



Health for Undernourished Nomadic Tribes Children Fact Sheet

Dapodi slum, Pune, India

Phase 1

From August, 2007-December, 2008, BODHI funded a project that supported children through the Balsangopan Day Care Centre, run by Bahujan Hitay Pune for thirty-three undernourished Gosawi children from 0-5 years of age. The project was locally run and monitored. It provided the children with nutritious food and medical care and created awareness about health and hygiene issues amongst the parents. The population of the slum is approximately 5,000. About seventy-five percent of the children are undernourished. Their parents are very poorly educated or uneducated and have moved to Pune to find work. The only work they can find is rag and rubbish picking, scavenging and vegetable selling. Some women work as domestic help in nearby middle class areas. There is massive under- and un-employment and no social security network for adults or children.

The children attended the one-room centre six days a week (not Sunday) at 10am and were fed both breakfast and lunch before leaving around 1.30pm. They also received a tonic and deworming medication. The food included whole grains, vegetables, milk, eggs and fruit. Any food and tonic left over at the end of any session was given to the handful of older children who came as carers for a younger brother or sister. The milk and eggs given to the children would not be part of any food provided by the parents, as they



Photos courtesy Bahujan Hitay Pune

are very expensive relatively speaking and there is little knowledge about the nutritional value of different foods.

The Indian government distributes the deworming medication Albendazole Suspension twice a month, every month. This frequency of dosing is necessary because the children live in such filthy surroundings, with piles of rubbish everywhere and much human excreta, despite communal toilets. Flies abound. There are 10 toilets for a population of approximately 5,000. The tonic supplied is a Vitamin B complex called Neurobex Syrup to help stimulate appetite. The dosage of 2 teaspoons every day was given to each child. This supplement is not available free from the government, but was purchased for the project.

The staff are planning to add family planning awareness programmes to the nutrition project. While some family planning awareness exists in the Hadapsar slum, more is needed.

There is a strong educational component to this programme, and the children are exemplars within the community. The project offered nutrition, breast-feeding and general hygiene programmes for adults, which were well attended.

Staff: The full-time employees are the cook and teacher. They work 3 1/2 hours for 6 days a week. A supervisor from Bahujan Hitay attended the last day of every month to pay wages and bills and visited 2-3 times during the month to oversee the project. Bahujan Hitay team leader Karunadeepa (left) was in telephone contact with the teacher or cook and visited perhaps once a month.

Volunteers: Mothers and siblings were volunteers.

Registers were kept for the children's daily attendance, tonic supplied, deworming treatments, weight gain/loss and any other treatments given. The ages of the thirty-three recipient children were not recorded as they joined the project. This will be done in the future for both existing children and new participants.

There was initial confusion about BODHI's original donation. Funding from the Karuna Trust in Britain for the medical clinic at Dapodi [BODHI's intended recipient] was discontinued. The clinic's trustees banked our funds, which were used in August, 2007 to fund the Balsangopan Kendra Day Care Centre for fourteen months. Meanwhile, we have developed a relationship with Dh Nagasuri, a member of the Western Buddhist Order, who lives in Pune a good deal of the year. She is now BODHI's Pune Liaison. Because of her efforts, we are planning to fund another year of the day care centre, at INR95,000 (about A\$2800/US\$1900).



PHASE 2 February 2009-January 2010

Objectives

- * To improve the health status of 35 malnourished children belonging to scheduled nomadic tribes
- * To inculcate habits of cleanliness and hygiene
- * To do awareness of parents regarding cleanliness, health, hygiene and waterborne diseases
- * To create awareness regarding family planning and the importance of it
- * To create awareness of the disadvantages of early marriage

Overview

Phase 2 of the Health Project for Undernourished Nomadic Tribes Children will provide medical and nutritional help to 35 children aged 0-5 years and approximately 150 women. The children belong to a nomadic tribe called Gosawi. It also aims to create awareness in the families about family planning and early girl child marriages, which are widely prevalent in the community. The population of this tribe is about 5,000. The children are undernourished. 'While doing vaccination programmes, we noticed that these people are very poor,' writes Karunadeepa, Bahujan Hitay team leader. 'They cannot provide their children with enough food, due to lack of education and low income status.'

These families migrated to Pune from Eastern Maharashtra state. Their current occupations include construction workers, beggars, vegetable vendors and rag-pickers. They live in tin shed houses, with very little space. The surroundings of the houses are unhygienic, thereby aggravating the problems of undernutrition. There are many occurrences of infectious diseases.

The education of the parents is not at all satisfactory. Most of the parents are illiterate. There are more than 3 to 4 children in each family. There is a need for family planning, which will have a lasting impact on the community. As already explained there is prevalence of early girl child marriages, which normally affects the girls' health as well as that of the newly born infants. Therefore there is also a need for awareness of preventing early girl child marriages in the community.

For about four hours on six days per week, the teacher will teach the children nursery rhymes in the local language, alphabets, numbers (1-20), days of the week, months and seasons. The teaching aids includes charts (animals- domestic, wild, vegetables, fruits, means of transport, part of the body and picture books. The teacher reads stories to the children.

Three awareness programs on family planning, early child marriage and nutrition

The project has expanded this year to include three awareness programmes on family planning, early child marriage and nutrition. Contraceptive are freely distributed in India and will be given to the parents. Early child marriage has been identified locally as a problem.

Bahujan Hitay Pune will refer the parents to government hospitals like Sasoon and Khadki Cantonment hospital. 'Our health supervisors, teachers and doctors will together arrange meetings of parents every three months and do the follow-up,' Bahujan Hitay Karunadipa writes.

Original report

Dapodi Clinic, Pune, India 2005



In 2005, Colin visited the Dapodi Clinic, in Pune, India. This serves the people of a nearby slum of 85,000 people. It also provides health outreach to nearby villagers. He was impressed by the doctor, Mrs. Kalpna Gadlingkar, who worked in the clinic for about a quarter of the salary could she could earn in private practice.

We have donated A\$3000/ US\$2130 to the support this Clinic. Anemia is a major health problem, along with TB and HIV/AIDS. Currently, all pathology tests require a visit to the nearby hospital, which can result in a delay of many hours. In practice, such tests are rarely performed. To make this easier we are hoping to purchase and donate a portable hemoglobinometer, specifically designed for low cost and portable use in developing countries. This was developed by Dr Roy Rickman, (<http://www.diamedica.co.uk/products.htm>) who (like Colin) is a graduate of the London School of Hygiene and Tropical Medicine. Running costs for this instrument are low, and all the chemicals needed are locally available. Its cost is 660 pounds sterling.

Your support makes a difference. There is much else that can be done. We hope this is the start of a long and beneficial relationship.

REPORT OF BALSANGOPAN KENDRA AUGUST 07 TO NOV. 08

Bahujan Hitay Pune project is working in the slums of Dapodi since last 25 years. We are also conducting vaccination programme in Mundhava & Hadapsar for last 10 years. The population of this slum is about 5000, & around 75% children are malnourished, & not having basic vaccination. While doing vaccination it was noticed that these people are very poor, they cannot give enough food to their children. These people are migrated from eastern Maharashtra. Their houses are made up of tin, they are uneducated. Mostly they are working as a scrape sellers, rag pickers, vegetable sellers & construction workers. Dr Colin Butler from BODHI (Australia) has donated 89330/-Rs. to Medical project. So our management decided to run (Balsangopan Center) a day care center for such malnourished children. We the Bahujan Hitay staff thank BODHI for this generous donation.

Inauguration;-This center was inaugurated on 1ST of August 07 by local corporator Mr. Anand Alkute in the presence of Dh. Abhayaraja (trustee of T.B.M.S.G.Pune) Dh. Abhayashree (trustee & secretary (T.B.M.S.G.Pune) Dh. Karunadeepa (co-ordinator of Bahujan Hitay Pune project) & Bahujan Hitay Pune staff. Local people were also present on this occasion. & they assured to help this project as much as they can. Mrs. Nirmala Randive & Mrs. Kalpana Londhe were appointed as a teacher & assistant of this Balsangopan Kendra. Supervision will be done by the Bahujan Hitay Pune project.

Dr. Kalpana Gadlinkar is visiting once in a month for checking the children. Doctor has prepared health card of each child & she was monitoring growth & weight of each child. Bahujan Hitay is providing food, basic medicines & pre primary education to the children below 5 years. The duration of this project was for ten months but it was extended to sixteen months. We have taken a room on a rental basis & given a deposit of 3000/- Rs. for this Centre. There are 33 children on roll, medical check up & treatment of these children is done on monthly basis by our Doctor. We have conducted different programs in this community which is given below.

National Breast Feeding Programme; From 4th to 7th August 07 a three days programme was organized by medical team in this locality. Dr. Kalpana gave a lecture on the importance of breast feeding. For this programme 40 to 45 women were present. They gave positive response for this programme.

Nutrition Week. A nutrition week was celebrated in this Balsangopan Kendra from 1st to 7th of Sept 07. Miss Swati & Mr. Manish (students of Masters of social worker from Karve Institute of social sciences, Pune.) conducted this program. Both of them gave a talk with presentation & highlighted the importance of healthy food & nutrition. It was explained & demonstrated how to make nutritious food that is good for the malnourished children. It was attended by the local mothers and parents of the Balsangopan Kendra.

Monthly meeting ; Monthly meeting of the staff was conducted regularly at the end of each month to monitor the project. Two members of Bahujan Hitay staff were present at this meeting. Change in program; Originally it was agreed that this program will continue for ten months but management decided to continue for 16 months. This change is because the intake of food of these children was very poor they had dehydration or vomiting if they ate more, therefore we had to extend the period. According to this change this project will continue till December 2008. The details of the expenditure is enclosed here with our Doctor is doing monthly medical check up & treatment of these children. We have conducted different programs in this community.

We celebrate the birthdays of these children. We also organized a Pottery Project program for the community women. For this program Mrs. Kamal Gaikwad, Mrs. Shobha Nanaware (Balwadi supervisor) & Dhammcharini Karunadeepa (co-ordinator) were present. We are trying to get donations from other sources to continue this project because there is demand & need of the local people. We also request to BODHI Trust to continue this Balsangopan center for at least two years. Thank you for your generous help.

The detail amount of expenses spend for 12 months over the Balsangopan Kendra is given below
1st of Aug.07 to 31st OF Nov. 08

Particulars

Food 34638.00

Fuel 687.00

Kitchen Equipment

Hon. Of the staff

Hon. Of the Health Worker

Printing &stationery

Programme 2 164.00

Rent 7200.00

Travel & conveyance

Tonic & medicine

Room Deposit

Light bill

Total

Amount(Rs)

8285.00

10600.00

9600.00

984.00

3766.00

662.00

3000.00

500.00

82086.00

Phase 2

Health Project for Undernourished Nomadic Tribal Children

Dapodi slum, Pune, India

February, 2009-January, 2010

Particulars	Funds requested from BODHI	Other contributions, if applicable	Total
Salary for 2 women	24,000.00	0	24000
Food (vegetables, eggs, whole-grains rice, fruits)	30,000	0	30,000
Fuel (GAS)	950	0	950
Rent of the centre	10,000	0	10,000
Toys	500	0	500
Medicine (Tonic)	1000	0	1000
Teaching Aids	500	0	500
Light Bill	1200	0	1200
Travelling	3600	0	3600
Doctors fees	12000	0	12000
Stationery	1000	0	1000
Sanitation	1000	0	1000
Napkins, towels, etc	500	0	500
Awareness Programmes on Family Planning, early child marriage, nutrition, etc	3000	0	3000
Photographs	1000	0	1000
Total	90,250	0	90,250

* We have not included the budget for external evaluation. We will need extra support in future for this purpose.