

#### Developing Indigenous Resources India Annual Report: April 2019 - March 2020

"If you want to lift up humanity, empower women. It is the most comprehensive, pervasive, high-leverage investment you can make in human beings" - Melinda Gates, *The Moment of Lift* 





#### CONTENTS

- 4 <u>CEO Report</u>
- 6 <u>Medical Project</u>
- 10 New Project: Dhanas
- 12 <u>COVID-19 Response</u>
- 14 Immunization Program
- 16 <u>Homeopathic Medical Camps</u>
- 18 <u>Nutrition Improvement Priority Program</u>
- 21 <u>Statistics of Red Zone Children</u>
- 22 <u>Statistics of Pregnant Women & Newborns</u>
- 24 Child Activist Program
- 26 <u>Tailoring Program</u>
- 30 <u>School With A Difference</u>
- 34 <u>Vistor Contribution & Donations</u>
- 38 <u>Population of Project Area</u>
- 40 <u>Death Details</u>
- 42 <u>Contact & Donate</u>
- 44 <u>Appendix</u>

#### **CEO** Report

This year has seen huge improvements in the monitoring and accountability of our program in Janta Colony which allows our donors to see real impacts of our work, as we want to be an organization that is results-oriented. You will see in this report that we have the complete statistics of our work in Janta Colony, including the weight categories of each child. Our Health Promoters are diligent to report the statistics from their zones each month to our three senior staff, who in turn compile together all the data they receive and report these findings to myself. This quantification of each month's achievements allow us to see where we may be falling short, and how we can improve our practises in order to reach even the most vulnerable members of our target population. Through this newly implemented system I am able to address issues on a case-by-case basis and offer personal counselling to families in the community with urgent needs. Thanks to these new measures of monitoring and accountability we have been able to clearly see the impact we have been able to make here.

As well, I have placed priority in counselling our staff, from the senior staff, to the health promoters, to the teachers in our SWAD school, in order for our organization to achieve its goals. I am vigilant in the financial accountability of our organization, with every penny being accounted for and spent wisely. I also oversee the NIPP program, to ensure that our resources and donations are being used to feed the most vulnerable red-zone children whose parents cannot afford to provide high-protein, nutritional food for them. Through this goal-oriented vigilance, tight accountability and monitor-

ing, and the personal guidance of our staff our organization has shown huge results this past year.

We continue to get positive responses from the residents we serve in Janta Colony, as they show a willingness to change and accept counsel from our Health Promoters. This could be because we have established a foothold in this community and have been serving residents here without any discrimination for the past 13 years, so we have gained an immense trust and respect here.

If there is one thing we have been struggling with this past year it is the issue of finances. You will see in this report all of the lovely visitors we have hosted from Chandigarh and all over the globe, yet we are slow to see donations, which has hindered our growth as an organization.



Our long-term goals have always been to replicate this health care project into other areas of need here in Chandigarh and throughout India, with our next target being Dhanas Colony. However, we are lacking the funds needed to go beyond the initial stages of this project. We have been writing grants, making presentations, and appealing to donors, yet we are unable to secure the necessary funding. If it wasn't for our generous donors and board members in Switzerland this organization surely wouldn't still be in operation today.

I have been searching for an administrator to be my right hand, however I have not been able to find a suitable candidate with the right experience and commitment, and our organization doesn't yet have the funding to hire someone for this role. Besides this, our staff have been working successfully as a team, with all of our staff growing in confidence and ability and our senior staff have been taking up positions of leadership.

We have also had the pleasure of partnering with the Social Substance program of Panjab University, which has given DIR more credibility and recognition. Our tailoring program was recognized by the Ministry of Skill Development, with our graduates receiving proper certification upon completion. We are proud that Panjab University has seen the value our organization brings to this community and is willing to spread the word about what our organization does in the media. We also received help this year from organizations like: Open Eyes Foundation, Enactus, and the Rotary Club.

<image>

Thank you for your continued support, we would be honored if you would come and visit us and see our work with your own eyes, as it truly is a beautiful project.

## **Medical Project**

The keystone project of our organization is the employment of our Health Promoters (HPs), who are local women originally from the low-income communities they serve. The main goals of the Health Promoters are: to reduce the infant mortality rate and the maternal mortality rate, and to ensure that every child under the age of five falls within a healthy weight category.

For one hour every morning, the HPs are trained and educated by doctors, dieticians and physiotherapists in communication, elementary physiology and anatomy (body systems), elementary nutrition, malaria eradication, hygiene, body systems, homemade ORS preparations, disease spread and health promotion.

Health promoters go in pairs, sometimes with the supervision of a senior staff member, to the households of their assigned communities to survey, observe, counsel, and listen to the issues faced by the residents. Their other duties include:

- Hold committee meetings to educate their communities on the risks and prevention of diseases such as dengue, malaria, water-bourne diseases and other infectious diseases such as pneumonia or bronchitis.
- Record the weight of every child under five years of age each month, and classify them in one of the three weight categories: red-zone, yellow-zone, green-zone. Children who fall into the red-zone category, meaning they are more than 3kg underweight, are invited to join our Nutrition Improvement Priority Program.
- Educate parents on the relationship between weight and health of their child up to age five, and inform them on how to improve home hygiene, cooking practices, and the importance of immunizations during home visits.
- Monitor the health of pregnant women in their area by tracking weight gain, checking blood pressure and listening for fetal heartbeat during monthly home visits. This creates an opportunity to discuss the woman's concerns and to educate about the importance of good nutrition, vitamin and iron supplements, and the benefits of hospital birth.
- Encourage parents to bring their children to the Immunization Clinic held every Wednesday.
- Give multivitamins to pregnant and lactating mothers and Vitamin A supplements and deworming medicine to children under five years of age.
- Give antenatal and postpartum examinations and care to pregnant and new mothers.
- Enable residents to purify or provide for themselves clean drinking water.
- Offer family planning options to young mothers to space births, thereby improving survival rates and development of both children and young mothers.

Each HP maintains meticulous records of their assigned area. The HPs keeps track of the total population in their area, along with the total number of males, females, and the total number of deaths. These stats are updated every month, and this gives DIR an exact picture of the floating population.



Counselling parents on how to improve child's health and nutrition.



Weighing every child under five and recording their weight to track their progress



Educating parents on the importance of growth Providing postpartum and antenatal checkups to charts and which category their child lies. new and expecting mothers.



Giving children Vitamin A supplements and deworming medicine.



Learning about medicine, nutrition and physiotherapy during their morning lessons.

#### Medical Project: Updates & Concerns

#### **Nutrition Training**

Each month, DIR Nutritionists demonstrate to the HPs a recipe for a nutritious meal that can be made with ingredients available in the basti, which costs no more than 2 rupees (US 5 cents) per serving. In turn, HPs give cooking classes in their assigned zones to teach the mothers. The program is very popular and many parents tell DIR that they are now spending less on food each month, and recognize the link to healthier growth on their children's weight charts.

The demonstratations for this year consisted of: APRIL: Sail Roti (Nepalese Dish) and Gulgule (Indian Sweet Dish) MAY: Healthy and fresh toast spreads (using curd as a base instead of mayonnaise)

JUNE: Poha cutlet JULY: Besan chilla AUGUST: Moong Dal Halwa SEPTEMBER: Suji toast OCTOBER: Veg dahlia cutlet NOVEMBER: Gulab jamun DECEMBER: Big box veggie puff JANUARY: Chocolate lava cakes FEBURARY: Aloo Sooji Cheela

#### **New Incentives**

There is a written nutrition and medical test every month in order for the HPs to retain and update their knowledge. This year we made a new initiative to give the top scoring HPs a bonus of 50 rupees each, as well as an additional bonus for each HP based on the grades of their test. These incentives are an extra motivational boost for the HPs to get high scores on their test, and we have seen a massive improvement to test scores because of it. There are further bonuses as well for each HP depending on the amount of children in their assigned area that are in the green zone.



#### Hawra Line

Hawra line is a neighborhood in Safeda Colony with extremely poor and unhygenic living conditions, such as: open drainage, inadequate toilets and bathing areas, lack of clean drinking water, and lack of ventiliation in housing units. This area has our highest percentage of Red Zone children as the children here suffer from malnourishment, weakened immune systems, and are susceptible to water-bourne and mosquit-bourne diseases because of stagnant water and improper drainage, especially during monsoon season.

We are working to bring the plight of these residents to the attention of the government and the press to find long-term solutions.



#### **Committee Meetings**

We have worked on tailoring the committee meetings held by the HPs in their assigned zones on the specific needs of the community each month. Such as teaching on avoiding water-borne illness during monsoon season, and teaching ORS preparation during seasons of extreme heat. We have also specified committee meetings according to death statistics each month, for example we noticed deaths from common diseases such as asthma and diabetes, so they HPs taught their respective communities on early intervention and proper treatment of these illnesses. Their was also an accidental, but preventable, infant death due to suffocation, or positional asphyxia. The HPs taught mothers on proper breastfeeding techniques in order to avoid further preventable death.s.



## **New Project: Dhanas**

The Dhanas Medical Project started in December 2019; it is the replication of the medical project which has been underway in Adarsh Nagar and Janta Colony for over a decade. We started the project by conducting community meetings regarding the basic structure of our program and its significance within every block. Every day four health promoters, along with two senior staff, go to Dhanas to collect data regarding children under five and pregnant women. Their daily duties include: recording and documenting weight, providing Vitamin A and deworming tablets, counselling mothers regarding growth charts, high-calorie and high-protein diets and the maintenance of proper sanitation.

We are currently working to get funding to start a new medical project in Dhanas by hiring Health Promoters from this area to carry out the program themselves. We have seen great need in this area for this type of project and are confident that the the model in which we have carried out here in Nyangon will be successful in Dhanas as well. The project will be carried out by local women to provide primary health care promotion to their entire community, prioritizing pregnant women and children under five years of age.

Our goals for this new project are:

- 1. To reduce morbitity and mortality in Dhanas
- 2. To facilitate the local people to improve their own health and their children's health with low-cost and minimal external assistance.
- 3. To demonstrate that this model of low-cost, high-impact, sustainable development is replicable throughout India.

DIR-I's central aim is to facilitate the development of local capacity to address the specific health needs of the childern and women of this community.









If you would like to be involved in the development of this project in any capacity, please contact us, as we would appreciate your professional or financial assistance.



#### **COVID-19** Response

Our Health Promoters began learning about the transmission and prevention of the virus on January 20, before the virus was declared a pandemic and before the first cases came to India. The HPs taught this information to the residents of Janta Colony, Nayagaon and Dhanas through committee meetings and the Child Activist Program, using posters, demonstrating how to properly wash hands, stressing the importance of social distancing and what foods are good for building the immune system.

The first case of COVID-19 in Chandigarh was reported on Thursday, March 19. When the first cases of localized transmission were reported in Chandigarh our Health Promoters conducted a full survey in their assigned areas to identify those most at risk of contracting the virus, specifically PGI hospital workers and those in the hospitality industry, working in hotels, restaurants, or as drivers.

India began a 21 day lockdown on March 25 in an attempt to contain the virus, however the government made no attempt to bring aid to the working poor who are suffering the most and are the backbone to India's service and construction industries.

Since India has been on lockdown, DIR identified 173 families who are unable to feed themselves during this lockdown. With the help of our generous donors, and in partnership with the nonprofits of Goonj and Oorjaa, DIR has been able to distribute rations to these needy families, with packages filled with basic items like: rice, wheat flour, cooking oil, sugar, salt, tea leaves, pulses, and soap. The distribution was done by our HPs under the strict supervision of CEO Dr.Asha Katoch and DIR's senior staff.

In this way, temporary relief is provided to families who are most in need during the lockdown when they are unable to work. Resilience will be built by continuing to teach the community on preventative healthcare measures they can take to reduce the transmission of the disease and to protect themselves and their families. Through our educational work we aim to make this community stronger and are here to provide support to the most vulnerable of our population during this trying time.







#### Be involved:

You can donate a basket of essential goods for families of daily wage earners in Janta Colony who are struggling to feed themselves during this crisis and economic downturn.

Basic Essentials Kit #1 - ₹461.00 (approx. \$6.00 US) This kit contains enough rice and dahl (lentils) to sustain a family for six days.

Basic Essentials Kit #2 - ₹307.00 (approx. \$4.00 US) This kit contains enough atta (flour) and dahl to sustain a family for six days.

Add-on Essentials Kit - ₹475.00 (approx \$6.25 US) This kit contains enough tea, sugar, salt, cooking oil and dahl to sustain a family for ten days.

Sanitation Kit - ₹284.00 (approx \$3.75 US) A kit containing enough soap, hand sanitizer and sanitary pads for one family.

Simply click the link and donate through the Oorjaa website to help a family in this difficult time. Our Healh Promoters will put the kit together and deliver it to a family in need.





# **Immunization Clinic**



The first four Wednesdays of every month a team of health workers from the Punjab Government ANM (activated nurse midwives) hold an immunization clinic in kali mata mandir temple in Janta Colony. DIR serves wheat porridge to all the children and pregnant mothers who come for immunizations. Health Promoters are at the clinic to coordinate the flow of traffic, distribute medication and record immunizations received on each child's health chart. In the days leading up to clinics, HPs visit the parents of children due for shots to advise them to take their children to the clinic. At the clinic, pregnant women are given TT shots and children are given oral immunizations and vaccinations including: pentavalent, BCG, rota virus, measles and hepatitis B. DIR works to ensure 100% immunization rate in it's target areas for pregnant women and children up to five years of age.



# Immunization Statistics

Children Vaccinations	
Shot	Doses Distributed
BCG	5
Penta 1 +IPV	141 + 141
Penta 2	142
Penta 3 + IPV	155 + 155
MR1	159
MR 2	168
DPT Booster	192
DPT 5 Years	117
DPT 10 Years	53
DPT 16 Years	18
Maternal Vaccinations	
Shot	Doses Distributed
Т.Т. 1	93
Т.Т. 2	100
T.T. Booster	16



### Homeopathetic Medical Camps



A team of three doctors and para-medical staff of the Homeopathic Medical College and Hospital Sector 26-Chandigarh conduct two medical camps a month at the DIR office in Janta Colony. Residents of Janta Colony come to the clinic and discuss their health problems with the doctors, they receive counselling and free homeopathic medicine.



## Homeopathic Statistics

Total Patients	385
Total Children	104
Total Women	240

Common aliments include: menopause, leucorrhea, arthritis, joint pain, acne, backache, cold, fever, body pain, piles, hypertension, indigestion, diarrhea, loss of appetite, speech problems, intestional problems, hyper pigmentation, anorexia, common skin infections, ganglion.



## Nutrition Improvement Priority Program

The goal of our Nutritional Improvement Priority Program (NIPP) is to improve the health status of those children who fall into the red-zone weight category (more than 3kg. underweight) and underweight pregnant women. These children are fed low-cost, high-calorie, high-protein lunches in the DIR office under direct supervision every afternoon from Monday to Friday. A nutritionist writes menus consisting of items such as: milk, boiled eggs, soybean protein, bananas, rice and dhal porridge, cracked wheat grains, and black chana. The menu rotates monthly around the donations DIR-I receives.



Gayatri, a widow from Janta Colony, first started attending NIPP last year with her child after the HPs became aware that her husband committed suicide. She was not able to sustain herself or her child; when the child first came into the program he was so malnourished that his ribs were showing. They have been attending the NIPP program for almost one year, resulting in weight gain and improved health. It is for vulnerable populations like these that NIPP exists.



# **NIPP** Attendance



APR-19 MAY-19 JUN-19 JUL-19 AUG-19 SEP-19 OCT-19 NOV-19 DEC-19 JAN-20 FEB-20 MAR-20



# NIPP Child Sponsorship Program

You can sponsor a Red-Zone child through our NIPP program so they can get the nutrients they need to grow up happy and healthy.

We currently have the funds to feed just 55 out of the 100 Red-Zone children in Janta Colony.

Cost of Sponsorship: 1000 rupees per month per child.

Sponsorship includes:

- Daily feeding of your sponsorship child at DIR office
- Personalized monthly health reports
- Family consultations
- Weekly low-cost, high-fat recipies for your child's family

#### For just a small monthly payment you can drastically change a child's future and get them up to a healthy weight.



## Statistics of Red Zone Children



#### Total Number of Red Zone Children



# **Statistics of Newborns**

Total Deliveries	158
Male Births	89
Female Births	69
Infant Deaths	5
Miscarriage	3





## **Unique Cases of Infant Deaths**

One miscarriage in May in HP Muskaan's zone. The mother was seven months pregnant; she complained of abdominal pain and went to a local doctor to get treated. The doctor gave her medicine, she started bleeding and the pregnancy was terminated.

One infant death in June in HP Meenakshi's zone. A child of six weeks died due to suffocation during breastfeeding, known as Asphyxia. HPs sensitively handled the matter by training local women in committee meetings on the proper positions to breastfeed their babies in order to avoid more accidental deaths like this one.

One infant death in July in HP Banita's zone. A four day old child died due to Oligohydramniousand acute-feteal distress.

In September, a 46-year-old woman was found to be 5 months pregnant. A woman of Janta Colony, the wife of a rickshaw driver, presumed she had reached menopause as she had not menstruated for six months. She noticed her abdomen getting bigger so she came into the DIR office to be assessed; upon examination we found her to be 5 months pregnant. She already had three children, 22, 17 and 13 years od age. The pregnancy came as an unwanted surprise to her, so our staff calmed her down and counselled her accordingly. DIR issued her supplements, included her in the NIPP program, and referred her to Post Graduate Referral and Research Institute Chandigarh for further expert opinion and regular check-ups.

In January the one month old baby of this woman died of unknown causes, possibly due to an infection and being underweight at birth. The infant also suffered from a condition known as lipomyelomeningoceles.

One infant death in September in HP Sunita's zone. A girl of 2 months died due to unknown reasons. The baby was reported to be healthy, with her weight in green-zone; she was brought dead to the hospital and the parents refused the option of an autopsy. The child suffered from diarrhea for a few days, her parents brought her to a local doctor who did not help the situation, by the time they brought her to the hospital it was too late.

Our HPs have focused on counselling the parents on bringing their children to the hospital rather than unqualified local doctors.

### **Child Activist Program**

The Child Activist Program (CAP) began in 2009 and is led by the Health Promoters. It is for children of the community between the ages of 7 and 13. CAP is held every afternoon and its goals are: to educate, develop their social skills and leadership skills, and to promote sportsmanship and team spirit. Some activities that are done in CAP are: teaching the children to make Oral Rehydration Solution, demonstrating proper oral hygiene practises, explaining what foods make up a balanced diet, explaining the sources and importance of iron, vitamin A, iodine, and vitamin C through interactive games, and explaining the cause of and prevention for diseases like dengue and chikungunya, and typhoid through fun and interactive games.

Different tournaments were conducted in the month of November in preparation for Sports Day, including: dodgeball, basketball, volleyball, kho kho, and cricket. The tournaments were organized and supervised by the HPs and Senior Staff. Shamsher Singh, from Two Sikh Battilion, volunteered his tim to mark the ground and explain the rules and regulations of the game to the children. Shamsher also supervised the whole tournament as a referee. The staff enthusiastically took part in the competitive game of badminton.









#### **Tailoring Program**

The main goal of our income generation program is to empower women to become financially independent so that she can fulfill her personal needs and can raise the socio-economic status of her family. By providing vocational training to girls and women, DIR increases their chances of employability and self-employment.

DIR runs a four-month sewing program and creates products for sale using donated sewing machines and samples supplied by fabric and upholstery stores. The course includes professional training on stitching all types of fabric and patterns. In keeping with its cost-recovery policy, DIR asks the women to pay for classes but women can sell their items made during class to recoup the enrollment fee. The sale of these products not only give women work, but it brings additional profits to support the broader work of DIR.

DIR statistics show that when women begin to earn an income, it elevates their status and decision-making authority in the family and in the community. It is also clear that women direct the majority of their income to better nourishment and education for their children.

#### Note from our sewing teacher, Jyoti:

The women who graduate from this program start earning money for themselves immediately and can take better care of their children and family. She can buy food, books for her children, and normal household items by herself all by learning stitching. Not only do the women earn a livelihood but they also save money by being able to stitch their own and their family's clothes instead of paying someone else to do it. Every human being needs clothing so it is an industry that will not disappear and is a sustainable form of income.

Not only do they gain financial freedom but they become proud of their work and have skills to create artful designs that allows them an outlet for personal expression. I have seen how becoming a professional has increased women's confidence and self-esteem. Once they have the skills to be able to create the clothing they always see in stores and desire but could not afford, they become empowered and realize they have much more ability than they were originally lead to believe.











#### Tailoring Program: News & Updates

DIR's Tailoring Program was recognized by the Ministry of Skill Development. Students who graduate our program now receive a qualification certification from the government of India.

Dr. Arun Bansal of Punjab University's Social Substance Department has assured to help the graduates of the program in job placement in private companies through the social welfare network.





In collaboration with Jan Shikshan Sansthan, Ministry of Skill Development, Government of India, Chandigarh, there was an annual exam conducted on 5 November, a total of 27 students participated in the exam. Two examiners, along with an inspection team from the Ministry of Skill Development came to assess the standards of the students. Students performance was outstanding; examiners were very impressed with the stitching techniques the students had learned and the high standards they upheld.

As part of our **Income Generation Project**, DIR sold cloth bags our tailoring students had made at different exhibitions around Chandigarh. Since Chandigarh has been declared a polythene-free city, the sale and popularity of cloth bags has increased considerably. DIR-I sold its beautifully made bags twice at Punjab University, the Farmers Market near Sukhna Lake, the Army Literature Festival and the Nagarvan Farmers Market.

The Enactus Team of Chemical Engineering Branch also partnered with us by selling our cloth bags at Panjab University in January.



DIR hired a new tailoring instructor in January, Jyoti. Her experience in stitching started when she became a sales clerk in a showroom boutique in Chandigarh. She worked there ten years, selling and tailoring both Indian and Western wear garmets. She enrolled in the Ministry of Textiles Apparel Training and Design Centre in Chandigarh for a one-year stitching course. After she completed her training she was hired at DIR.



DIR celebrated the graduation of twenty-two women from the Tailoring Pro gram in January. Those who graduated include: Asha Kumar, Chahat Chand, Ekta Pundir, Karishma Poojan, Komal Pal, Malti, Meenakshi Negi, Neha Gupta, Neha Singh, Pooja Singh, Poonam Mishra, Preeti Parsad, Rashma Singh, Sangeeta Chand, Sangeeta Sharma, Seema Parsad, Sheetal, Sonu, Sunita Mukhia, Veena Gupta, and Yogita Pal. All these women worked very hard and deserve great commemoration for their tiresome efforts during the four-month course.



## **School With A Difference**

DIR's School With A Difference (SWAD) prepares basti children of kindergarten age (3-5 years) to pass an annual exam that will qualify them to attend an English medium school in Chandigarh. The education program covers written and oral Hindi and English, mathematics, and creative activities. Our teaching staff are trained to incorporate creative and playful teaching methods to generate the children's interest in learning. The whole ground floor of DIR's headquarters in Janta Colony is dedicated to the school, with four classrooms, a library, a smart classroom, and a play area. All books and toys are donated by various donors and partners. DIR assists with transport by bringing the children to school by van, charging small fees to cover only the costs of fuel. DIR pays for all students stationary, uniforms, and rewards.

Enrollment in SWAD climbed dramatically from 27 students when the school was first founded in 2008 to a current enrolment of 94 students in 2020. All SWAD children graduate to be bold, smart, skilled and confident to face any interview in the top schools of Chandigarh.



#### School With A Difference: Events & Activities

**Mothers Day** was celebrated on 10 May, with chief guest Mrs. Suchi Thakar who donated furniture for DIR. Also in attendance was Guest of Honor Mr.Ajit Singh who funded gifts for the performance.

There was also a mother's day celebration with the women of the basti organized by the Health Promoters. The women participated in a cooking competition, complete with prizes.



SWAD was closed for **summer vacations** during the month of June.

**Independance Day** was celebrated on 15 August, with chief guest Mr.Arjun Kamboj, Director of Ministry of Skill Development. Also in attenance were: Chief Guests Dr.Usha, Medical Officer from Punjab Health Department, senior officials of SBI, other dignitaries of private companies and the parents of students. The event was held at Nyangoan Hall.

Students presented various performances including poems and dances, winning the hearts of the audience. The HPs presented a stunning performance of a patriotic song, awakening the feeling of patriotism and reminding us of the sacrifices which makes the freedom we enjoy today a possibility.





There was a small celebration on the eve of Janmashtami. 24 August. Children recited poetry, performed dances, and even held a fashion show.

Dussehra was celebrated 8 October by outlining the story of Lord Rama's victory and burning the effigy of Demon Ravana to celebrate the victory of good over evil



Diwali was celebrated 25 October. The teachers organized Rangoli making and Diva decoration activities.

Christmas was celelebrated before the children left for winter vacation by teaching the children the story of Christmas.



Lohri was celebrated 10 January with guests Republic Day was celebrated 26 January Col. Avtar Singh and wide Mrs. Rano Singh. All in attendance danced around the bondfire and various Lohri sweets were given.

with various performances and teachings about the freedom fighters. There was a distrubution of ladoos to children and staff.



DIR-I held its 11th annual **Sports Day** on 18 February. The entire DIR-I team worked tirelessly to prepare for this important festivity that recognized the school children's achievements, and helped to build their confidence and sportsmanship. This event was beneficial towards the children's physical and mental health and helped raise community spirit.

The children competed in various races such as: sack race, three-legged race, as well as a tug-of-war. The guests in attendance even participated in a tug-of-war competition as well. The children who came in 1st, 2nd and 3rd place in each race were awarded medals at the end of the ceremony, along with children from our Child Activist Program (CAP), who had competed in various tournaments DIR-I organized, such as: badminton, cricket and kho kho.





Holi was celebrated 9 March with a small celebration with the SWAD children, as they painted gulaal on each other's faces and created beautiful artwork with it. Holi marks the welcoming of spring, fertility, harvest and bright colors in the world after the dullness of winter.

## **Visitor Contributions &** Donations



Mr. Surjit Singh donated 10 weigh scales for Mr. Harshvardhan Jain donated a new 2-ton HPs and adopted one red-zone child.



Mrs.Suchi Thakar donated furniture worth six lakhs, including: cupboards, chairs, lockers, racks, office desk and cushoined chairs.

split Mitsubishi AC for the DIR-I Office.



Woodstock Travels team of 13 members donated a Lenovo laptop, tablet, Rs 30,000 for NIPP, and made a promotional video.



A Team from Hyatt Regency visted DIR distributing snacks and clothes for SWAD.



Maam Jyoti donated school stationary. Mr. and Mrs. Sood donated 100 flower pots.



Mrs.Alka Thakur and Mr.Rajinder Sharma taught on financial literacy in July.

Dr.Savita Prashar and the Botanic Bay Herbs team donated books and snacks to SWAD.



Brig. Ranjit Singh and Col. Amitesh Verma from NCC donated a P.T. drum to SWAD.

Gynecologist Dr. Ridhi Jundal taught our HPs on prenatal and antenatal health in Dec.



Vatama Solutions donated a vermicompost system for composing organic waste.

Mr.Sandeep Kumar (founder of Open Eyes Foundation) donated blankets for residents of Janta Colony.



Vitamin A Angels continue to partner with maceutical Company visted DIR in June

Menstruation Hygiene Workshop taught by us by donating supplements and Vitamin A the Himalayan Rotaract Club and Open Eyes capsules. A technical team of the DSM Phar- Foundation in February, teaching women to make their own sanitary pads.



Dr.Asha gave a presentation about DIR at Hyatt, New India Education Summit 2019 in November, outlining DIR's projects.

Mrs. Suchi Thakur donated a new computer lab, complete with 4 new computers, an inverter and office furniture.



Doris Hoby and Susanna Grunenfelder, gen- Oorjaa Sustainable Solutions donated bags erous financial supporters from Switzerland, of groceries for our NIPP program every paid us a visit in Febrary to see our programsmonth.



Miss Tanvi donated a full color Canon printer Kiwanis Club International donated a brand for our office in January new vehicle to transport children to school.



Ex-DPI Saroj Mittal visited in September and DIR received two university interns from expressed her sincere gratitude to DIR-I for working for the cause of women and child empowerment.

University of the Fraser Valley in Abbotsford, Canada. Andrea Sadowski and Michaela Reist joined DIR from January until March.



Enactus team of Panjab University led by Prof. Seema Kapoor conducted a financial literacy and stitching workshop for the women of Janta Colony in February.

Dr. Anu H. Gupta taught innovative techniques and stiching designs.

Dr. Monika Aggarwal enlightened the ladies with budgeting and saving strategies.

## Detailed Information of Medical Project

	Population					
Month	Males	Females	Children under 5	Total Pop.	Commitee Meetings	Meeting Attendance
Apr - 19	9032	8280	1334	17 312	50	612
May - 19	9102	8419	1346	17 521	49	634
June - 19	9135	8450	1352	17 585	49	613
July - 19	9146	8471	1340	17 617	52	619
Aug - 19	9160	8488	1356	17 648	48	639
Sept - 19	9178	8506	1341	17 684	50	625
Oct - 19	7372	7342	1121	14 714	48	575
Nov - 19	7390	6856	1112	14 246	46	550
Dec - 19	7424	6884	1123	14 308	48	603
Jan - 20	7450	6923	1141	14 373	48	558
Feb - 20	7460	6934	1140	14 394	47	570
Mar - 20	7482	6957	1139	14 439	35	461





#### **Children Weight Categories**



# **Death Details**

MonthPreatther promoterCenderAgeCause of DeathApr -19Muskaan35FemaleKidney DamageApr -19Muskaan85FemaleLiver DamageApr -19Sanjeev29MaleDrug AddictionApr -19Veena655MaleLive Damage and DiabetesApr -19Veena70MaleKidney FailureMay -19Sangeeta600MaleAlcoholismMay -19Sunita28MaleAlcoholismMay -19Meenakshi880MaleIntestinal ProblemsMay -19Uma58MaleNatural CausesJune -19Meenakshi95FemaleNatural CausesJune -19Muskaan655FemalePneumonia Infection in LungsJune -19Muskaan700MaleHeart AttackJune -19Muskaan700MaleAlsphykia (accidentai)June -19Muskaan700MaleAsphykia (accidentai)June -19Muskaan700MaleAsphykia (accidentai)June -19Muskaan700MaleAsphykia (accidentai)June -19Muskaan700MaleAsphykia (accidentai)June -19Muskaan600FemaleDiabetesJune -19Muskaan600FemaleDiabetesJune -19Muskaan600FemaleDiabetesJune -19Musen600FemaleDiabetesJune -19<	Month				
Apr - 19Muskaan85FemaleLive DamageApr - 19Sanjeev29MaleDrug AddictionApr - 19Veena65MaleLive Damage and DiabetesApr - 19Veena70MaleKidney FailureMay - 19Sangeeta60MaleAlcoholismMay - 19Sunita28MaleIntestinal ProblemsMay - 19Meenakshi80MaleIntestinal ProblemsMay - 19Meenakshi95FemaleNatural CausesJune - 19Meenakshi95FemaleNatural CausesJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Yogita70MaleAsphyxia (accidental)June - 19Muskaan65FemaleDiabetesJune - 19Meenakshi2monthsMaleAsphyxia (accidental)June - 19Yogita70MaleAsphyxia (accidental)July - 19Banita4 daysMaleDiabetesJuly - 19Uma60FemaleDiabetesJuly - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple102FemaleNatural Causes		Promoter	Gender	Age	Cause of Death
Apr - 19Sanjeev29MaleDrug AddictionApr - 19Veena65MaleLive Damage and DiabetesApr - 19Veena70MaleKidney FailureMay - 19Sangeeta60MaleAlcoholismMay - 19Sunita28MaleAlcoholismMay - 19Meenakshi80MaleIntestinal ProblemsMay - 19Meenakshi80MaleHeart AttackJune - 19Meenakshi95FemaleNatural CausesJune - 19Veena40MaleSuicideJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Muskaan70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Muskaan70MaleAsphyxia (accidental)June - 19Muskaan70MaleAsphyxia (accidental)June - 19Muskaan70MaleAsphyxia (accidental)June - 19Muskaan70MaleAsphyxia (accidental)June - 19Muskaan60FemaleDiabetesJune - 19Meenakshi2monthsMaleChronic Illness, Alcoholism, Liver DamageJune - 19Muskaan60FemaleDiabetesJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Veena70KaleNatural Causes	Apr - 19	Muskaan	35	Female	Kidney Damage
Apr - 19Veena65MaleLive Damage and DiabetesApr - 19Veena70MaleKidney FailureMay - 19Sangeeta60MaleAlcoholismMay - 19Sunita28MaleAlcoholismMay - 19Sunita28MaleIntestinal ProblemsMay - 19Meenakshi80MaleIntestinal ProblemsMay - 19Meenakshi95FemaleNatural CausesJune - 19Meenakshi95FemaleNatural CausesJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Yogita70MaleAsphyxia (accidental)June - 19Muskaan60FemaleDiabetesJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)June - 19Muskaan60FemaleDiabetesJune - 19Veena30MaleMaleJuly - 19Banita4 daysMaleDiabetesJuly - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	Apr - 19	Muskaan	85	Female	Liver Damage
Apr - 19Veena70MaleKidney FailureMay - 19Sangeeta60MaleAlcoholismMay - 19Sunita28MaleAlcoholismMay - 19Meenakshi80MaleIntestinal ProblemsMay - 19Meenakshi80MaleHeart AttackJune - 19Meenakshi95FemaleNatural CausesJune - 19Veena40MaleSuicideJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Yogita70MaleAsphyxia (accidental)June - 19Muskaan65FemaleDiabetesJune - 19Muskaan60FemaleDiabetesJune - 19Veena4 daysMaleAsphyxia (accidental)June - 19Neanakshi2 monthsMaleAsphyxia (accidental)June - 19Veena60FemaleDiabetesJune - 19Veena30MaleMaleJuly - 19Banita4 daysMaleDiabetesAug - 19Veena30MaleMurderedAug - 19Veena48MaleNatural CausesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleNatural Causes	Apr - 19	Sanjeev	29	Male	Drug Addiction
May - 19Sangeeta60MaleAlcoholismMay - 19Sunita28MaleAlcoholismMay - 19Meenakshi80MaleIntestinal ProblemsMay - 19Meenakshi90FemaleHeart AttackJune - 19Meenakshi95FemaleNatural CausesJune - 19Meenakshi65FemalePneumonia Infection in LungsJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleAlcoholism, Liver DamadeJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan65FemaleDispecterJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleAsphyxia (accidental)June - 19Veena4 daysMaleDispecterJuly - 19Banita4 daysMaleDiabetesJuly - 19Uma60FemaleDiabetesAug - 19Veena48MaleDiabetesAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	Apr - 19	Veena	65	Male	Live Damage and Diabetes
May - 19Sunita28MaleAlcoholismMay - 19Meenakshi80MaleIntestinal ProblemsMay - 19Uma58MaleHeart AttackJune - 19Meenakshi95FemaleNatural CausesJune - 19Veena40MaleSuicideJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Yogita70MaleAsphyxia (accidental)June - 19Meenakshi2 monthsMaleOligohydramniousand acute-feta distressJuly - 19Banita4 daysMaleDiabetesJuly - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleMale	Apr - 19	Veena	70	Male	Kidney Failure
Age 19Meenakshi80MaleIntestinal ProblemsMay - 19Uma58MaleHeart AttackJune - 19Meenakshi95FemaleNatural CausesJune - 19Veena40MaleSuicideJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)July - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleMaterad causes	May - 19	Sangeeta	60	Male	Alcoholism
May - 19Uma58MaleHeart AttackJune - 19Meenakshi95FemaleNatural CausesJune - 19Veena40MaleSuicideJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Yogita2 monthsMaleAsphyxia (accidental)June - 19Meenakshi2 monthsMaleOligohydramniousand acute-feta distressJuly - 19Banita4 daysMaleDiabetesJuly - 19Veena30FemaleDiabetesAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleMale	May - 19	Sunita	28	Male	Alcoholism
June -19Meenakshi95FemaleNatural CausesJune -19Veena40MaleSuicideJune -19Muskaan65FemalePneumonia Infection in LungsJune -19Muskaan70MaleHeart AttackJune -19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune -19Meenakshi2monthsMaleAsphyxia (accidental)June -19Meenakshi2monthsMaleOligohydramniousand acute-feta distressJuly -19Banita4 daysMaleOligohydramniousand acute-feta distressJuly -19Uma60FemaleDiabetesAug -19Veena30MaleMurderedAug -19Dimple102FemaleNatural CausesAug -19Dimple70MaleAsthma	May - 19	Meenakshi	80	Male	Intestinal Problems
June - 19Veena40MaleSuicideJune - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)June - 19Meenakshi2 monthsMaleOligohydramniousand acute-feta distressJuly - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	May - 19	Uma	58	Male	Heart Attack
June - 19Muskaan65FemalePneumonia Infection in LungsJune - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)July - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	June - 19	Meenakshi	95	Female	Natural Causes
June - 19Muskaan70MaleHeart AttackJune - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)July - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	June - 19	Veena	40	Male	Suicide
June - 19Yogita70MaleChronic Illness, Alcoholism, Liver DamageJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)July - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	June - 19	Muskaan	65	Female	Pneumonia Infection in Lungs
June - 19Yogita70MaleLiver DamageJune - 19Meenakshi2 monthsMaleAsphyxia (accidental)July - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	June - 19	Muskaan	70	Male	Heart Attack
July - 19Banita4 daysMaleOligohydramniousand acute-feta distressJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	June - 19	Yogita	70	Male	
July - 19Banita4 daysMaleConstraintsJuly - 19Uma60FemaleDiabetesAug - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	June - 19	Meenakshi	2 months	Male	Asphyxia (accidental)
Aug - 19Veena30MaleMurderedAug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	July - 19	Banita	4 days	Male	Oligohydramniousand acute-fetal distress
Aug - 19Veena48MaleDiabetesAug - 19Dimple102FemaleNatural CausesAug - 19Dimple70MaleAsthma	July - 19	Uma	60	Female	Diabetes
Aug - 19 Dimple 102 Female Natural Causes   Aug - 19 Dimple 70 Male Asthma	Aug - 19	Veena	30	Male	Murdered
Aug - 19 Dimple 70 Male Asthma	Aug - 19	Veena	48	Male	Diabetes
	Aug - 19	Dimple	102	Female	Natural Causes
Sept - 19 Veena 19 Female Tuberculosis	Aug - 19	Dimple	70	Male	Asthma
	Sept - 19	Veena	19	Female	Tuberculosis
Sept - 19 Sunita 2 months Female Unknown	Sept - 19	Sunita	2 months	Female	Unknown

Sept - 19	Meenakshi	7	Male	Overdose of Medicine
Sept - 19	Muskaan	58	Male	Kidney Problems
Oct - 19	Sunita	55	Male	Suicide
Oct - 19	Meena	65	Male	Heart Attack
Oct - 19	Lata	28	Male	Road Accident
Nov - 19	Veena	3 months	Female	Unknown
Nov - 19	Uma	50	Female	Kidney Problems
Nov - 19	Banita	90	Female	Natural Death
Dec - 19	Veena	75	Male	Diabetes
Dec - 19	Dimple	75	Male	Old Age
Dec - 19	Sunita	60	Female	Heart Attack
Dec - 19	Sangeeta	60	Male	Heart Attack
Jan - 20	Veena	70	Male	Multiple Diseases
Jan - 20	Veena	80	Female	Natural Causes
Jan - 20	Dimple	5 months	Female	Unknown
Jan - 20	Dimple	70	Female	Natural Death
Jan - 20	Banita	38	Male	Due to Fits
Jan - 20	Muskaan	79	Male	Multiple Diseases
Jan - 20	Sangeeta	1 month	Male	Possible infection, underweight at birth.
Jan - 20	Uma	24 months	Female	Unknown
Feb - 20	Dimple	68	Female	Natural Death
Feb - 20	Dimple	43	Female	Water Drowning (Accident)
Feb - 20	Muskaan	70	Male	Paralysis
Feb - 20	Muskaan	80	Female	Hypertension
Mar - 20	Banita	55	Male	Abdominal Pain
Mar - 20	Lata	19 months	Male	Heart Problems
Mar - 20	Lata	65	Male	Fever

#### Contact

DIR-India CENTRE: 705-C Adarsh Nagar, Nayagaon

Office Mailing Address: House Number 1535, Sector 11-D, Chandigarh, 160011

Email: admin@dir.ngo, ceo@dir.ngo

Telephone Number: +91-9478866412

Website: <u>www.dir.ngo</u>

Facebook:<u>www.facebook.com/dir.india</u> Instagram: <u>dir.ngo</u>



### Donate

We are a registered charitable trust run soley by the donations of kind people like you who have seen the dramatic results of our organization and want to contribute to our trusted organization. We are 100% transparent with our finances and you will receive a tax deductable reciept with your generous contribution.

Donate through Paytm/BHIM/UPI: 9478866412

Or donate to us directly through our bank:

In Favor Of	Developing Indigenous Resources India	
Bank	State Bank of India	
Branch	Sector-9, Madhya Marg, Chandigarh - 160	0009
Account No.	37375923235	
RTGS/NEFT/IFSC CODE	SBIN0018249	
MICR CODE	160002091	

#### FCRA Account:

In Favor Of	Developing Indigenous Resources - India		
Bank	ICICI Bank		
Branch	S.C.O 9, 10 & 11, Sector 9-D, Chandigarh-16	50017	
Account No.	001301049226		
RTGS/NEFT/IFSC CODE	ICIC000013		
MICR CODE	160229001		
SWIFT CODE	ICICINBBNRI		

# Appendix

Map of Project Area: Janta Colony & Adarsh Nagar

