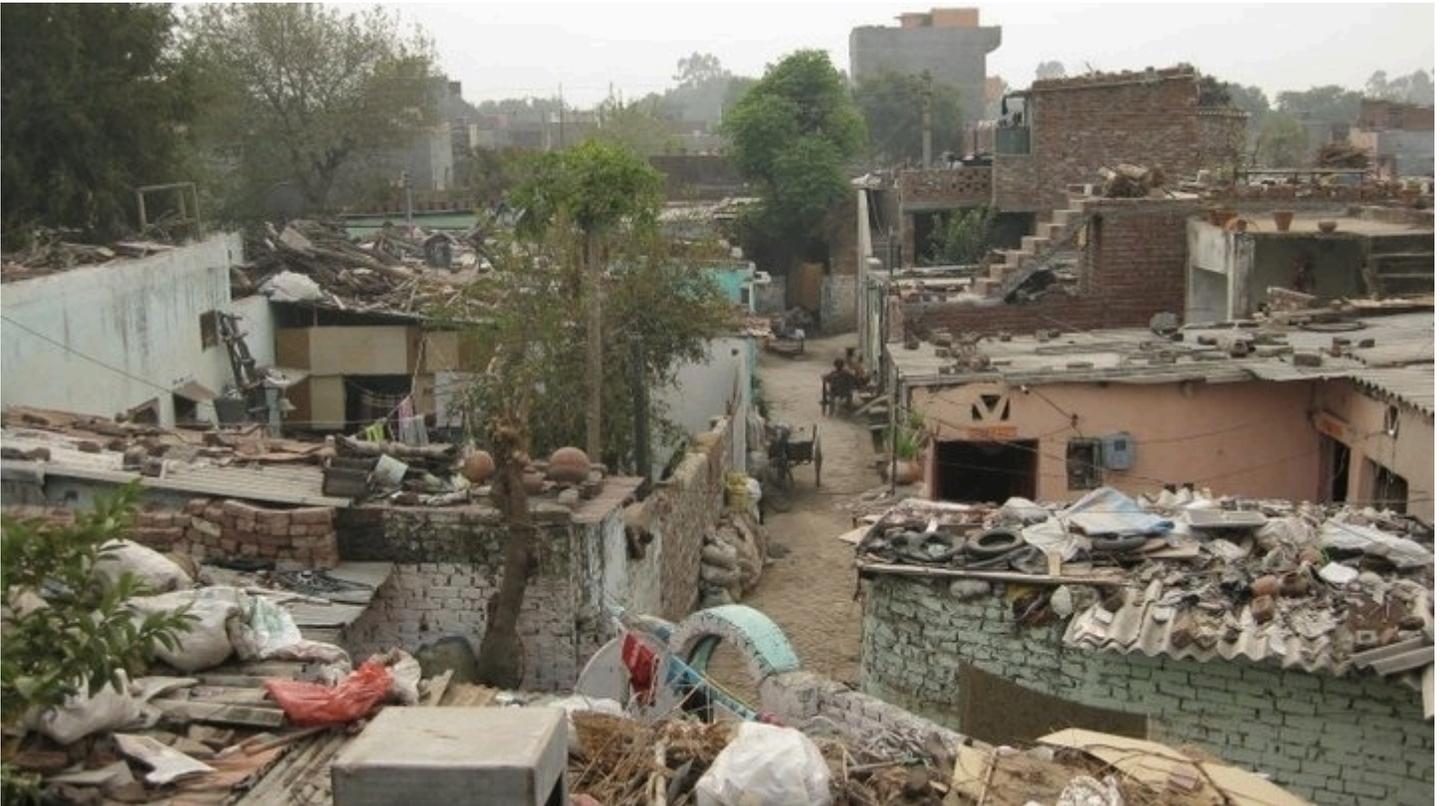
September 2012

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THOUGHT FOR THE MONTH: Suppose this were the only time. Suppose this sunset, this moonrise, this symphony, this buttered toast this sleeping child, this flag against the sky Suppose you would never experience these things again (Arthur Gordon)

CEO's MESSAGE



 For those who have not yet visited our project site, I have included this view of the roofs of homes in one little segment of Janta Colony. Most homes have been built by their owners completely uninhibited by experience or knowledge of construction. When they reach the roof, there is nothing to nail to, so roofing sheets are commonly held in place by rocks or bricks. It is on these roofs that we have started residents to grow their own vegetables in planter boxes.

Monsoon, in real earnest reached us in the early weeks of September. Rain, which seemed more like an immense waterfall descended upon us, filled the drains and river beds, streets, and anything that looked like a hollow, caused widespread flooding, and was gone in days. It was such a relief from the heat that children (and adults who were young at heart) sometimes stayed out in the rain, fully-clad, laughing with joy and relief as seemingly-endless streams of welcome water cooled skin that had yearned for such cooling for months.

Our work has progressed well, and has been enriched by the input of Min Ho Kyung, a physician from South Korea, and Kathryn, Stacy and Adam students from the University of Frazer Valley (in British Columbia). Min is helping with medical matters and doing a brief study of the effect on our Health Promoters that working for DIR has had on them.

On 25th September, Kushboo, a bright-eyed, thirteen-year-old girl, one of our Child Activists, was at home, felt tired and lay down for a nap around one in the afternoon. Her parents went out and she was alone. The feeling of a nip on a finger awaked her, but there was only a tiny mark and very mild pain. She went back to sleep. Her parents returned home about 4.30, and she re-awakened, and felt very ill. They took her to the local hospital, and en-route she frothed and emitted blood from her mouth, and went into a coma. Within a half hour, she died in the hospital.

That night, around 10, their dog barked and upon investigation, a snake was seen in the rafter above Kushboo's bed. People got sticks and killed it.

The following day, upon being told the story, I went to see Kushboo's family and also to see the snake. It was a 37-inch Krait. It is taken to be India's deadliest snake. The street Kushboo lived on is about four feet wide. It was crowded with commiserating neighbours. Staff interpreted for me, and I got the full story.

"Where is Kushboo's mother?" I asked.

"Down there" I was told.

I looked down, and there the woman was, lying on the street, her face contorted in the agony of grief with little whining noises coming from closed mouth. Anyone who has not seen a loving mother who has lost a child to death has not seen grief. People were standing clustered close around her, so close, that if I had not been told, I would not have expected anyone to be there on the ground. Veena, a Senior Health Promoter and I, each held one of her hands for a while, without having words to say or thoughts to impart.

Close by, a man was brought, at my request, to show me the snake he had in a bag. It was, as I said, a long black and silver Krait. Under different circumstances, I think I would have been impressed by its beauty. At this point, I was merely deeply saddened by the no-win situation for both snake and child.

Since then I have had special sessions with the staff, and the subject has been *Snakes*, the necessity for speedy treatment, the accompanying any suspected victims to hospital by staff using any available DIR vehicle, and the necessity for self (and other) education on how *not* to attract snakes to living quarters.

It seems that the Krait presents especial problems for humans. Normally, it stays away from humans, but seems to be attracted to seek the warmth of a still, sleeping human body. Thus it will lie quietly alongside a sleeper, harmless until it is likely to twitch its tail or make a slight movement. The sleeper is likely to respond with a brushing-away movement as one would to a fly or a mosquito. The Krait's response is immediate and often deadly. It attacks the offending hand or finger, quickly, injecting venom almost painlessly and leaving little or no skin "bite" or "sting" marks. The lack of

immediate obvious symptoms is a decided disadvantage, since speed of treatment and chances of recovery are positively associated.

Our immediate challenge is to get the residents of our slum to understand the answer to the question “What brings a snake, which normally avoids humans to invade our homes?”

The answer is one everyone is going to have to know, and act upon if we are to avoid future Krait deaths. It is, we say, a “two-step” answer. When there is a human settlement, there is the storage of human food, and there is the disposal of scraps of waste food. The storage and the scraps attract rats, mice, and a variety of insects. The snake typically has no interest in the human food, but is vitally interested in consuming the rats, mice, etc.

Thus, the effective answer is to reinforce, *in the strongest possible ways*, our messages about cleanliness, waste disposal, and food storage security. Tidiness too, is going to be on the teaching agenda since clutter provides locations where snakes can remain undetected.

Since the stakes are so high, I feel confident our educational efforts have a good chance of success, and - for once – we plan to unashamedly exert maximum peer pressure where this is necessary for compliance.

NUTRITION

(Mrs. Natasha Sharma and Mrs. Renuka pal - DIR-I Nutritionists)



World Heart Day is celebrated on 29 September each year. Created by the World Heart Federation, World Heart Day informs people around the globe that cardiovascular disease (CVD - which includes heart disease and stroke) is the world’s leading cause of death, claiming 17.3 million lives each year. Hopefully, World Heart Day highlights the actions that individuals can take to prevent and control CVD

World Heart Day aims to drive action to educate people that by controlling risk factors such as tobacco use, unhealthy diet and physical inactivity, at least 80% of premature deaths from heart disease and stroke could be avoided. World Heart Day is a global event during which individuals, families, communities and governments around the world participate in activities to take charge of their heart health and that of others

World Heart Day unites people from all countries and backgrounds in the fight against the CVD burden, and inspires and drives international action to encourage heart-healthy living across the world

Apart from that **National Nutrition Week is celebrated from September 1 to 7 every year.** Nutrition is the focal point of health and well-being. In other words, it allows you to be strong, provides you with the energy to do the things you want to do, and makes you look and feel your best. Today, there is a wealth of nutrition information at your finger tips — from diet books to newspaper articles; everyone seems to have an opinion about what we should be eating.

In our regular training for Health Promoters, topics of Obesity, Hypertension, Diabetes, hyperthyroidism, importance of calcium and iodine were taught. To test the nutrition knowledge of HPs, nutrition test was conducted in which most of them scored well.

A nutrition demonstration of Besan ladoos was given to Health Promoters in bustee office. Locally available ingredients used in the recipe, such as Gram flour, wheat flour, oil, jaggery and peanuts are a rich source of calorie, proteins, calcium and iron making this a very “healthy snack.”

MOTHERS' HEALTH

(Ms. Meena Kumari - Senior Health Promoter)

Pregnancies

On the 1st of September, there were 104 pregnant women in Janta colony and Adarsh Nagar. Of these, 15 women delivered their babies during this month. Eight others shifted their residence permanently from the colony. Twenty Seven new pregnancies were reported this month. All the 15 women who delivered during the month had had three or more Antenatal check-ups.

Deliveries

Out of 15 women who delivered this month, Twelve delivered in the Government Hospital, Sector-16, One delivered in the PGI, one delivered in the Sector 34 and one delivered in govt. hospital, Ramdarbar. All Fifteen deliveries were assisted by qualified professionals. Of the newborns, 8 are boys and 7 are girls. All the women who delivered had their postpartum examinations within 2 days of delivery.

IMMUNIZATION PROGRAMME

(Ms. Veena Rani – Senior Health Promoter)

As usual, government immunizers come to the DIR Centre to give shots on every Wednesday of the month. Our Health Promoters maintain records of all the immunizations of all children under the age of five years and ensure that every child gets his/her shots on schedule.

In the four immunization days at the DIR office during the month of September, a total of 153 shots were given to the children. Details are as follows:

(a) Measles – 22 (b) Measles Booster -10 (c) BCG -5 (d) DT -10 (e) DPT Booster - 14

SHOTS	1 st Dose	2 nd Dose	3 rd Dose
Hepatitis B	13	20	9
DPT	13	16	8
TT	6	6	-

In addition to these, one 10 year old child was given TT shot and 32 children were given a supplement dose of Vitamin A.

D.O.T.S.

(Mr. Sunny Bighania – Senior Health Promoter)

On the 1st of September, 26 Tuberculosis patients were served medicines at our basti office through the government DOTS program run by DIR. Our basti office is an authorised DOTS centre, and patients from the vicinity get their supply of medicine from our office on a regular basis. During this month, One patient completed his treatment and is declared free from this disease. Four new patients have been diagnosed having Tuberculosis this month, and have started medication from our centre.

We have 21 Category I Patients, and 5 Category II Patients.

Following is a brief description of what each Category is:

- Category I – All those new patients whose pulmonary smear is positive for Tuberculosis Bacilli or those whose pulmonary smear is negative but are seriously ill or those who have extra pulmonary Tuberculosis but are seriously ill are included in Category I. This month, we have 21 patients in this category.
- Category II – Those 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 once or those who had not been cured even after completing a full prescribed course. This month we have 5 patients in this category

INCOME GENERATION

(Ms. Meena Kumari and Mrs. Tikki Maya - Senior Health Promoters)

Under the program of skills training, a total of nine women from bustee are learning stitching in our bustee office. As our stitching instructor resigned due to her personal family problems so Maya, our senior health promoter took over her charge. These women learning stitching skills in stitching classes and are making good progress. Aside from the stitching classes being held in DIR bustee office, DIR also give paid assignments to bustee women in form of stitching of different types of bags such as wine bags, craft bags, I Pad bags, Water bags and salwars. During the month of September, they made 149 wine bags, 8 craft bags, 5 I-Pad bags, 1 Purse, 6 Water bags and 6 Salwars. Once they satisfactorily complete the assigned task given to them, they are paid for it.

On another project, women are paid for making paper bags out of re-cycled newspapers. These , we market to the retailers. This month, 1030 double ply paper bags with rope handles were made and out of these 500 bags were sold.

EDUCATION

(Mrs. Sunita Sharma- Head Teacher)

In September DIR school introduced re-evaluation test in every class, so that every child must get a chance to improve their academics. On 14th September, the Canadian Consul General invited DIR school children to the consulate to watch animated movies. All children enjoyed the novel event. After that, juice and snacks are served to Staff and kids. It was a remarkable day for the kids and Staff of our School With A Difference. Thanks to the generosity of resident Canadian Consul General, Mr. Scot Slessor for providing such a wonderful outing for our pupils.

PERSONEL ACTIVITY

(Mr. ISB Pannu)

Visitors

1. Dr. Sunil Maudgil- ex care employee visited bustee office.
2. Mr. Ajit Singh-Builder

Name	Paid Leave		Unpaid Leave	
	# Days	Dates	# Days	Dates
Mr. IBS Pannu (Administrator)	1	14 th and 20 th half days.		
Mrs. Natasha (Nutritionist cum Administrator)	4	6 th , 7 th , 10 th and 11 th of the month.	5	17 th , 18 th , 19 th , 20 th and 21 st of the month.
Mrs Renuka (Nutritionist)			1	14 and 26 Half day in September.
Mrs. Manjeet (Teacher)	1	12 th of the month.		
Mrs. Meenakshi(Teacher)	3	3 rd , 24 th and 26 th of September.		
Mrs. Sunita(Teacher)	1	25 th full day.		
Mrs. Maya (SHP)	1	6 th Full day		
Mrs. Sunita Mukhiya (HP)	5	3 rd , 4 th , 24 th , 25 th and 26 th full day.		
Mrs. Sunita Kashyap (HP)			3	3 rd and 24 th half day, 4 th and

				10 th of September full day.
Mr Sunny (Field coordinator)	1.0	26 th full day.	0.5	3 rd half day
Mr. Sunil (HP)	0.5	4 th half day of the month		
Mr. Nikhil kishore			1	13 th Full day.
Mrs. Sushma (HP)	1	20 th September full day.		
Ms. Sangeeta (HP)	1	19 th full day.		
Ms. Meena (SHP)	2	24 th and 25 th full day		
Mrs. Meenakshi (HP)	5.5	19 th half day and 24 th ,25 th 26 th ,27 th and 28 th full day.		
Mrs. Anita (HP)	1.5	12 th half day and 21 st full day.		
Mr. Sanjiv (HP)	2.5	3 rd half day and 4 th and 10 th of the month full day.		