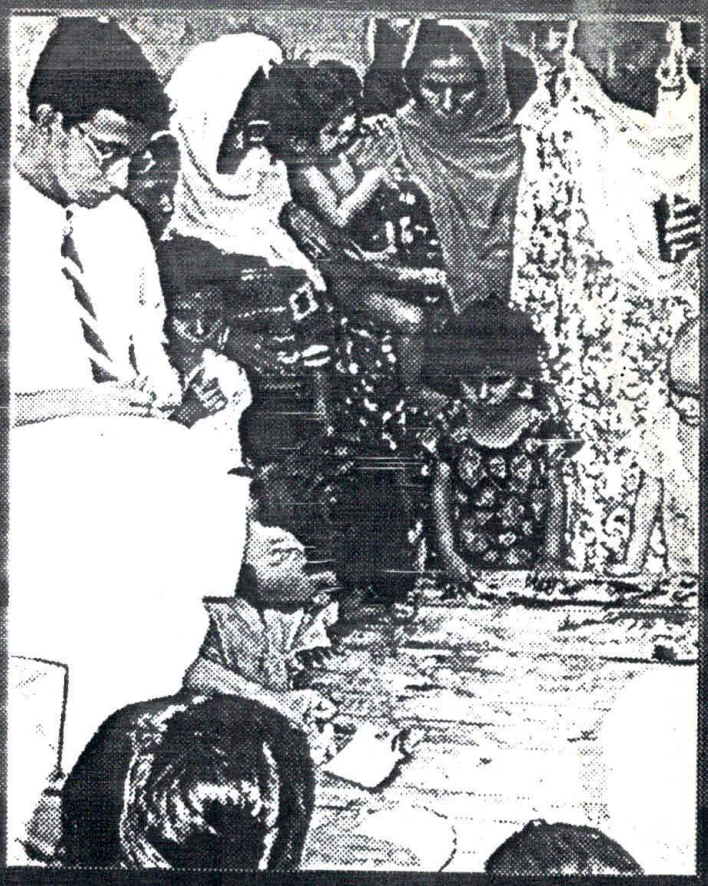
Child to Child



Programme for Health Awareness '98

FOREWORD

Rajasthan is faced with the challenge of relatively high Infant Mortality Rates and high Maternal Mortality Rates, which are impeding progress and preventing the state from achieving its human development goals. Health Care Systems although in place suffers from shortcomings, particularly when it comes to responding to needs of the urban poor. Studies have shown that distribution of health care facilities are not only uneven but are biased against the poor, in terms of their location and access. The need for change became evident when a "Pro-Poor City Mapping" exercise in Jaipur city revealed that low levels of information and awareness on vital health issues, like immunization, use of iodized salt, use of ORS for diarrhoeal dehydration, were the key hurdles in people seeking health care or taking simple actions at household level. It was at this point that "Concerned Citizens" offered its services for informing communities through the voluntary services of young people of Jaipur – senior students of selected schools. The exercise aimed at not only sensitizing the young privileged citizens of the city but to also foster a partnership between various segments of society in a bid to understand issues, find solution and mobilize change.

"Concerned Citizens" led by Dr Raj Bhandari and the team of young members deserve to be congratulated for their good work, which has set a trend that needs to be built upon and explored further. This report has tried to capture this process and provides serious reading for all those interested in development and the capacities of communities and children to influence change.

Sumita C. Ganguly
State Representative
UNICEF Rajasthan State Office

PREFACE

During Child to Child Programme for Health Awareness an innovative approach was evolved to train and develop the senior students as 'agents of change' to pass on the gains of modern science to the weaker sections of the community by volunteering their services to disseminate identified health messages.

In this report there are more answers than questions. It draws on the experiences of many individuals in various settings with minimum resources. All along, a conscious effort has been made to make the process participatory and relate to ground realities. Adults can value the need for childrens' participation only if they have themselves experienced such opportunities and have been able to appreciate the value of self expression, of being heard and respected – by opening a small 'window' in the mind.

It has been our experience and learning that "As you think So shall you do". This is probably also the central theme of all awareness programmes. Further, this is a mindset and not a technique. Of the four rights of the children that the U.N convention focuses on, the right to participation is the most difficult to realise. This document focuses on how the mindset of adults can be transformed so that this right of children can be guaranteed.

I wish to acknowledge with gratitude the guidance, help and support extended by UNICEF and Directorate Local Bodies, Rajasthan. The principals of schools, parents and teachers co-operated with no reservations. Each one of us is overwhelmed by the warmth and dignity with which people of Khadda Basti received us.

I have learnt many things during the proect. I hope this episode will reinforce the commitment of all at CCCH&D to share knowledge and undertake field work so that we can better advocate for the voiceless, like 'Munni'.

V. Bhandari
Secretary

Child to Child Approach for Health Awareness

A Process Documentation

Background

The quality of human resources of any state is largely determined by the quality of its child development services. The children of today are the generation of tomorrow. There has been some improvement in the state of health of children in India as reflected by modest reduction in infant and child mortality rates and decline in the incidence of 'severe' malnutrition in children in recent years. However, the vast bulk of Indian children continue to be deprived of an adequate standard of health and nutrition. Though they may 'survive', they will grow into stunted adults when they mature with varying degrees of impairment of physical stamina and productivity.

Recent inputs into child development programmes have not been unimpressive. The country wide Integrated Child Development Services (ICDS) and the more recent national drive for Universal Immunization are heartening examples of the growing recognition on the part of our planners that promotion of child development must be the central objective of any meaningful national developmental policy. Despite the vast infrastructure of health facilities like Primary Health Centre (PHC), Mother & Child Welfare (MCW) and Family Planning (FP) services, Referral Satellite Hospitals, a brigade of private practitioners-medical and indigenous / conventional, we are still far from desirable goals in the field of child health. This points to either some basic flaws in our strategies or to serious shortcomings in programme implementation. While we have a multiplicity of over lapping uncoordinated programmes, these are not born out of any grand design or a coherent over arching national child development policy.

Slum Scenario

The historical character of slums, with dirt, squalor, open sewers, stinking garbage, congestion etc. over the last ten decades has stubbornly persisted. With this has persisted the uneasy dichotomy between the elite and the urban poor, the reason for which belongs to the realm of politics and ideology and can not, therefore, form part of serious consideration here. Any developmental intervention in slums however should include an attempt to correct or at least bridge some of the imbalances in the situation described above.

As we stand at the threshold of the 21st century, the world has become predominantly an urban one and most of this population is now living in low income settlements – the slums and shanty towns. By the end of this millennium, we must at least evolve policies and programmes to effectively face the challenge.

The public until now had a historical background that slums are linked to continued industrialisation since Victorian times. It is also important to note that this is no longer the major force behind urbanisation. More importantly, slums in developing countries are growing at twice the rate of the cities as a whole. This is going to make a profound difference to the urban citizens and more particularly the slum dwellers. How we tackle the latter in fact will decide the future of the slum-dwellers communities who constitute a majority of the urban poor. The examples of slums of Kanpur, Calcutta, Delhi, Mumbai etc. in India are cases in point.

All this calls for empowerment of the slum community for effective and integrated slum development. The plight of urban poor population is worse than that of rural population. Population Crisis Committee (PCC) says that rural population in developing countries will decrease in absolute numbers. A major concern is horizontal increase in population due to migrants to the urban slum areas. This has led to overcrowding and health risks, beside creating a law and order problem.

Slums continue to be a habitat of the underprivileged. The people believe that the slums and shanty towns are an unwanted inconvenience. The Victorian saying "the poor shall always be with us", in a telling way illustrates the rejection of the urban poor by well-to-do. Solving the problem of slums has to be seen in emotional terms and in a historical framework. This should help it to be a less forbidding challenge.

Against the above background of not so cheerful kind, a more perceptive and positive way of looking at urbanization and slums is emerging. The slums with all their problems are in a state of dynamic flux and continual change, like community organisation, community planning and community implementation as part of developmental interventions and also because of internal states of restlessness seeking new satisfaction (the progress is uneven but promising). These processes are creating as well as providing social and psychological tools for planned developmental change in the slums. These are of importance for replication and extension.

Health challenges in children of urban slum

As the world is becoming increasingly urbanised, it is expected that by the next decade, the number of urban dwellers in the developing world will equal its rural population. It is generally assumed that urban areas are well catered to by health services. But, if approached conscientiously and probed deeper, one would realise that health problems in urban areas are no lesser than those of rural areas. This also raises the question whether available health services are properly utilised by all sections of the urban community.

Although Rajasthan is less urbanised than other states in India, continuous immigration of villagers in the cities has led to unplanned growth of cities. The Indian Institute of Rural Management (IIRM) study reports the expansion of Jaipur city in terms of population and reveals that its density has increased from 5352 persons to 7882 persons per sq. km. from 1981 to 1991. There are 178 slums scattered in 70 municipal wards. Absolute merger of Sanganer and Amber towns under Jaipur Municipal Corporation has created the apprehension of further increase in the number of slum dwellers. This study brought out a birth rate of 42 and death rate of 11 per 10000 in slum areas of Jaipur city. This survey also found that only 44% of the children were fully immunised. Less than 10% women in urban slums have correct knowledge of instituting ORS in children suffering from diarrhoea.

In 1995, Rajasthan unit of UNICEF commissioned a multi-indicator survey with a focus on community health. It covered immunization coverage of infants, management of diarrhoea and other health problems. This study was conducted in 15 clusters each in 'A' class cities, 15 'B' class and 15 'C' class cities of this state. Jaipur city falls in A class cities. The major findings of 'A' class cities of this study are shown below :

Ratio of Children (Age wise)

Age (months)	Male	%	Female	%	Total	%
< 12	87	10.10%	90	11.25%	177	10.67%
12–23	161	18.72%	139	17.37%	300	18.08%
24–35	62	7.22%	70	8.75%	132	7.96%
36–47	82	9.55%	103	12.87%	185	11.15%
48–59	72	8.38%	83	10.37%	155	9.34%
60+	395	45.98%	315	39.37%	710	42.50%
Total	359	99.95%	800	100%	1659	100%

UNICEF 1995 multi indicator survey.

Communicable diseases, which are largely preventable, top the list of health problems amongst the urban poor. This is primarily due to low resistance level, inadequate immunization, and high incidence of malnutrition. This is reflected in the table given below :

Significant findings in slums of Jaipur	Percentage
Prevalence of diarrhoea	7.4
Practice of giving fluids in diarrhoea	55.7
Fully immunised second year of life	41.7
Only measles coverage	43.5
Prevalence of under nourishment	41.3
Ante natal coverage	31.0

UNICEF 1995 multi indicator survey

Percentage of Service Seekers

Slum Dwellers	IDD	ORS	Immunization	Malnutrition
Yes	21.60%	35.1%	34.7%	41.3%
No	18.60%	62.2%	55.3%	26.4%
Don't know	59.80%	2.7%	10%	32.3%

UNICEF 1995 multi indicator survey

A large number of service seekers didn't have any information about iodine deficiency diseases. Nearly 62% of slum dwellers are unwilling to give ORS to their children who suffer from diarrhoea. An equally large number of children have not been adequately immunised.

Information about disease, health and the quality of life can be a major driving force for change. Good basic health information should be seen as a resource for health, and not as an unnecessary expense. A shared agenda needs to be developed between the public and health workers, based on real information and the raising of public awareness with the help of mass media, educational institutions, and cultural and social centres.

A workshop on 'Out come of Pro- poor Participatory mapping of Jaipur city' was held under the auspices of Jaipur Municipal Corporation and UNICEF on 23rd Jan, 98 and one of the main issues which emerged was to bridge the gaps in information, education and communication on vital health issues like Immunization, Iodine Deficiency Diseases (IDD), Oral Rehydration Solution etc. Only after proper awareness is created on the above subjects, can change be effected in the health seeking behaviour of slum dwellers.

Keeping this in mind and our commitment to serve the under privileged community, a unique intervention is proposed to generate awareness on select topics relating to the health of the community with the help of senior school students and teachers. Similar approach was tried by the organisation in 1989 in the slums of Jhalana Doongri in Jaipur.

Senior students of schools can act as 'agents of change' in bringing about a palpable change and creating an enabling environment towards healthy living by dissemination of useful information such as immunization, iodine deficiency diseases, Vit A, prevention of malnutrition and diarrhoeal diseases.

Campaign Objectives

1. To generate awareness on selected aspects of health namely immunization, iodine deficiency diseases, prevention of malnutrition, Vit A, and diarrhoeal diseases by participatory learning and action.

2. To enhance the convergence process through evolving innovative approaches among governmental / non governmental / indigenous medical practitioners and establishing effective community linkages.

3. To initiate action in the area of mother and child health by activating Students group and Women groups for mass mobilization and peer education.

4. To co-ordinate with other NGO's and govt. bodies in improving the health services available in the area.

Modus Operandi :

For building awareness in Jaipur slums a three pronged strategy is to be adopted :

1. A brain storming session for heads of selected schools / teachers / trainers in schools, would be held.

2. A two day workshop of students and orientation of indigenous medical practitioners and women groups who are willing to take the role of 'agents of change' in slum area of Jaipur would be held.

3. Field visits by students in the slum areas and awareness camps with the active participation of community.

Advocacy of Project with Heads of Institutions

The Secretary of the organisation Concerned Citizen for Community Health and Development Centre (CCCH&D) had several meetings with the heads of institutions, teachers, basti leaders etc. The heads of institutions welcomed the idea of sensitizing the young adults to taking interest and active participation in the health and development aspects of the community by organising service camps during the vacations when the senior school students are relatively free. However there were apprehensions about the number of students who would report to undertake field visits due to the following reasons :

1. Some students go out of station during vacations.
2. Consent of parents is needed for permitting the children to undertake visits to slums.
3. The students of senior classes usually take coaching and tution privately to compete for various exams like PMT, PET etc. A few girls join hobby classes like cooking, sewing, drawing etc.
4. The intense heat of the summer ($42^{\circ}C$ to $48^{\circ}C$) could adversely affect the health of children.

The above apprehensions could be overcome by doing proper advocacy. Selection of students will be on voluntary basis and the consent of the parents would be obtained. As regard their work schedule in the summer vacations, the children should undertake such activities which would :

- help develop in them a good and healthy self image.
- help develop an overall personality along with the leadership qualities.
- help understand their peers– living condition, concepts and values, life style and working condition besides knowing the health needs and practices.

It is also the moral responsibility of the Principals to exhort students to develop positive values and service orientation which would help them grow into sensitive individuals and responsible citizens. The heads of institutions got interested and appreciated the idea and intention of the organisation in taking such initiative which helped in developing the individual holistically. They agreed to participate and send their representatives to attend the service camp.

Survey of Kachhi Basti

The organisation CCCH&D did a lot of ground work by undertaking field visits to kucchi basti in Adarsh Nagar, Jawahar Nagar and Ghat Gate areas. The parameters for selecting the Basti were based on - duration of existence, density of population, literacy, sanitation, health and educational facilities. Finally Khadda Basti - an unauthorised slum in Adarsh Nagar, Jaipur was identified. On interrogating with basti leader and some residents of the ward, it was stated to be one of the oldest Kachi Basti and the inhabitants have been residing here for the last 25 to 30 years. But inputs in terms of better living amenities, sanitation, drainage etc. have been minimal. During the rainy season, depressions and large areas are submerged in water– hence the name 'Khadda Basti'.

It has about 350 households and there are about 1900 voters in a population of 7600. About 50–60% of the households have regularly piped water supply inside their house and electrification also is nearly complete. Nearly 80% have latrines but there is no sewerage system. New ones are dug 40 ft. deep and dumped after they get filled up. In the absence of a sewerage tank there is a great risk of seepage underground which may eventually lead to submersion of hutments. There is overcrowding, but some households do have open space. The majority of residents are Muslims, followed by Hindus and schedule castes.

The health seeking behaviour of the people reflects that allopathy is the most commonly sought mode of treatment amongst basti dwellers and there is one practitioner of this system employed on part-time basis. The basti people largely availed of the medical facilities from private and indigenous medical practitioners but the access to medical and health care facilities from health centres of public system is rather poor. One of the factors attributed is non availability of drugs. A large number of pregnant women deliver at homes and only a few go to state or private health facilities depending on the socio economic status and complication during pregnancy. There is one Aanganwadi centre located in the basti. It is a service delivery point for maternal and child care, nutrition, immunization, non formal education of pre-school children.

The main vocation of the people is semi skilled work like making of wooden handles for masonry, woodwork, painters, labourer, mechanics, business like trading of fish, stones etc. The children are engaged in household chores and also assist in the production of finished goods which is the traditional vocation of their elders for the last 25 to 30 years. The occupational hazard exists in wood carvers because sawdust is

inhaled. In one locality, there were a large number of cases of tuberculosis reported. The present status and prevalence of disease could not be ascertained.

The educational facilities comprised of a Govt. school where only 50 to 60 children are taking education regularly at primary level. The Masjid also runs a school under the supervision of Maulvi for primary class. There is government college nearby but very few take education at that level.

Basti leaders and local residents sought to know more about the purpose of visit, the expectation from them and how it will help in solving a plethora of their problems like water supply, disposal and handling of garbage, better health care facilities etc.

It was explained to them that our organization cannot provide all these facilities as it does not have sufficient funds but it will spare no effort in putting their problems in the right focus. Secondly, health issues must be prioritized on their agenda as they have an impact on practically all aspects of life - social, economic and developmental. Thirdly, healthy interaction of children from educated and elite families would create a lasting bond and understanding with the basti people. So the whole basti should co-operate and allow them to interact.

On Interrogation with Abdul Gaffar, leader of basti and local residents

They are living in the *basti* for the last 25 years. The *basti* leader was devoting whole time to the *basti* until recently when he had taken a job. He received education only up to primary level and others have taken education up to middle level. They are all involved in their respective work and are well aware of the common problems existing in the basti. None of them was directly involved in the health awareness campaign in their locality but they have a rapport with the organisations working in the area.

On interrogation with N.L. Kataria the indigenous medical practitioner

He is working on part time basis and practices allopathy in the locality. He does not keep meticulous records of population or families served by him. Those patients who cannot afford expensive treatment from private clinics/ nursing homes reported to him. He had to treat free or at token cost sometimes. Patients usually come to him for minor ailments like fever, cough, diarrhoea, vomiting, scabies etc. He refers serious cases to the hospital.

On interrogation with Nazma, a Anganwadi worker

The anganwadi worker is not a resident of the basti but comes from another area. She keeps the records of MCH and nutritional services. The Anganwadi centre is not commonly used as an immunisation delivery point nor does it try to involve itself in regular health education work for the basti people. But she helps the field staff of Health Department and voluniary agencies in organising World Population day, World AIDS day etc.

Brief report of Brain storming session

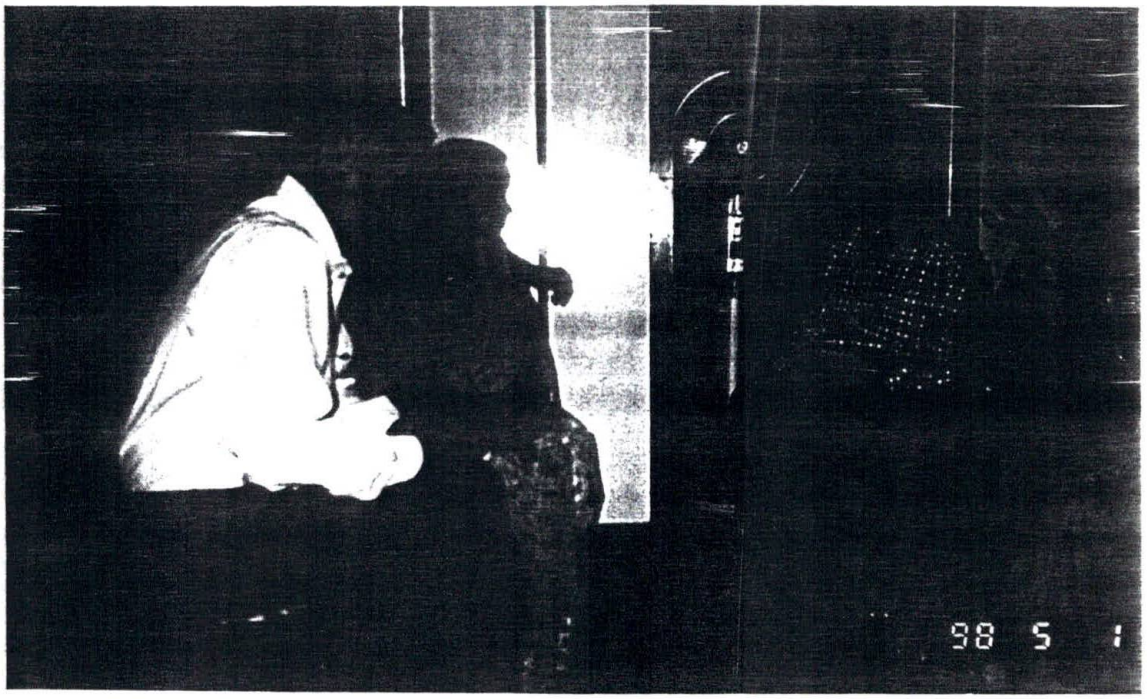
A meeting of the heads and teachers of institutions was arranged at the office of Concerned Citizen for Community Health and Development Centre at 11 p.m. on May 1, 1998.

It was attended by 20 persons representing Principals of various schools, leader of kachi basti and social scientists, journalists and health workers. In the beginning, the background and expectations of this meeting which focus on the Pro poor programme of urban slum were broadly explained by Dr. Raj Bhandari, a paediatrician, and the idea of imparting identified health messages to the senior students was mooted. These students would act as 'agents of change' by disseminating information and knowledge on the select topics of ORS, Immunization, IDD and sanitation to the basti people in their own perspective and perception.

The views expressed by all participants and guests supported the action plan to be implemented in the slums. The group discussed the tentative dates for holding the training of senior students. It was decided to hold the training on 9th and 11th May 1998. It was also agreed that a total of 30 students would be sent from the participating schools for undertaking visits to the slums. For establishing proper linkages with the basti people, children can enact role plays, dramas and group songs. Members from other schools and a basti school also agreed to participate in the programme.

A report on training of students held on 9th May 1998

There were 32 children accompanied with four teachers who were selected for intensive training on various themes relating to ORS, Immunization and IDD.



Representatives of Institutions

In the beginning there was brief introduction of all the participants and those who had earlier taken experience of working in slums, were requested to narrate their experiences. There were about 4 children who had taken part in some activity in the slums while 5 children had taken part in rural projects. It was a maiden experience for the rest.

Senior students of schools — looking ahead

Dr. Bhandari gave the background understanding and insight about the project. He focused mainly on the state of health of children living in the slums and the vital role which children with motivation can play as 'agents of change' in dissemination of important messages on health. **He hoped that a change, however small, would effect the health seeking behaviour of the community living in the slum.** Prototype of the educational material was prepared by CCCH&D and some other material procured from the IEC Dept. and UNICEF, Jaipur was distributed to the participants.

Dr. S.M. Dugar, a retired professor from SMS Medical College and local practitioner gave talk on the causation of diarrhoeal diseases, signs and symptoms and prevention of diarrhoeal diseases. **He advised that ORS and Home Available Fluids (HAF) are the mainstay of treatment and comforted that irrational drug use is on the decline. A clean environment and safe drinking water is as important a matter of concern as is personal hygiene eg washing of hands with soap before eating meals. The children were explained the benefits of administration of ORS to the children suffering from diarrhoeal diseases.**

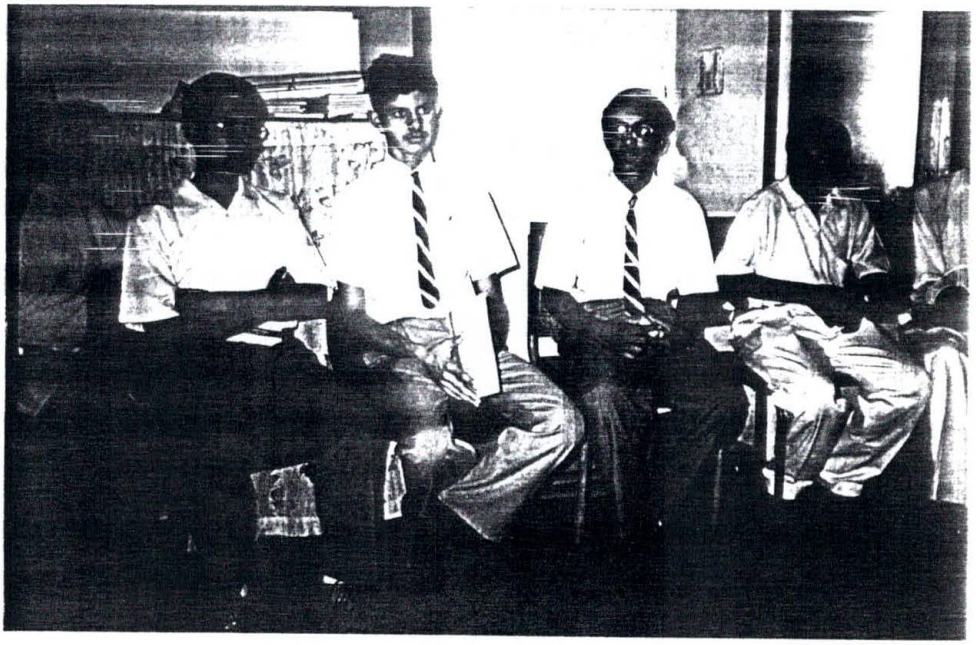
In the technical session on Immunization, the vaccine preventable diseases covered under UIP were thoroughly discussed and children were also exhorted to spread awareness of the 2nd phase of TTI drive to be schedule from 24th to 30th May,1998. The success of Pulse Polio Immunisation (PPI) was also highlighted.

In the end, the children were divided into three groups and each group came up with role play/ group songs on the identified health themes. They were guided by their teachers and appreciation was placed on record for this spontaneous activity which emerged as an aftermath of imparting information and knowledge on the health themes.

On second day of training, in the morning session Ms. Vanya who is a paramedic and possesses experience of working in the slums of Bombay and Jaipur spoke with sensitivity on interpersonal communication, rapport building and how to familiarise with the basti people.

Dr. A L Sharda explained about various indicators of health like IMR, MMR etc. and problem of overcrowding in urban slums. She also gave a talk on iodised salt and iodine deficiency diseases which are responsible for mental and physical retardation in children. The government policy that iodised salt is mandatory for public sale was also

stressed. In the end, a simple test for iodine content of common salt was demonstrated with the kits provided by UNICEF and children practiced it hands on.



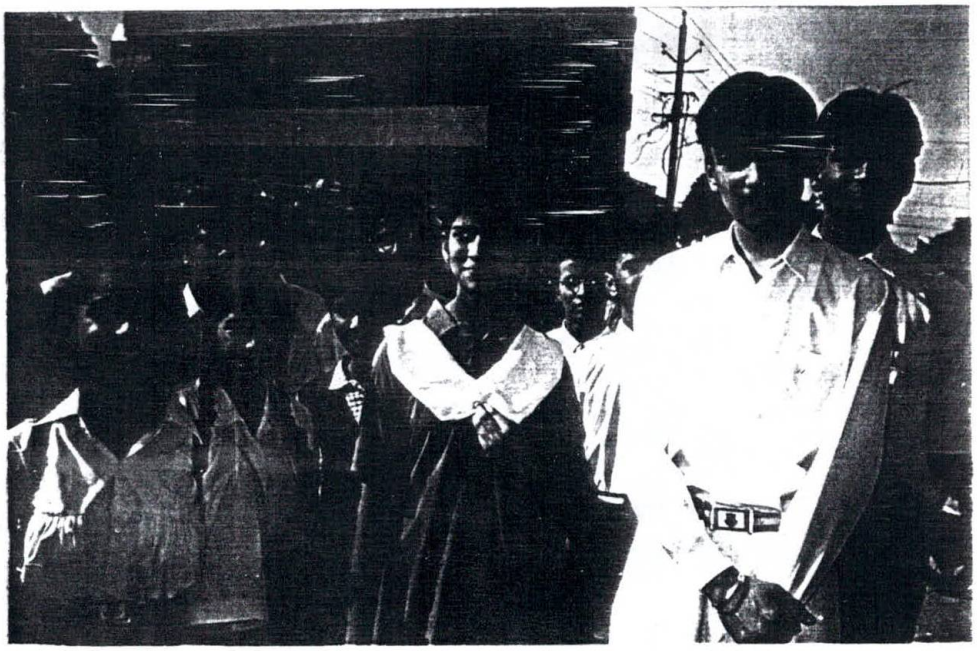
Intensive training of the future trainers

Dr. Bhandari also showed the immunization card (mother and child vaccination) which was available at all MCW centres and advised that people should be guided towards availing the services already existing in these centres. Those people who have knowledge about ORS and Iodised Salt but are not ready to accept using it must be specially targetted. The advantages of such practices must be highlighted. The children were very receptive and assured they would use creative skills for developing posters, role plays etc. They were exhorted to interact and sensitize the peer proup for accompanying them in the basti and working hand in hand, breaking any barriers which impeded the fulfillment of their mission.

Facts of visits to the Khadda Basti

Students and teachers zeroed at the basti for planned action at 7 AM. Each interaction lasted about two hours. At the end of the visit, the office of CCCH&D was meeting place where informal discussions were held and refreshment served. **It also served as storehouse of information where handouts, books and journals were kept and group meetings held.**

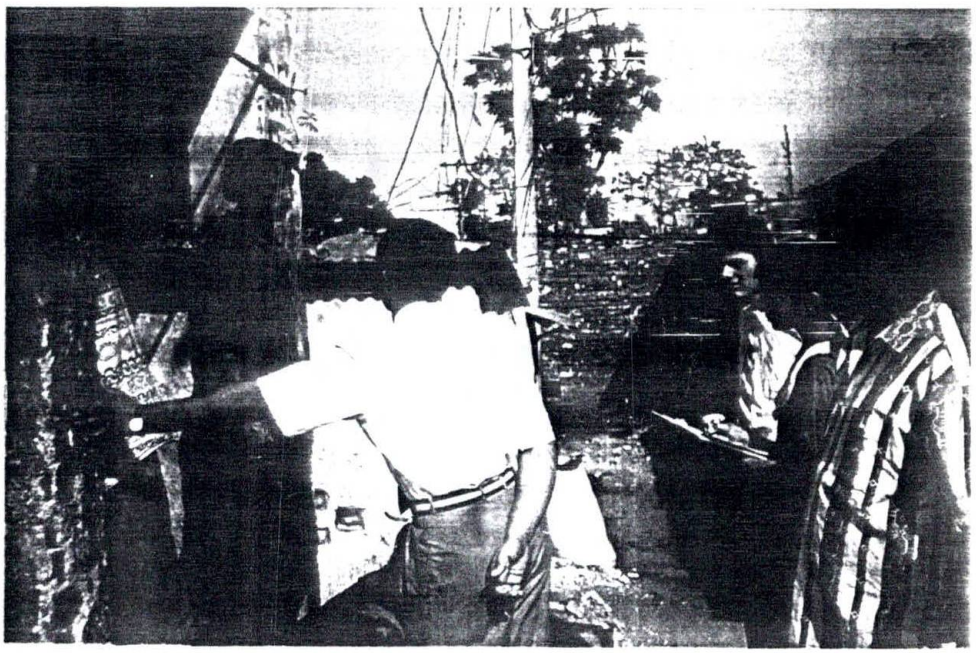
Visit 1 : (16th May 1998) **The basic aim was rapport building and interacting with the slum dwellers.** Two Basti leaders accompanied us to the slums and introduced us to the people living there, convincing them that we were really going to help them unlike their previous experience.



Field experience in slum - accepting the challenge

The teachers divided the students into groups of two, to facilitate house to house contact and exhorted the students on how to keep the right step forward in winning over their confidence so that by interacting with them they could actually make a difference. The students mixed easily with the other children of the basti which enthused the parents and then it became easy to pass the information. For familiarising and understanding, the students tried to learn about education, health and recreational facilities. The teachers took into confidence some of the adult members of the family and explained to them the purpose of the programme.

Visit 2 : (23rd May 1998) **The motto was to establish a lasting relationship so that they would welcome our further visits and became interested in listening to us.** So we made sure that our future visits will definitely make a deep impression on

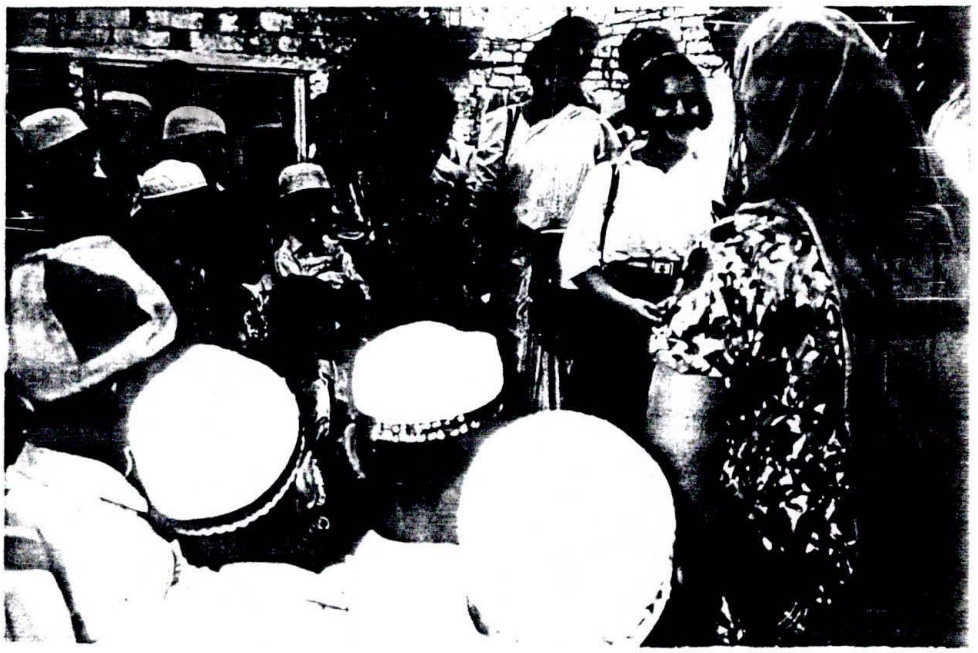


Rapport building — A novel experience

them. By encouraging them to share experiences, we tried to strengthen the relationship of the last visit. There was still resistance at some places but gradually the behaviour became quite positive and receptive. The message of the TTI programme from the 24th to the 30th May was propagated as per government guidelines so that maximum number of women turned up for immunisation.

Visit 3 : (30th May 1998) The participating students had composed a song to pass on the information and they sang it with such dedication that there was a lot of appreciation. Music is one of the best ways to reach any one's heart. This was proved when others also joined in. The older children of the basti were really motivated and they agreed to join hands for such programmes. Students who were specially trained also demonstrated the technique of constituting ORS and answered all questions related to the topic.

The day also happened to be the last day of the TTI programme (2nd phase) organised by the government. The task force of the students helped in motivating and escorting those who sought TTI vaccination (married women in the age



Entering Into a relationship- Deepali Paul supervises

group of 15 to 40 years). **The students helped the service providers from the government and non-government sectors in conducting the immunisation programme.**

Visit 4 : (6th June '98) **Health messages which were delivered to the people on ORS, IDD and Immunisation were well received looking at the active participation of the local people.** The students also played cricket with the children and invited them to work together for disseminating health messages. The children rejoiced at the idea.

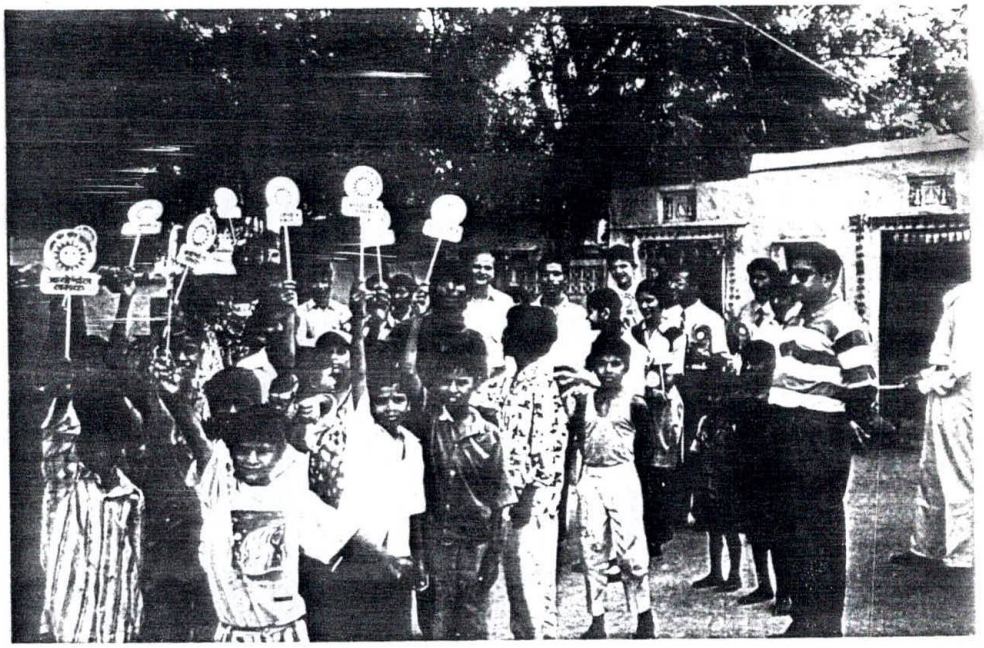
The group undertook a 'Pad Yatra', displayed the banners and placards, chanted theme songs as the procession marched ahead. It culminated in assembling at the temple of Kali Mata where 'Prasad' was distributed to all and the meeting concluded. A firm resolve was made to take the programme from door to door for the welfare of the people.

Motivating for Immunization - TTI campaign

Visit 5 : (13 June' 98) **The students strengthened the old linkages and tried to enthuse their peers and the community people with the knowledge of health related topics.** There was an attempt to meet the peer group mainly boys who had assured support earlier. But the difficulty faced was they had left for work already. Most of the children did not go for higher studies.

We converged finally at the house of 'Badi Bi' a middle aged lady, who was very co-operative and helpful. She allowed us to use her house which had a large 'angan' (open space) where the children could assemble and discuss strategies. It was also suggested by her to hold medical camps, melas and nukkar sabha for promoting the health theme. She also offered her place for any function we propose to hold as her place was quite popular for hosting such events in the past. A song competition and quiz with basti children was organised and prizes distributed.

The teacher discussed with the students the course of the next meeting and advised them to make a social and resource map of the Basti. **It facilitated the process of increasing the outreach and also helped to draw design for establishing permanent resources for health activities in the basti.**



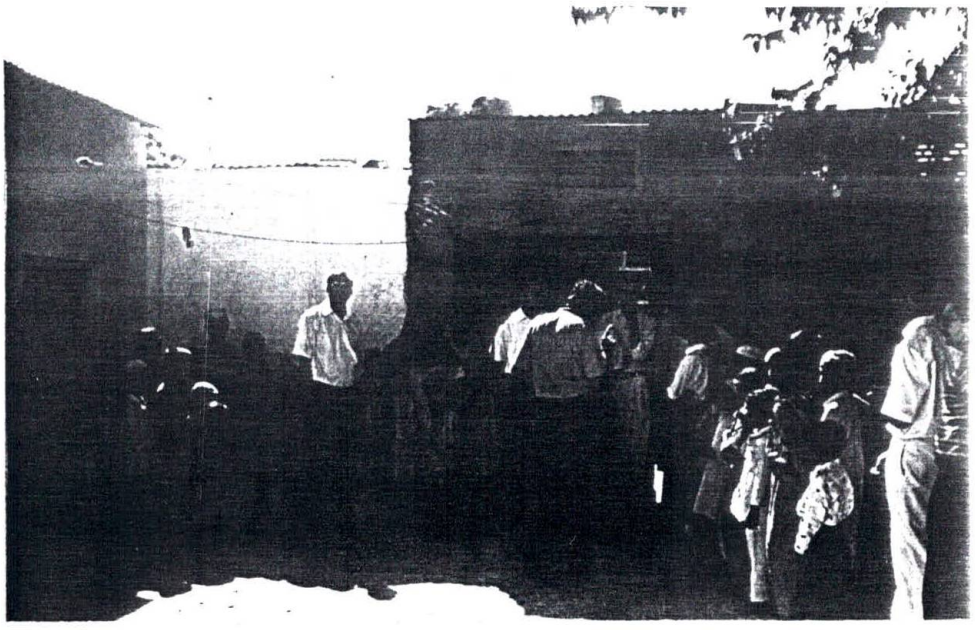
Pad yatra for using iodized salt - Mr. V.P.Singh leads

Visit 6 : (20, June' 98), The field visit to the slum area in Khadda and Harijan basti was undertaken. The identified health messages were given in the basti.

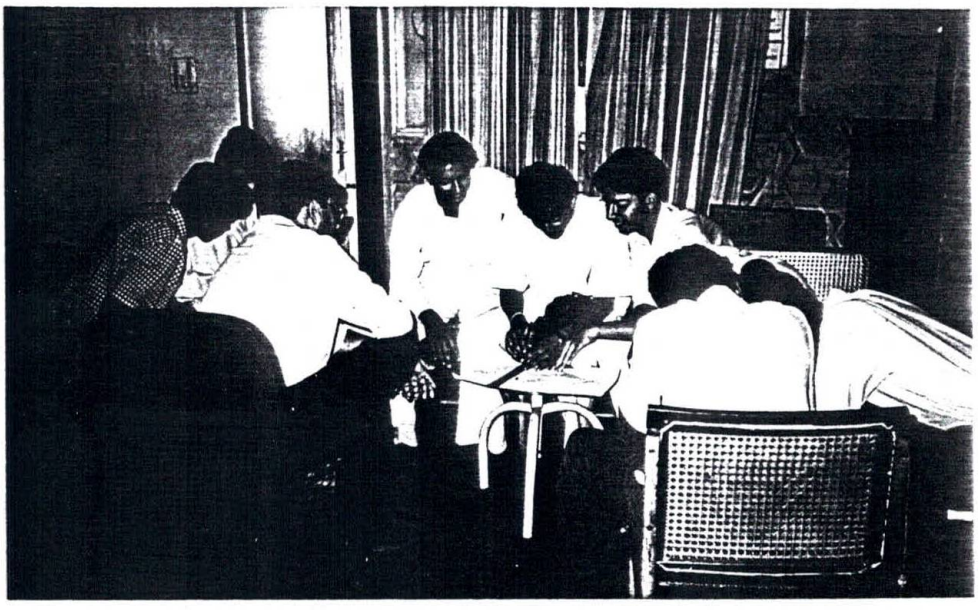
The team returned to the office of CCCH&D to discuss the events that would be held in the Bal Mela proposed to be organised in the basti. It was decided to hold a Healthy Baby Show and also perform a skit. There was a small lecture by Mr. Abdul Aleem, social worker, highlighting that the priorities of the slum-dwellers are water, electricity, sewerage, organised settlement and health facilities. There is also a committee in the municipal corporation which looks after these needs. The message on health awareness, however small, is a major step in alleviating the rising cost of treatment of common ailments. **Also, the students need to understand their problems and empathise with the basti people from time to time.** Mr. Aleem also read out some Urdu couplets to boost the morale of the students for taking up the challenge of generating awareness in the field of health and assured them of his support.

Brief informal discussions were also held with teachers of different schools and an outline of the function to be organized for Bal Mela was drawn. It was decided that three points for creating a resource in the Basti be identified to enable the people to

seek information and services on the three identified health messages. It was suggested that the Anganwadi centre where ORS demonstration was held be designated as Resource Post 1. The clinic doctor where immunization for tetanus toxoid was provided as Resource Post 2. The place of shopkeeper trained for testing of iodated salt be designated as Resource Post 3. It was proposed that these three Resource posts will work in



A song competition and quiz- Mr. Peter judges



Students at work - drawing strategies

tandem with governmental and other agencies for expanding the above activities in the future and pave way for sustainability of this programme.

It was felt that the young trainers had some difficulties in testing for iodized salt in the basti. At a few places, they found that the salt was semisolid and appeared

Trainer demonstrating ORS technique

substandard but tested positive for iodine. On tracing backwards, it was learnt that one shopkeeper was providing substandard salt.

A meeting was held where in it was suggested that officials of the salt department, Govt. of India, should be invited, for obtaining guidance and necessary direction in the matter. This would also further strengthen the previous training on IDD.

Mid Course Training :

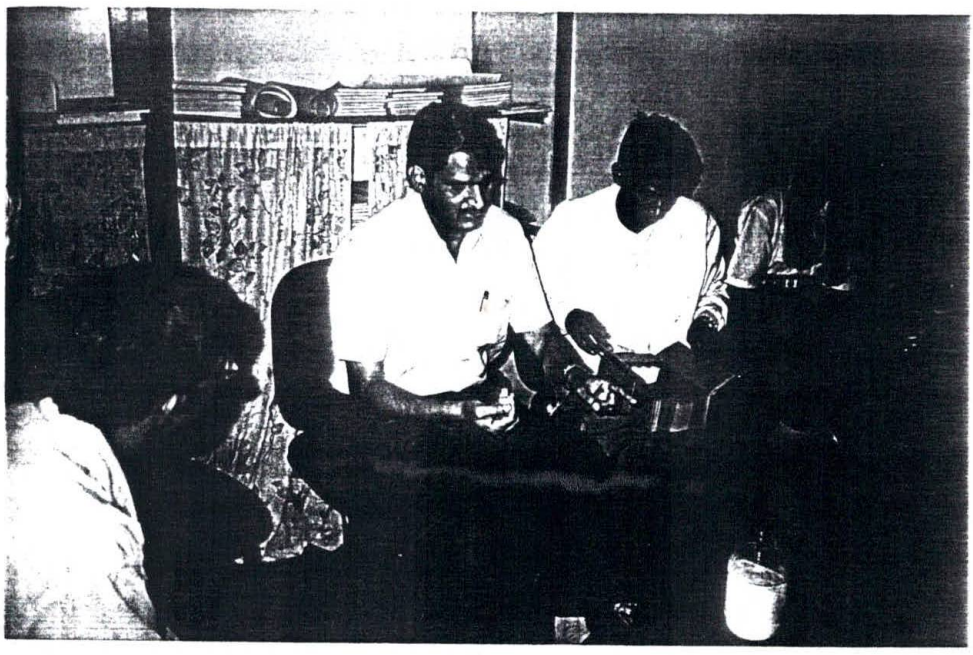
All the students assembled at the office of CCCH&D. A session on iodated salt was taken up by Mr. Jaipal Singh, Asst. Commissioner of Salt Department, Govt. of India in which he exhorted the students to take the message of iodated salt till as far as the village level and also to other schools which are located in slums and rural areas. He also demonstrated how to test for iodized salt and clarified that anything above 15 ppm

is suitable for human consumption. Officials of the salt department accompanied the children to the basti and took samples of the salt from the shopkeepers.

The whole team returned to the office of CCCH&D and held a discussion. It was told by Mr. Y. Singh that the repackaged salt was substandard but contained Iodine which was sufficient in one sample and was sub optimal in the other sample. This was followed by a question-answer session in the afternoon.

Visit 7 : (27 June '1998) The students in this visit tested samples of salt in households. At one place it was found that the salt was hard and repackaged because it did not bear the name and address of the manufacturer. **The lady of the house was informed that she should return the salt and get it replaced by an authorised brand having the symbol of 'smiling sun' which denotes iodized salt.**

During the entire period, a fairly large number of community people gathered and listened attentively. The teachers discussed issues with the Basti people and also planned the activities to be undertaken for the Mela on 4th July.



An official testing for Iodised salt

There was overwhelming response from the local people who also agreed to clean up the basti. **Throughout the process, the peers of the students were also helpful in creating an enabling environment and taking initiatives for organizing the Mela.** Their faces lit up when they heard that prizes would also be distributed.

At the end, the students came to the office and with the help of their teachers got engaged in group activities. Four teams comprising of school students and their peers in Basti were entrusted with the responsibility of three Resource Posts and Healthy Baby Competition. The planning was done and strategies for Mela were drawn.

Visit 8 : The students converged in the basti as usual and undertook visits along with the local voluntary groups to make the people aware of the role of iodine in our body, its importance as a micro nutrient and the physical and mental handicaps which its deficiency can lead to.

They also visited the shops where the salt is sold in the Basti. They trained two shop keepers for testing of iodine content of salt. They told them with the support of teachers and doctor that one of the brands of salt which they possessed was not approved

Students testing for iodine content of common salt

by the government and did not bear any address of the manufacturer. The shop keeper should be cautious in buying such brands which are not registered or approved by the government.

The visit proved very successful in evoking public acceptance that only iodized salt should be consumed. However, no case of goitre or cretinism was detected and the people here said that they had no knowledge of any such case existing in the basti.

The Bal Mela :

On completion of the 8th visit, a mela was organized. The basti was buzzing with activity. Some were going to work, some were enquiring about the items which will be offered but mostly people were witnessing the arrangements being made for the Mela.

The students also displayed posters and charts prepared by them incorporating simple messages in Hindi. One of the slogans was **"ORS Ka Ghol Pilao, Daston Ki**

A shopkeeper - Testing salt

Concerned citizens visit to a Basti in jubilant mood

Bimari Bhagao" There was enthusiasm in the young people and it in creating a conducive and enabling environment for health awareness.

The students had made 3 Resource Posts on ORS, Immunisation and IDD respectively each manned by a group of trained volunteers. This innovation was to be a major milestone in the developmental phase of the project. Apart from strengthening their existing role and providing a window for service to the community, it is also a time saving and cost effective means of promoting and sustaining health services.

Dr. Rameshwar Sharma also tested the knowledge of these volunteers by posing some very pertinent questions and appreciated that the 'young adults' had transformed into agents of change as 'young trainers'. After visiting the Resource Posts, the healthy baby competition which was organised by the FPAI became the focal point. The children in the age group of 0-1 year, 1 to 3 year, and 3 to 5 year were examined by a panel of doctors and on the basis of certain criteria like height, weight, head circumference, mid arm circumference, immunisation status, and general examination were adjudged on the basis of these criteria.

There was also a video cassette on the identified health themes. Besides other attractions like merry-go-round, house hold games, group songs and role plays, sweets (Ladoos) were also distributed to people and children to energise their mood of festivity.

With the whole hearted participation of the community, a function was organised for the guests. The speakers included Dr. Suresh Joshi (UNICEF), Dr. R. Modi (Ophthalmologist, USA), Shri A. L. Roongta (Retd. IAS), Shri N. L. Verma (Director, Dr Ambedkar Vidhyalaya), Mr Kataria and Rashid Bhai all of whom gave their perception of the 'child to child programme' and appreciated the role of the organisation in organising this function in such a lively and remarkable manner with whole hearted participation of the children. Dr. Sharma also spoke at length regarding the unique style and coherent design of such a community education programme undertaken by the organisation and wished it all success.

The children, (including the basti children and peer educators) expressed their understanding of the health message. There was a group song and instrumental music item prepared by students of St. Xaviers and a skit by Maheshwari Public School.

Students singing theme song - people Basti listen

One of the most successful events was when a young girl from the basti school recited a poem on diarrhoel diseases and its relation to sanitation. Some other theme songs and skits were composed and presented by the students and teachers group. A student, Mohit Poddar, also flashed this project on the web as Project AWARE on the Internet. He received several queries and messages.

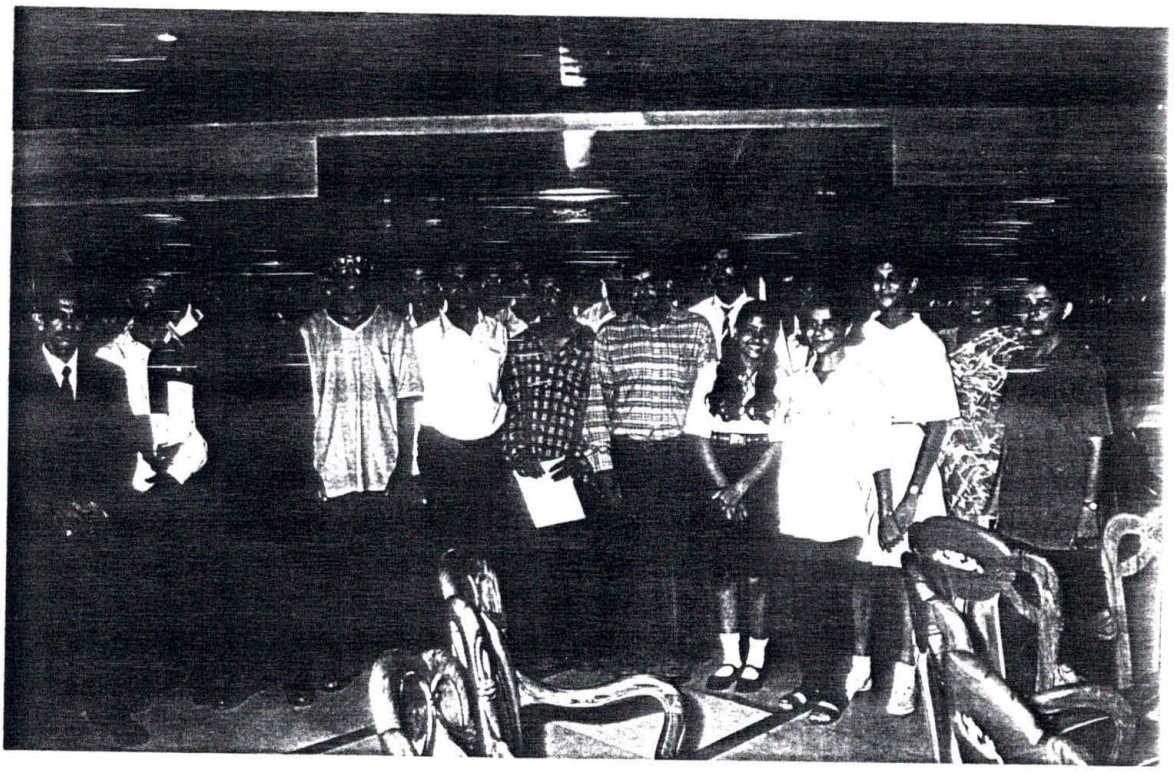
The programme also helped them to cope with the psychological stress that they feel at this age by sharing of experiences and accepting new challenges. The spirit of working as a team built up cohesiveness and leadership quality. It also helped in channeling their energy by undertaking such constructive activity in the field where both physical and mental endurance are put to test. **In terms of developing responsible behaviour, they worked together with the opposite sex in group activities which helped them develop positive self image and confidence.** The other less visible impact was by way of learning about the hardships and difficulties faced by the people of basti and the field visits left indelible impressions of their living conditions, environment and sanitation, attitudes and beliefs towards various issues like gender bias, health and family welfare.

The other visible change noticed in the outlook of the students was feeling of achievement and satisfaction. **There was a new dimension added to their personality which enhanced their self confidence and image, improved communication skills, promoted peer adjustment and positive development.** This was amply reflected in their behaviour and concern for the people living in the Basti.

On the whole, it was a programme **of the children, by the children** and **for all the children** with participation of the elders in the community.

'Appreciation Galore' and Distribution of Certificates

The exemplary work done by the students was very much appreciated. On the occasion, Ms. M Golechha, Mrs Singhvi, Mr. Venkatesh Sriniwasan, Project Officer, UNFPA along with other eminent members of the society presented certificates of meritorious work to the students and teachers.



Valedictory function to honour children-in-charge for change

Some reactions of the people in Basti

The people in the basti appreciated the health awareness programme as an innovation where in children of two diverse social groups and economic strata interacted on health issues. Earlier, they had not witnessed similar activity in the last many years. **It helped the community in becoming informed on health issues and brought about a qualitative change in their perception of ORS, IDD, Immunisation & Sanitation.**

Some children said they wanted to read and play. There are many other children like them but elders push them into work. Some study for a while but loose interest afterwards. Piecemeal help for children is not enough. 'Food Card' can be introduced to encourage parents to send children to school and also prevent malnutrition.

What we learnt.....

It reiterates our belief and understanding on communication strategy that

1. Simple messages on health themes need to be stressed and developed as effective communication strategy.

2. Practical demonstrations are going to have much larger impact for acceptance. Testing of iodized salt and reconstitution of ORS were well understood and found to be effective for the community level action.

3. The feeling of caring for one's own health was demonstrated by collective action at 'Bal Mela'.

4. Given the opportunity, people were willing to learn and act as co-facilatators for their own group, paving way for sustaining the efforts for continuing good health care facility, education, skill training and counselling.

There was also need for.....

1. Frequent service camps under guidance of expert doctors from time to time.

2. A good referral service for new born care, early childhood diseases, pregnant women and old people.

3. Greater understanding of a variety of needs – education, housing, employment generation activities.

4. More sharing of information on the priorities and projects related to children, despite so much of accumulated experiences.

To conclude : Advocacy with the Principals, training of teachers and a band of dedicated students along with sensitive youth are the mainstay of replicating such a programme at community level.

Working with, not for, children – Listen to Learn

Some Comments.....

Today it was a great day of my life, not because of my visiting a slum. Today I can feel the initial success of our programme, it didn't give me anything solid or concrete but it gave me a lot of satisfaction, which is an abstract thing. It is colourless and odourless but I won't say that it is tasteless, it has a taste and I believe that the persons who have tasted it, they are the happiest in this world.

We say that we are a social creature, so we have certain duties towards our society too. Society has given us a lot of things so we have to pay back for all we have got and I am just trying to do so. I feel, what we teach them is much less than the things we can learn from them. In spite of having many bitter experiences in life they are more flexible than us. They are not as much stubborn as I heard. They all live in very harsh conditions. Some of the children work to help the family and make both ends meet. But they are not disappointed, depressed and demoralised. They are still struggling and struggling to survive, struggling to change their destiny.

–Vikas Lakhani, XI

When I first learnt about the program I felt that it is not a fit place to go. They are untouchable and belong to different social group. I had no feelings During the interaction every week, I realised they too are humans and equal.

–Shobit, XI

These people in Khadda Basti are under privileged so we can do something for them.

–Anurag Khatri, IX

Education should not be limited and must be shared with the people through various activities both health and intellectual.

–Mohit Kacholia, XI

The people in Basti are good and kind. I could not do as much as I wanted to do because I had joined hobby classes during vacations. There is too much of filth and junk on the roadside.

—Garima, IX

I would like to go again if I get a chance. I felt like a responsible citizen of my country in lifting up the people living below poverty line. I can now understand life better.

—Abhishek Punia

Today when I visited Adarsh Nagar slum first of all I was very excited and happy because all of us i.e. Saint Xaviers, M.P.S., S.M.S., S.J. and Vidyashram were together and was ready for doing such a good job, giving them health messages.

—Rahul Arora and Charu Chopra, IX

Some of the people also said we don't want to talk to you..... You are government people.

—Hirdesh Pliwal, XI

A difficult challenge I faced was on one of the visits to Basti where I met Munni, 14 year old who was pale, malnourished and spent long hours at work. She also took care of a small child 3 years old. On the visits, I could see hungry eyes and sagging spirits with little support from adult world. The experience left me emotionally drained but it reminded me why I undertook this challenge to work selflessly on behalf of the vulnerable.

—Purva Bhandari, IX

How Teacher felt – Learn to Listen

Initially, I was hesitant whether students would be willing to work in the slums. Now, I feel more confident and understand the various health issues of chidren much better. The whole operation was very methodical. The strategies were carefully planned and implemented. The participation of children, UNICEF and other organisations who helped deserve all praise.

–V. P. Singh

Having worked in similar programme earlier also, this Child to Child Programme for Health Awareness made me more empathetic listener. Under the guidance of Dr. Bhandari, we could serve the marginalised and underfed, in a way that empowers them to meet their own needs.

–Deepali Paul

It was a novel experience to work with so many children of diverse background. A lot of work needs to be done.

–N. L. Verma

The facilitators were well trained and organised. I was sceptical about their active involvement till the end of the programme but I was wrong. They not only endured but also enjoyed.

–Peter Thakur

Children are capable, resourceful people whose individual feelings and opinion must be respected.

A Message to Children

Preeti, a student of School near basti, delivers theme message on ORS

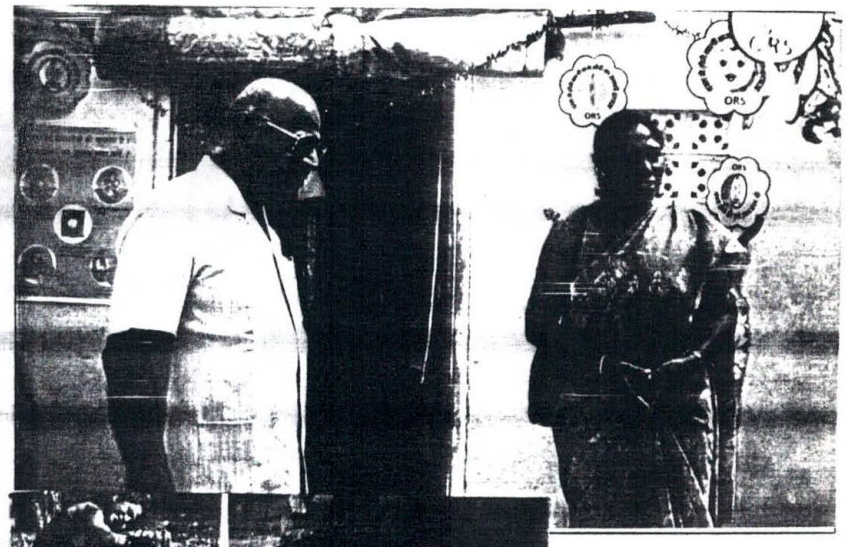
.....If disadvantaged and under-served persons in every part of the globe are to enjoy the benefits of good health, it is essential for every man, woman and child to "think health"—to recognise health implications in almost every facet of daily life and take the right kinds of action, both for combating health problems and for helping themselves and their neighbours towards healthier ways of living.

—Hiroshi Nakajima
Director General
World Health Organization.

WE REMEMBER

Resource Post - 1

Anganwadi centre "ORS"



Resource Post - 2

Immunization Clinic

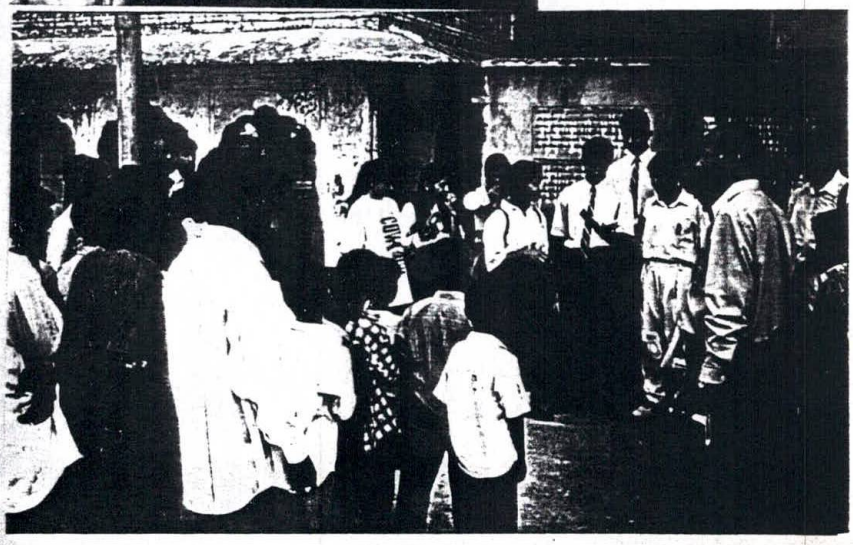
Resource Post–3

"IDD"

GLIMPSES

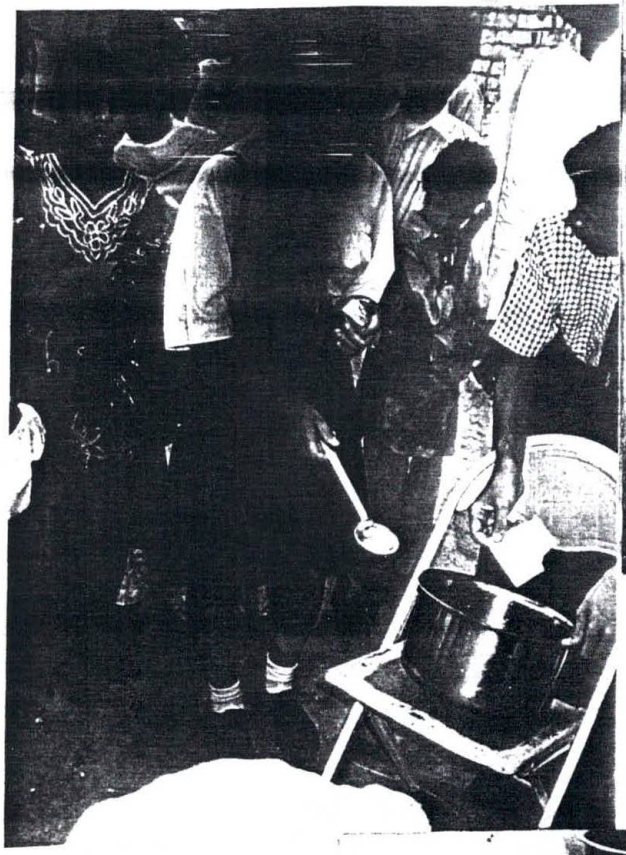
Basti students in the role of peer educators

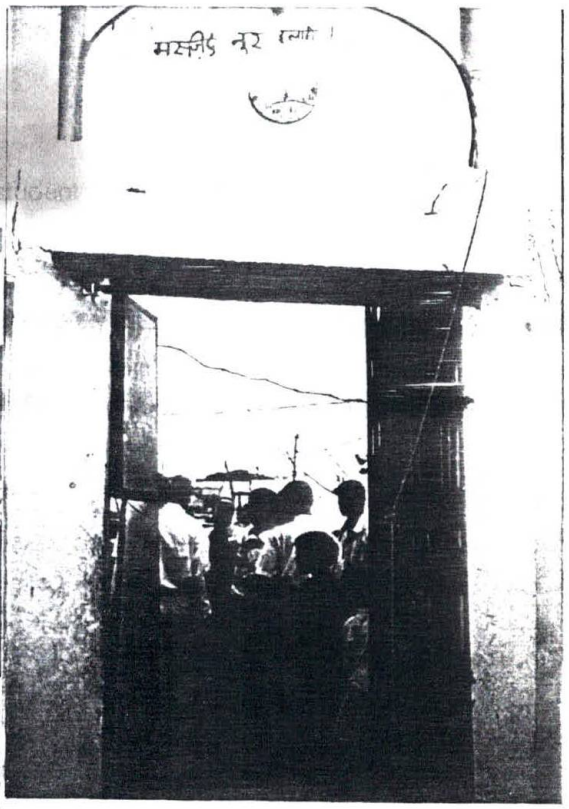
This is ORS packet "Save a child with diarrhoea"



Trainer gives health messages –
The caravan goes on and on...

Children welcomed in holy Masjid Education has no barriers





ORS – Anyone like to taste

Is the salt fit for human consumption ?

GLOSSARY

ICDS	Integrated Child Development Scheme
PHC	Primary Health Centre
MCW	Mother and Child Welfare Centre
FP	Family Planning
ORS	Oral Re-hydration Solution
IDD	Iodised Deficiency Disease
Basti	Khadda Basti (A slum in Adarsh Nagar)
LTS	Leadership and Training in Service
HAF	Home Available Fluids
TTI	Tetanus Toxoid Immunisation
PPI	Pulse Polio Immunisation
IMR	Infant Mortality Rate
MMR	Maternal Mortality rate
Resource Post 1	Demonstration of ORS at Anganwadi Centre
Resource Post 2	Immunisation Centre at Medical Practitioner
Resource Post 3	Testing Iodine content of salt by Shopkeeper
FPAI	Family Planning Association of India.
CCCH&D	Concerned Citizens fo Community Health & Development.

उम्र 17 की लेकिन डाक्टर से कम नहीं

जयपुर सार-समाचार

स्वास्थ्य मेला संपन्न

फन्सर्इ सिटीजन फार कम्युनिटी हैल्थ एंड डेवलपमेंट की ओर से शनिवार को खह्दा बस्ती में स्वास्थ्य मेला आयोजित किया गया। इसमें संत जेवियर, माहेश्वरी पब्लिक स्कूल, सवार्इ मानसिंह विद्यालय एवं एस.जे. पब्लिक स्कूल के छात्रों ने भाग लिया। इस अवसर पर मुख्य अतिथि राजस्थान विश्वविद्यालय के पूर्व

सवार्इ मान सिंह माहे पब्लिक स्कूल और छात्राओं ने इस ब जानकारी दी।

इस अवसर आदि के बारे में : स्वाद रेस्टोरेन्ट चैक मनु मेहता ने बच्चों तथा पुरस्कार वितरित किए। कार्यक्र संचालन केप्टेन्स एडवरटाइजिंग ने किया।

भविष्य निर्माण पर परामर्श

पालीवाल ब्राह्मण हितकारी समिति टोंक रोड की ओर से छात्र-छात्राओं के मार्गदर्शन के लिए पालीवाल सदन चाकसलगर में एक निशुल्क कैरियर गाइडेन्स परामर्श केन्द्र की स्थापना की गई है, जिसमें जुलाई में प्रत्येक रविवार को सुबह 8 से 10 बजे तक शिक्षा जगत के विशेषज्ञ भविष्य निर्माण पर परामर्श देंगे। यह जानकारी मध्यक्ष प्रेमचन्द पालीवाल ने दी।

महिला सशक्तिकरण प्रशिक्षण

हरिश्चंद्र माथुर राज्य लोक प्रशासन संस्थान में आयोजित छह दिवसीय महिला सशक्तिकरण प्रशिक्षण कार्यक्रम का शनिवार को समापन हुआ। इस अवसर पर मुख्य अतिथि न्यायमूर्ति राजेंद्र सक्सेना ने कहा है कि आज इस बात की नितांत आवश्यकता है कि महिलाओं को शिक्षित कर उन्हें अपने अधिकारों के प्रति जागरूक बनाएं।

जन चेतना कार्यक्रम में भ... लेने वाले 50 बच्चों का सम्मान

जयपुर (का.सं.)। सिटीजन फार कम्युनिटी हैल्थ एंड डेवलपमेंट तथा यूनिसेफ के सहयोग से ग्रीष्मकालीन अवकाश के दौरान आदर्श नगर स्थित खह्दा बस्ती में जन चेतना कार्यक्रम में भाग लेने वाले 50 बच्चों का गणपति प्लाजा स्थित स्वाद रेस्टोरेन्ट ने सम्मान किया। परम सज्जन ट्रस्ट ने प्रशस्ति पत्र... डॉ. राज भण्डारी के... सवार्इ मान सिंह...

जयपुर में रविवार को स्वाद रेस्टोरेंट की ओर से आयोजित समारोह में सम्मानित विद्यार्थी।

Conducted by :

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Supported by :

Directorate Local Bodies, Govt of Rajasthan
Behind Rajasthan High Court, C-Scheme, Jaipur

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