

DEVELOPING INDIGENOUS RESOURCES-INDIA

Summary of Activities

For

MAY 2016

"Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you have not found it yet, keep looking. Do not settle. As with all matters of the heart, you'll know when you find it."
—Steve Jobs

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Our Kindergarten kids from our School with a Difference

1. CEO'S MESSAGE

W. Frederick Shaw DrPH MPH

Punjab's warmest month finds many of us, who cannot escape, trying to ignore the uncomfortable heat to the greatest extent possible. We have been convinced by our training that the heat itself is not as important as how we think about it, and so we tell ourselves "Everything is fine" and lying seems to help.

"No", we reply cheerfully to concerned visitors, as we wipe salt sweat out of our stinging eyes, "The heat does not bother me at all. Not at all". But when the weather people on TV and radio told us "Punjab just had the hottest day in 34 years", we had trouble with the conviction that it is "all in my mind" and we forgave ourselves for wilting (just a little).

Our Health Promoters, bravely went from door to door, weighing children, counseling pregnant women, and examining the weak and the needy. Theirs is not a "soft job" at the best of times, but in extreme weather it is

punishing. Slum homes do not have air conditioning and thus, slum residents attempt to escape the worst hours by being unconsciously asleep. Thus, the Health Promoter's visit which is normally looked forward to by local residents, in May, is in local parlance, one more (censored adjective) annoyance.

Early this month, we were sorry to lose the services of Dr. Asha Katoch who was our Medical Director.. We sadly miss this very gifted individual who excelled at her work. Attempts to replace her have not yet met with success. The many teaching hospitals which are steadily increasing the production of new MBBS seem unable to meet the demand for local doctors. The attractive salaries offered in U.K. and English-speaking countries appear to be robbing India of its medical resources.

New red tape has robbed us of many hours of precious time in May as we try to see our way through new government regulations. Commendably, these regulations are being enforced by the central government to inhibit the nefarious activities of rogue NGOs. However, some regulations are ambiguous in part and many are not well understood by less gifted civil servants. Hence, conflicting instructions are being issued and demand our time and effort, often with no apparent benefit.

In February last, an evaluation of DIR programs was planned by the faculty and graduate students from three respectable institutions: Punjab University, Home science College and the Post Graduate Institute of Medical Education and Research. The practice of having an impartial "outside" evaluation periodically is one we strictly observe and one which reassures donors and potential donors about our "transparency" and our programmes' efficacy.

The wheels are guiding exceedingly fine where the production of a final report of this last evaluation is concerned. This is partially a problem caused by so many people being involved. However, we have received a short note that reveals to us five of the early findings (in brief). These are:

1. Over 88% of the women who gave birth in the last 12 months had more than two TT shots;
2. 100% of the children younger than 60 months were fully immunized;
3. Over 98% of women who gave birth in the last 12 months had a physician assist them give birth.
4. 100% of households have at least one parent who can make and properly administer homemade ORS.
5. 95% of women who gave birth in the last 12 months had at least two antenatal and two post- partum examinations.

These are some of the highest statistics we have ever scored and we are grateful to our Health Promoters who have achieved this success.

Dr. Christopher Gibbins, the resident Canadian Consul General came to see DIR on 19th May despite our 104° F weather, and I was delighted to show him around. Amongst our other esteemed visitors this month we welcomed Mrs. Livleen Kahlon and her colleague Mrs. Sunita Reen. Visitors are always welcome at our DIR Centre, and I invariably feel flattered when I have the opportunity to show off what our well-trained staff are achieving.

On 27th May, the Board of Directors of DIR had a meeting in the form of a conference (phone) call, courtesy of Skype. We are improving in our proficiency with making Skype calls and are benefitting immensely from the use of this free service. We shudder to think of what a one or two hour call between India and the US would have cost, without Skype. It is almost with disbelief that we use this wonderful service. The concept of something being reduced in price is unreal.

2. MY STORY

MS. VANDANA, HEALTH PROMOTER



Hi everyone, I am Vandana. I am working in DIR for the last 10 months as a Health Promoter. I joined DIR on 4 August 2015. I am basically from Uttar Pradesh, but I live in Janta Colony. I am 18 years old. I live with my family. My family is very loving and joyful. I have two brothers and one sister. My father's name is Mr. Shiv Parsad Gupta. He is an electrician. He is the best father in the world. My mother's name is Mrs. Geeta and she is a homemaker. I love my family. I have done my +2 in my village. After that I came to Chandigarh. I have done the basics of computers and have knowledge of that. My favorite colors are blue & baby pink. My hobbies are drawing and heena.

When I came in DIR for interview at that time I was very excited because it was my first job which I was going to experience. I felt very happy after my interview. I want to thank Mrs. Harsharan Kaur & Dr. Shaw because they selected me. And gave me this opportunity to work with them. I love the DIR staff because they all are very helpful.

I have learned so many new things in DIR, like medical and nutrition knowledge and how to counsel people. I like it when we have a talk with the people in the field and they all share their problems and good experiences with us. I feel very happy. I want to live my life beautifully and I just want to make it way better than this.

Once again I wanted to say thanks to Dr. Shaw and all the loving staff of DIR.

3. NUTRITION TRAINING

MRS. NATASHA SHARMA, NUTRITIONIST

As I have mentioned in my last report about a malnourished nine-month old female child called Ragini, she was suffering from tongue and mouth sores and having dry skin and hair. We looked after this child at our DIR Center. After giving this child priority attention, her family responded. Now she has improved her weight by a half Kg. I am happy that she is progressing in her health and gained weight. We made the parents realize their role and how she may be looked after more appropriately.

In our regular training of Health Promoters, topics of hyperthyroidism, diabetes, obesity, functions and deficiencies of vitamin C and D were taught.

As per our regular schedule, an exam was also conducted to test the nutrition knowledge of HPs, in which Lata scored highest marks.

4. NUTRITIONAL IMPROVEMENT PRIORITY PROJECT (NIPP)

Ms. SARITA, HEALTH PROMOTER

Age of children in the NIPP	
0-12 month	0%
13-24 month	1 (3%)
25-36 month	11(31%)
37-48 month	10(28%)
49-60 month	14(38%)

NIPP stands for Nutritional Improvement Priority Project. We have started this programme for improving the health of those kids who are in priority zone category. This month 36% kids gained weight but unfortunately 5 kid's lost some weight. This is summer time and so much hotter which causes several kinds of infections, such as viral fever, diarrhea etc. And this affects the weight of children under five too much.

DIR is fully involved in this project for decreasing the number of malnourished children. Those children who cannot afford a proper meal at their house come to DIR and we feed them one cup of milk, fruit and egg. We make a menu for everyday (like khichdi, daliya, black gram, poha, and soybean, extra). This month ten kids from NIPP, 20 kids who are also in the red zone (priority), and the 70 students of our School came for this daily supplemental feeding programme.

This month 8 kids are in the Yellow zone (2 kids this month changed their category from Red to yellow). I hope next month we'll decrease the number of Red Zone children. We all try our best.



5. MOTHER'S HEALTH REPORT

MS. SANGEETA, HEALTH PROMOTER

In the month of May, we had 10 deliveries in our project area; 6 were boys and 4 were girls. All the 10 deliveries occurred in hospital. All who gave birth had appropriate ante-natal checkups and post-natal checkups before and after the delivery.

Last month we had 98 pregnant women; 10 women have delivered their babies, and 4 women have left the area permanently. And we found 17 cases of new arrivals to the area and 12 newly conceived cases. So at the end of the month we had 113 pregnant women.

Fortunately, there were no miscarriages, no deaths, nothing bad happened. Hope it'll continue in future.

We try our best to serve the basti people in increasing their knowledge and making them aware.

# pregnant Last month	New Cases		Miscarried	# of deliveries		Moved		This month no. pregnant	A= Arrived C =Conceive M= Male F =Female T=Temporary P=Permanent
	A	C		M	F	T	P		
98			0					113	
	17	12		6	4	3	4		

6. IMMUNIZATION REPORT

Mrs. VEENA RANI, HEALTH PROMOTER

This month we had 4 immunization days. Everything is going well. Children are coming *on schedule*

Vfor their injections.

Pregnant women are having their antenatal shots. We are giving Iron and Folic Acid tablets to pregnant women along with sweet and salty porridge to the children and pregnant women on the day of immunization. This month we also gave calcium tablets to pregnant women.



BCG	PENTA VALENT			IPV	MEASLES		DPT BOOSTER		DPT 5Yrs	T.T 10Y	T.T 16Y	T.T1	T.T2
	I	II	III		I.	II.							
0	1	18	28	28	1	15	15	4	6	2	12	13	
	4				0								

7. INCOME GENERATION REPORT FOR MAY-2016

Mrs. TIKKI MAYA GURANG, HEALTH PROMOTER

Hello Friends!

This month Mrs. Bubbles Sodhi taught us how to knit "mufflers". She taught more than 5 women and three of them 3 are ready to make then. Bubbles will pay the ladies 70 Rupees per muffler.

All the products that Dr. Shaw ordered are made and ready to go to USA in his suitcases. We hope he can sell these quickly because our women urgently need more work.

TAILORING CLASS

In this month 23 ladies are learning stitching. All are making good progress.





BEAUTRICIAN TRAINING

7 ladies are currently in training. They are: - 1). Simmi 2). Sangeeta 3). Gunjan 4). Megha 5). Shweta 6).Sheela Chhetri, and 7). Kiran

- Simmi is expert in manicure, pedicure and hairstyle.
- Sangeeta is expert in waxing, saree style, (Westerners are often surprised to learn there are 13 different ways to wear a sari) and make-up.
- Megha is expert in threading, pedicure, manicure and mehndi. (Mehndi is the art of painting beautiful designs on women's hands and arms for weddings and certain festivals.)
- Gunjan is expert in hairstyle, manicure and threading.

- Shweta is expert in mehndi, hairstyle, manicure and pedicure.

8. CHILD ACTIVIST PROGRAMME (C.A.P)

Mrs.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, and each group is led by two H.P. Each group meets twice a month for activities which are a

combination of fun and education. Our motives for conducting these activities are to:

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

We devoted the first half of May to playing games like Kho-Kho, badminton, skipping, etc. Our topic for Medical Training in May was "Fever" and we played the Tray Wali game.



In this Tray Wali Game, first, we collect some items and arrange them on a tray. We collected a thermometer, some dal, some rice, a little porridge, sugar, salt, and a colored. Some items are used when one has a fever, and some are never used as such a time.

After that we divide the kids in two groups, and each group is given a leader. Then our H.P. show the tray to both groups and they are asked to write what they see in the tray. After that, they write only useful things we use in the time of fever. At the end, we collect the slips and award points for correctly grouping items.

The team with the greatest number of points is the winner. Knowledge is gained as we discuss (and argue about) what is used and what not used when there is a fever.

NUTRITION TOPIC: SOURCES OF IRON

GAME 2→ BRICKS GAME

Firstly we explain the source of Iron to children. Then we divide the children into two teams. In this game two kids come from each team. One kid walks on bricks and another kid put the bricks forward. But if the kid puts his feet on the floor, then they need to start the race again. Whichever team loses, they need to explain the sources of Iron.

9. DOT'S REPORT MAY 2016

Mrs. MEENAKSHI, HEALTH PROMOTER

Last month we had 13 Tuberculosis patients attend our DOTS Centre. The good news is that there were no new cases of Tuberculosis detected and 5 patients were completely cured this month. At present we have 8 Tuberculosis cases of Category I, 6 pulmonary cases and in Category II there are two Pulmonary Tuberculosis patients. We are closely monitoring all the above cases and to the best of our knowledge, all current patients are taking medicine regularly. DIR is working very hard to generate Tuberculosis awareness. Every month, we devote one HP's committee meeting to Tuberculosis education for the local residents.

CATEGORY I		CATEGORY II	
SUNIL	18 years	SARVESH	19 years
NEHA	23 "	SONU	25 "
BRIJLAL	55 "		
SANT RAM	65 "		
SURAJ	19 "		
KABALI	86 "		



10. SWAD (The SCHOOL WITH A DIFFERENCE)

MS. MANJIT, SCHOOLTEACHER



A SWAD CLASSROOM SCENE

All three of our teachers expressed their satisfaction with the amount of progress their pupils were making in May. At the same time the visitors to our school have remarked about how well behaved our children are. These joint opinions lead us to believe we have had the good fortune, right now, to be educating an exceptionally fine group of young students.

In the May classes of both Manjit and Saroj, "Friendship" was a major discussion topic. The number of friends we have was examined and the ways in which we can help and support our friends was discussed. "Helping" and "not hurting" was given high priority.

Lata's class continued with exercises in which they made "aeroplanes" and "boats" from paper they cut up and folded. New pupils need assuring and needing time and individual attention to help them to fit in.

We enjoyed meeting so many parents on Parent-Teacher Day, 28 May. This was a Saturday in order to suit the schedule of a large number of parents. Still, some parents could not come and this causes us to consider exploring the possibility of meeting on Sunday next time. Might this suit more parents?

While everyone talked about enjoying school experiences, it seems everyone was also keyed-up and filled with anticipation of having next month "off". From the First to the Thirtieth of June, our teachers

and students are on holiday. Some will travel to the villages of grandparents and some will merely stay home to have more time for rest and recreation.

11. VISITORS



Ms. Naghi Bruschetta (on left) from Italy, visited us on **2 May, 2016**. With all our visitors this month, we had self-introductory meetings in which our Health Promoters each described their duties. It is principally the accomplishment of our Health Promoters *in the individual homes of the people we serve*, rather than the work of medical professionals in *hospitals and clinics*, that sets DIR apart from most other health care programmes.



Consul General of Canada, Dr.Gibbins, is welcomed by DIR staff

On **19 May 2016**, Dr. Christopher Gibbins, the Canadian Consul General in Chandigarh, visited us. His staff had told him about us, but this was his first opportunity to see us. He came to see our programme and the way it works. We hope he will visit again as time permits.

On **25th May 2016**, Mrs. Sunita Reen, who was a school teacher, and retired as a school principal, with Mrs. Livleen Kahlon, who was also a school teacher, and also became a principal, came here to see us. Their main interest was

in our SCHOOL WITH A DIFFERENCE where they spent most of their time, and where they kindly shared their experiences and insights with our schoolteachers who are now the richer for this welcome experience.

12. ARRIVALS & DEPARTURES

On 2nd May 2016, Ms. Jadvinder Kaur joined DIR as a computer operator. She is handling work in our office with the CEO. We all Welcomes her to DIR.

On 3rd May 2016, Dr. Asha Katoch, who was a physician at DIR, left. We had such short notice that we were able to organize only a small tea party for her farewell. We already miss her a lot.

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.