



# Shining Eyes India

(Registration Under Section 60 And Rule 69)

Head office: Subhaspally, Post Office Santiniketan,  
Pin Code 731235, District Birbhum, West Bengal  
Phone: 9832232813

## **ANNUAL REPORT**

**1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017**

### **1. Background:**

Shining Eyes India was established in February 2013 to improve the health of tribal children especially in the rural area around Bolpur at Birbhum District, West Bengal.

Through the preventive medical work in the tribal villages the trust tries to eliminate the causes of severe infections and to reduce child and mother mortality. Hygiene, prevention and treatment of malnutrition and health awareness are most important fields to work on in order to strengthen child health.

Since 1994 the pediatrician Dr. Monika Golembiewski has been coming to the Santal villages Ghosaldanga and Bishnubati for medical help. Further she started preventive medical care programs for children and mothers. Herefore nutrition programs but also teaching sessions in order to raise awareness in topics related to hygiene or health aspects were initiated. In 2011 a charitable children hospital has been established in collaboration with Berhampore Teresian Carmelite Society and the medical support for preventive work spread out to more and more tribal villages in the area. Since July 2016 The St Mary Child & Mother Health Care Centre is run by Shining Eyes India.

Nowadays the Trust is active in 39 villages around Bolpur, (No 19.-37. Shining Eyes is active in cooperation with the local NGO Bolpur Manab Jamin):

- |                        |                          |
|------------------------|--------------------------|
| 1. Ghosaldanga         | 21. Hetedanga            |
| 2. Bishnubati (Santal) | 22. Katabagan            |
| 3. Bishnubati (Hindu)  | 23. Ballavpurdanga       |
| 4. Ashadullapur        | 24. Nurpur 1             |
| 5. Baganpara           | 25. Nurpur 2             |
| 6. Monedanga           | 26. Borobagan            |
| 7. Sitontola           | 27. Borobagan Mitradanga |
| 8. Rindanga            | 28. Ruppur Konrapara     |
| 9. Panchabanpur        | 29. Hatrasulganj 1       |
| 10. Bautijol           | 30. Hatrasulganj 2       |
| 11. Bonepukurdanga     | 31. Amradanga            |
| 12. Rayerpukur         | 32. Borodanga            |
| 13. Tanpuni            | 33. Muluk Kalitala       |
| 14. Tatpandi           | 34. Paruldanga           |
| 15. Purvashundapur     | 35. Kankutia 2           |
| 16. Bangaladanga       | 36. Charakdanga          |
| 17. Patharkata         | 37. Abhirampur           |
| 18. Joljore            | 38. Mirzapur             |
| 19. Binodpur           | 39. Mohishdal            |
| 20. Ramlakhandanga     |                          |

## 2. Activities:

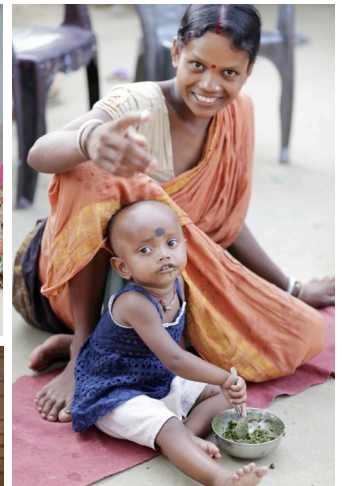
The following activities have been taken place from April 2016 to March 2017.

### a) Nutrition programs for malnourished children and pregnant women:

As in the year before, the Trust has been implementing nutrition programs for malnourished children and pregnant as well as lactating mothers in several Santal villages. The mothers of the children are guided to prepare a nutritious meal from locally available ingredients for their children three times a week (Halwa and Khechuri with egg or chicken). The food is purchased locally and the Trust bears the costs for the food, a small salary for mothers engaged in cooking and for the fuel like gas and wood. The children are checked for their weight and growth development and receive medical checkups to cure infections and recognize severe sick patients. Therewith the trust aims to stabilize the health situation of children and women through better nutrition in these villages. We include locally produced Moringa leaf powder to the cooked food which provides high-quality fatty acids, all essential amino acids in a good proportion, as well as minerals like iron, calcium, or magnesium and high amounts of beta-carotene, vitamin E, vitamin C and B-vitamins. Therewith we use locally available plant resources to enrich the supplementary meals for the beneficiaries to strive for sustainable solutions.

In cooperation with the NGO Bolpur Manab Jamin the Trust has continued 15 additional nutrition programs up to August 2016 aside the regular Shining Eyes sphere of action. These nutrition programs were initiated in the scope of the PhD work of Silvia Golembiewski and Caroline Stiller in cooperation with the University of Hohenheim, Stuttgart, Germany in February 2015.

The purpose of the study is to compare the benefit of an adjusted amount of industrial vitamin supplements as opposed to Moringa and Amaranth leaf powder when offered as a contribution to the supplementary meal, which is prepared by the village women for the pregnant ladies and all children below 3 years. The study is designed to cover the 1000 day window in order to safeguard a healthy physical and mental development of the children. Measurements of haemoglobin with HemoCue 201+ had indicated the level of anaemia along the study period. The study data are still under evaluation with all intervention groups already showing a better development in hemoglobin as compared to the control group. Since December 2015 the Rotary Club Bolpur is also in cooperation with this nutrition program as a global grant project.



**Pictures:** Nutrition programs and anthropometric measurement to prevent child malnutrition

### b) Kitchen garden program

The kitchen garden program is becoming more and more stable in the Shining Eyes villages. The two German horticulturists have now been coming for several years to intensify structures and strengthen work procedures among the villagers to make them more independent in self-sufficient gardening. Nilu Murmu is meanwhile fully taught in all spheres of gardening and is active in continuing the work autonomously in times when the two German horticulturists are not there. Additionally all villagers of the study villages were asked if they like to start a kitchen garden. Subsequently they received assistance in selecting a plot of land, installing a fence in order to protect the greens from domestic animals, and in sowing the seeds. Further villagers received training in manure production and disease identification in plants. Further awareness on appropriate vegetable usage was provided. The harvested vegetables and fruits are consumed, shared with neighbours or sold. The kitchen garden helps to save the budget of the family and to diversify the daily meals.



**Pictures:** the horticulturists check the fence and land preparation, then they provide the seeds. They also check some of the harvest success.

### Number of kitchen gardens in the villages of Shining Eyes

Village	Total No. of families	No. of Gardens July 2016	Percent of implemented gardens per village
Bautijol	29	27	93 %
Ghoshaldanga	65	50	77 %
Monedanga	30	18	60 %
Panchabanpur	28	18	64 %
Patharghata	84	49	58 %
Purba Sundalpur	233	40	17 %
Rayerpukur	96	72	75 %
Rindanga	65	50	77 %
Situntola	45	18	40 %
Tatpandi	36	27	75 %
Tanbuni	24	16	67 %
Rajaburo	42	35	83 %
<b>Total number of gardens</b>	<b>777</b>	<b>420</b>	<b>54 %</b>

## Number of kitchen gardens in the villages of Bolpur Manab Jamin & Shining Eyes

Village	Total No. of families in the village as on 20.07.2016	Total No. of Garden Rabi season	Percent of total villagers having a kitchen garden	Total No. of families being related to us due to participation in nutrition program	Kharif No. of garden	Kharif season No. of garden (for nutrition program beneficiaries)	Rabi No. of garden	Rabi season No. of garden (for nutrition program beneficiaries)	No. of families in Crop Diversification Program	Percent of total families participating in Crop Diversification Program
Ruppur Konrapara	53	28	53 %	17	14	82 %	14	82 %	18	34 %
Binodpur	82	30	37 %	12	8	67 %	11	92 %	13	16 %
Ramlakhandanga	51	17	33 %	20	5	25 %	5	25 %	23	45 %
Charakdanga	34	26	76 %	10	7	70 %	9	90 %	3	9 %
Amradanga	57	37	65 %	36	11	31 %	23	64 %	27	47 %
Kantabagan	45	19	42 %	15	3	20 %	15	100 %	25	56 %
Borobagan	31	21	68 %	14	4	29 %	12	86 %	26	84 %
Kankutia 2	51	22	43 %	23	6	26 %	20	87 %	48	94 %
Nurpur 1	26	16	62 %	11	8	73 %	11	100 %	5	19 %
Muluk Kalitala	24	17	71 %	10	4	40 %	8	80 %	16	67 %
Hatrasulganj 1	78	40	51 %	22	16	73 %	21	95 %	22	28 %
Ballavpurdanga	87	40	46 %	40	26	65 %	24	60 %	10	11 %
Abhirampur	22	12	55 %	7	3	43 %	7	100 %	7	32 %
Itedanga	71	29	41 %	9	9	100 %	9	100 %	15	21 %
Hetedanga	24	15	63 %	8	4	50 %	4	50 %	16	67 %
Paruldanga	55	18	33 %	25	13	52 %	13	52 %	2	4 %
Borodanga	48	48	100 %	18	18	100 %	18	100 %	13	28 %
Borobagan Mitradanga	33	29	88 %	18	18	100 %	18	100 %	18	55 %
Nupur 2	31	18	58 %	15	10	67 %	12	80 %	10	32 %
Hatrasulganj 2	60	56	93 %	27	20	74 %	25	93 %	24	40 %
Bonerpukurdanga	73	12	16 %	20	9	45 %	9	45 %	6	8 %
<b>Total number of gardens</b>	<b>1034</b>	<b>550</b>	<b>53 %</b>	<b>377</b>	<b>216</b>	<b>57 %</b>	<b>288</b>	<b>76 %</b>	<b>332</b>	<b>32 %</b>

Kharif cropping season: July-October

Rabi cropping season: October-March

### c) Awareness training and interactive counselling sessions in the villages

In October 2016 to February 2017 two nutrition students attended families over the whole day to observe the usage of kitchen garden vegetables inside the household, further to provide awareness training on how to prepare complementary feeding.

Awareness modules were newly designed (malnutrition, anemia, emergency signs, family planning and pregnancy). All families having participated in the nutrition study received this awareness training along the kitchen garden program.



**Pictures:** Counselling sessions inside the village. Mother is trained to cook a balanced meal including foods of all food groups. The change of food habits has to start at home. Picture on the top (left) shows a typical situation as to be found in the village: the father is not aware of the child's hunger or his needs. The following picture illustrates a woman who received cooking training for a balanced and diversified meal. German students train social workers how to teach villagers in the food circle (illustrating different food groups that should be present in the daily diet). Families learn how to prepare complementary feeding and how to use instant mix powder enriched with industrial micronutrients to feed their child.

Additionally a holistic awareness and screening program was initiated. This program is conceptualized to last two years and reach 24 villages. Here again the teaching of villagers is the basic but connected with regular medical checkups in the village. An improved screening system shall identify TB suspected villagers and all emergency patients that need immediate treatment. Pregnant ladies will be recorded and regular pregnancy checkups will be assisted. Malnourished children will receive supplementary feeding "NutriMix" - a mixture from cereals and legumes further fortified with micronutrient sprinkles. This supplementary feeding will be home-based, with adequate teaching of the mother prior. Anemic children will receive the adequate treatment with iron drops. Mothers are trained and supported by village workers to administer the medication regular and in the right dosage.

#### **d) Collaboration with St. Mary's Child and Mother Health Care Centre**

Local doctors are coming regularly to the health centre to provide their service during the OPD in the morning. Malnourished children and children with infections are being treated there. Moreover, TB patients get needed diagnostic and treatment in relation with the DOTS program. Two ambulance cars are available for patient transport to transfer emergency patients to Sian/Bolpur Hospital, if needed to the medical colleges in Badhwan and Kolkata. One staff member is specialized to guide patients to the right medical section and contact the doctors there. We remain in relation with the patient until he/she will be discharged and look for the follow up and provide the needed medicines.



**Pictures:** The St. Mary child and Mother Health Care Centre, our ambulance car for patient transport



**Upper pictures from left to right:** eye camp, woman after surgery -arranged by St. Mary Child and Mother Health Care Centre- due to tongue cancer, malnourished child fed with supplementary milk,  
**Pictures on the bottom from left to right:** child with severe burns around the hips and belly, paralyzed man after motorbike accident -he received physiotherapy, emotional support, wound dressing in the St. Mary Child and Mother Health Care Centre, malnourished and development-delayed child receives physiotherapy.

An eye camp has taken place in our health care centre, hereby 50 patients were investigated, thereof 20 patients needed an operation. In a nearby health facility we could arrange the surgeries. The eye camp was very well received.

Lina –a former social worker for Santals, gave a herbal seminar in the health care centre for inpatient and interested mothers of surrounding villages. Here mothers could learn about traditional medicine coming from nature.

Further we received an EEG machine, and could invite neurologic patients to our health care centre.



**Pictures:** Left side shows the EEG machine with neurologic patient, right side illustrates pictures to the herbal seminar.

The St. Mary Child and Mother Health Care Centre could arrange diverse surgeries in the last year as in the years before (Table below).

No.	Age/ Gender	problem	Place of surgery	diagnostics/ admission
1	5y/m	hernia	Addasakti N. Home	general surgery
2	3y/f	hydrocephalus	Ekbalpur. N. Home	neuro surgery
3	35y/m	spine surgery	Ekbalpur. N. Home	neuro surgery
4	14/m	-	Mission hospital	CTVS
5	15/m	sequestrum rt tibia	PMCH	ortho surgery
6	5/m	path closure of ostium secundum asd	Mission hospital	CTVS
7	7y	phimose surgery		general surgery
8	5y	bone TB		orthopaedic surgery
9	9y	hourglass-tibia	SSKM	orthopaedic
10	13y	thalassaemie		splenectomy
11	3.5y	phimose		general surgery
12	2y	ASD	Durgapur Mission	heart surgery
13	8m	lip cleft	Durgapur Mission	lip cleft surgery
14	23y	skin tumour	Hope hsp	skin transplantation
16	2y	ASD	Durgapur Mission	heart surgery
17	8m	lip cleft	Durgapur Mission	lip cleft
18	2y	PDA	Durgapur Mission hospital	heart surgery
19	1y8m	pulmonal stenose	Durgapur Mission	heart surgery
20	50y	tongue cancer	Hope hospital	surgery/chemo/radiotherapy

In this established preventive health care centre mothers from the villages receive awareness about nutrition, hygiene, child health care and emergency signs, pregnancy and complications during delivery, malnutrition and anaemia. Our staff members who are trained give in the morning short seminars to our mothers of the indoor patients about malnutrition and primary health care. Volunteers (doctors, nurses, nutritionist) from abroad join regularly to offer special medical trainings to our staff.

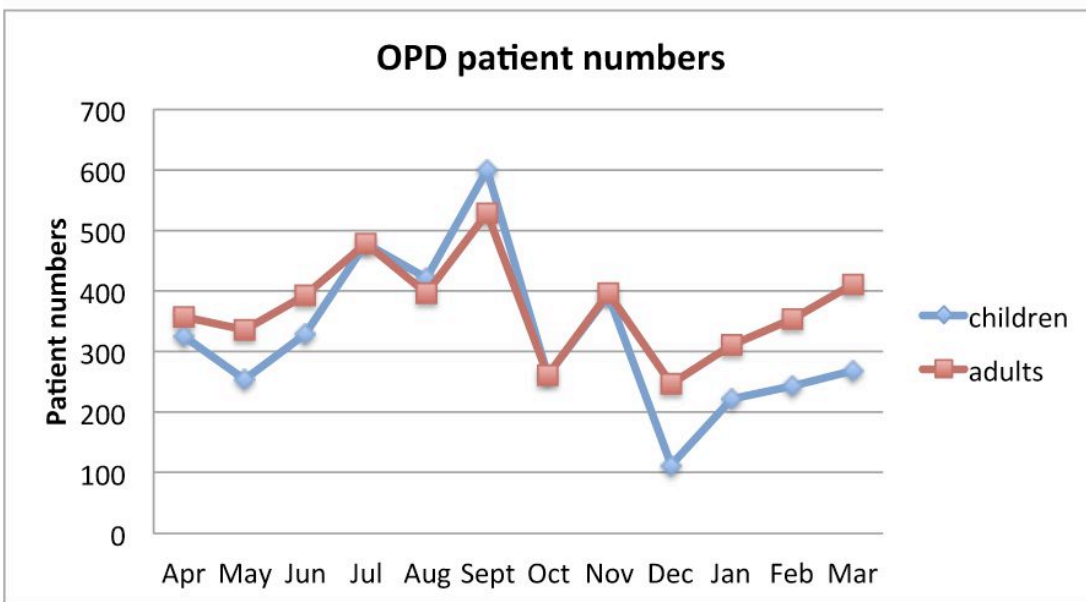


**Pictures:** All admitted patients receive three times a week awareness sessions in relevant health topics. Two times in the week surrounding villages are invited for teaching modules and interactive cooking training how to prepare food for their newborns (Newborn day), or a healthy balanced meal for all family members (Nutrition day). The hospital provides five meals a day for admitted patients.

Outdoor patients

**St. Mary's Child & Mother Health Care Centre April 2016 - March 2017**

	Total	children	adults
April	681	325	356
May	591	253	338
June	724	329	395
July	956	478	478
August	818	422	396
September	1127	599	528
October	522	261	261
November	792	394	398
December	359	113	246
January	532	221	311
February	598	243	355
March	680	270	410
<b>Total</b>	<b>8380</b>	<b>3908</b>	<b>4472</b>

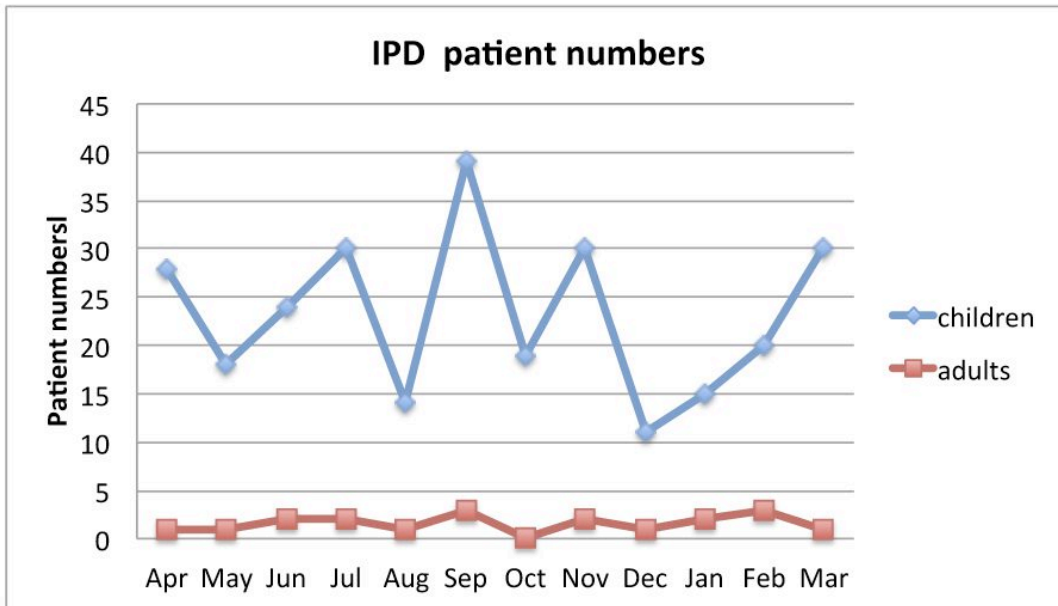


Indoor patients

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
children	28 (7 days average stay)	18 (7 days average stay)	24 (8 days average stay)	30 (5 days average stay)	14 (12 days average stay)	39 (7 days average stay)	19 (7 days)	30 (9 days)	11 (6 days)	15 (5 days)	20 (7 days)	30 (7 days)	278 (7 days average)
adults	1 (17 days)	1 (15 days)	2 (5 days average stay)	2 (21 days average stay)	1 (27 days average stay)	3 (18 days average stay)	-	2 (16 days)	1 (30 days)	2 (19 days)	3 (19 days)	1 (30 days)	19 (18 days average)
Total	29 (7 days average stay)	19 (7 days average stay)	26 (8 days average stay)	32 (6 days average stay)	15 (13 days average stay)	42 (8 days average stay)	19 (7 days)	32 (9 days)	12 (8 days)	17 (6 days)	23 (9 days)	31 (8 days)	297 (8 days average)

The table above illustrates the number of indoor patients admitted per month in our health care centre as well as the average inpatient time.





Diagnostic:

**Laboratory and X-ray report April 2016-March 2017**

	april	may	june	july	aug	sept	oct	nov	dec	jan	feb	mar	Total
blood examinations	130	115	104	192	186	171	90	176	66	90	99	105	1524
urine examinations	11	8	5	13	15	17	8	22	5	7	10	14	135
TB patients	42	40	30	44	35	47	25	49	25	37	40	42	456
pregnant women	7	11	21	18	9	10	7	16	8	12	9	19	147
<b>Total Lab</b>	<b>190</b>	<b>174</b>	<b>160</b>	<b>267</b>	<b>245</b>	<b>245</b>	<b>98</b>	<b>198</b>	<b>71</b>	<b>97</b>	<b>109</b>	<b>119</b>	<b>1973</b>
x-ray	62	48	53	54	72	107	34	92	46	49	72	68	757
USG	27	0	38	42	31	28	12	7	4	4	6	3	202
<b>Total Lab (incl. x-ray)</b>	<b>280</b>	<b>222</b>	<b>251</b>	<b>363</b>	<b>348</b>	<b>380</b>	<b>144</b>	<b>297</b>	<b>121</b>	<b>150</b>	<b>187</b>	<b>190</b>	<b>2933</b>

The Health Care Centre includes a small laboratory for a serie of diagnostics. More complicated diagnostics are done in health facilities nearby. In 2017 the German embassy sponsored a blood cell counter machine to simplify diagnostics.



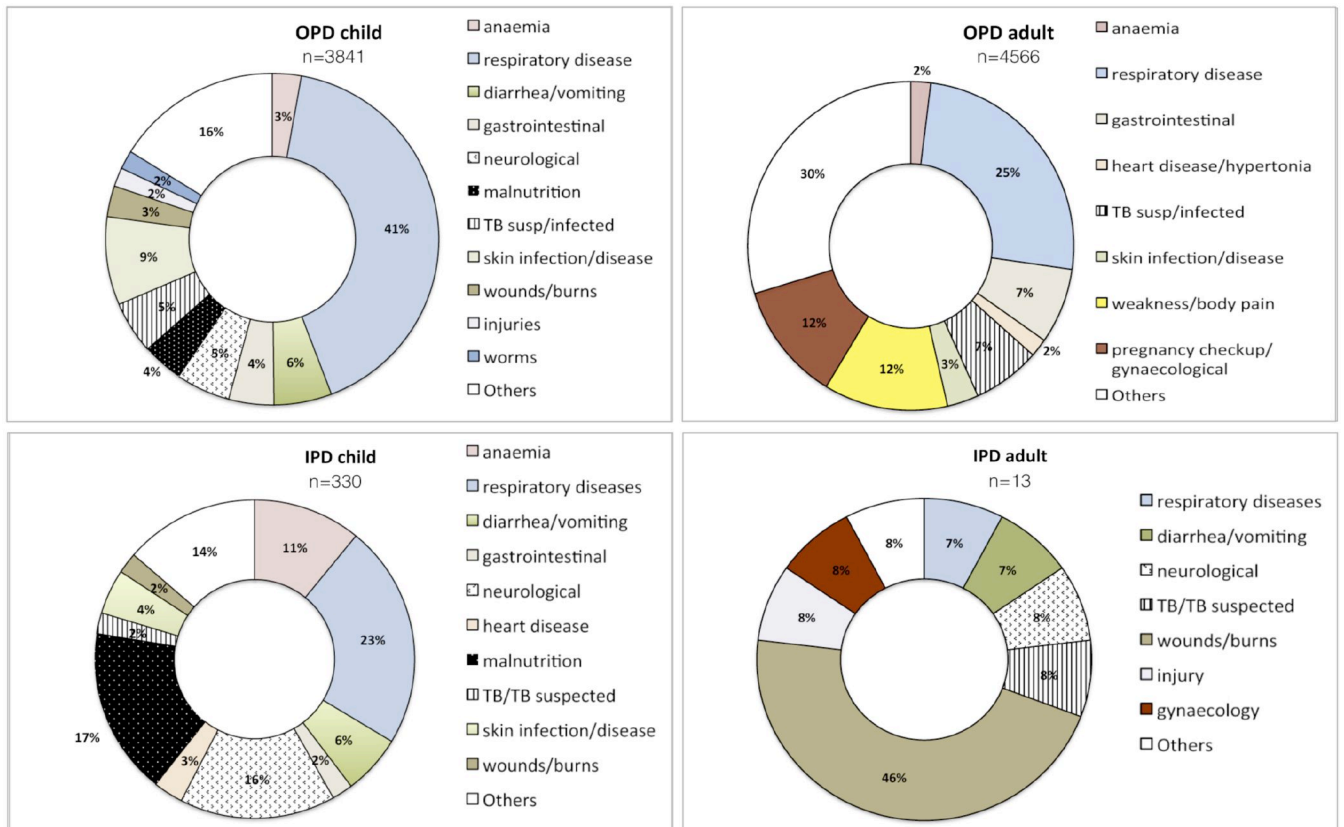
**Ultra-Sonography (USG) from Apr 2016 to March 2017**

Month	Adult	Pregnant	Children
Apr	7	14	6
May	-	-	-
June	14	17	7
July	19	22	1
Aug	14	9	8
Sept	15	9	4
Oct	8	4	-
Nov	-	5	2
Dec	2	1	1
Jan	2	2	-
Feb	3	1	2
Mar	3	-	-
<b>Total</b>	<b>87</b>	<b>84</b>	<b>31</b>

Prenatal care is an important segment of Shining Eyes. In case of unwanted pregnancies, Shining Eyes supports the woman to keep her child, or helps to bring the child to religious sisters for further care. The USG is taking place at least once a week for pregnant ladies but also all kinds of diseases.



## Diagnosis



	Total Apr-Mar '17			
	IPD child	IPD adult	OPD child	OPD adult
anaemia	36	0	107	91
Bitot/nightblindness	0	0	3	7
respiratory diseases	68	1	1554	1168
pneumonia	7	0	24	0
diarrhea/vomiting	20	1	214	0
gastrointestinal	7	0	167	343
neurological	52	1	201	67
heart disease	10	0	44	83
malnutrition	56	0	152	27
TB/TB suspected	7	1	194	310
skin infection/disease	15	0	328	144
preventive checkup	0	0	23	0
wounds/burns	7	6	115	32
injury	0	1	70	0
weakness/body pain	1	0	0	568
gynaecology	0	1	0	185
pregnancy checkup	0	0	0	353
diabetes	0	0	0	18
hypertonia	0	0	0	0
Others	44	1	615	1200
<b>Total</b>	<b>337</b>	<b>13</b>	<b>3841</b>	<b>4566</b>

Our coordinator guides the patients to other hospitals where they need the further operations or diagnostic, which is not possible to be arranged by the Santhals themselves. We help to implement the government schemes like Shishu Shati sheeme after detecting some more children in the villages with heart sound and brought them for the needed diagnostic, ECHO and ECG and registered them in Suri medical hospital. For the urgent cases we got very soon the appointment for operation in Durgapur mission hospital which is free of cost.

### e) Health worker training in the Health care Centre

The social workers, Pampa Ghosh and Debnath Patra organise once a week a health worker training for 9 village health workers. These nine village health workers receive teaching in the hospital in relevant health topics ranging from hygiene, healthy nutrition, child feeding practices, to disease prevention and how to recognize severe sicknesses. Further they bring their weekly reports of the village house visits. The health worker shall look for an adequate implementation of the kitchen garden program by the families in between the scheduled visits by the horticulturists, further look for the nutrition program ongoing in the village, or seek out emergency patients, TB suspected or handicapped persons and accompany them to the hospital. Moreover a health worker assists pregnant ladies in having regular prenatal care. All knowledge transferred to the health worker during the health worker training by the social worker in the health care centre shall be passed on to the villagers.



**Pictures:** Health worker are invited once a week to the hospital to be trained in relevant health topics. Indoor patients are taught several times a week in topics related to nutrition, disease prevention or hygiene.

The social workers are all the time closely linked up to the village health workers and guide them in their village work. Together they organise a nutrition day, newborn day and pregnancy day for preventive check-up. The health workers bring village wise the children and mothers into the health centre, where they get a check-up, awareness training and cooking teaching with a nutritious meal at low cost. Especially the small children below 3 years need a healthy meal with protein, minerals and vitamins to prevent the malnutrition and strengthen the immune system.

#### Social worker visit in village and patient referral to hospital Apr 2016 to Mar 2017

Village	No of general house visits + TB medicine distribution home visit	Number of children referred	Number of adults referred	Number of pregnant referred
Baganpara	458 + 39 TB	230	192	97
Phuldanga	152 + 7 TB	106	120	26
Monedanga	186 + 11 TB	183	166	12
Patharghata	118 + 2 TB	60	45	12
Tantbandhi	60 + 1 TB	35	20	5
Batijol	60	20	10	4

Number of awareness trainings in the villages from April 2016 to March 2017

	Baganpara	Phuldanga	Monedanga	Pathargata
TB	11	11	12	12
hygiene	11	12	12	12
malnutrition	2	-	2	5
supplementary foods	5	6	6	2
pregnancy	7	7	6	6
breastfeeding	4	2	2	4
food habits	4	4	2	-
vit A, B	3	5	4	2
anaemia	2	2	4	3
emergency signs	6	4	4	2
family planning	-	2	2	2
skin infection	-	-	-	2
<b>Total No of topics covered/repeated over 6 months</b>	<b>55</b>	<b>55</b>	<b>56</b>	<b>52</b>

**f) Medical checkups in the villages**

Dr. Monika Golembiewski is a specialist for children and related to “St. Mary’s Child and Mother Health Care Centre”. She gives her voluntary service in collaboration with the local doctors. In the afternoon she organises village checkups in several Santal villages. The target of the village checkups is, to find the malnourished children (through measuring MUAC, weight and length).

Furthermore pregnant women are seen for antenatal care and provision of vitamins as needed. Always the medical team searches for TB suspected persons during the checkups. Especially children of TB families should be screened of TB or get INH preventive treatment.

Severe sick patients are referred to St. Mary’s Health Care Centre for diagnostic and treatment. Once a month our Trustee Prof. Dr. Swapan Mukhopadhyay continues to give his free medical service in this health care centre especially for the neurological children.



**Pictures:** Health worker provides Tonoferon-iron drops to an anemic child. Medical checkup in the village. Anthropometric measurement.

**Table:** Numbers of patients seen in the village during medical checkup

Month	Total Patients seen in the village	Child	Adult	Pregnant
04.2016	175	143	30	2
05.2016	71	42	29	0
06.2016	103	63	35	5
07.2016	200	168	27	5
08.2016	57	50	6	1
09.2016	70	57	12	1
10.2016	53	45	8	0
11.2016	236	194	39	3
12.2016	75	61	11	3
01.2016	79	51	28	0
02.2016	151	132	17	2
03.2016	53	42	7	4
<b>TOTAL</b>	<b>1323</b>	<b>1048</b>	<b>249</b>	<b>26</b>

### g) TB diagnostic

The trust continues its TB program in collaboration with St. Mary's hospital. During village visits we find frequently TB suspected patients who suffer from cough for a long time or have lymph nodes. Children are found especially with extra-pulmonary TB, like bone TB. We refer them to the Health Centre for diagnostic which is provided free of cost (x-ray and Mantoux, blood test is available, FNAC/biopsy is organized from an outside lab). St. Mary's social workers are trained to monitor the TB patients as to guarantee quick commence of the treatment after diagnostic and continuous medicine intake. Also awareness is given to the newly registered TB patients, who are included in the DOTS program and receive additional supplement food. Our social workers make house visit of the TB patients to emphasize them of a continuous treatment.

### DOTS program

Number of suspected and confirmed TB patients

2016	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>TB suspected patients</b>	23	12	8	24	20	27	13	13	13	11	15	9	74
<b>TB confirmed</b>	3	1	5	4	2	3	3	3	4	2	3	1	16

Number of TB patients DOTS

	Apr to Sep 2016	Oct to Mar 2017
<b>Total No of DOTS patients</b>	5	6
<b>Completed DOTS patients</b>	1	2
<b>Incompleted DOTS (died, refused further treatment)</b>	0	0
<b>Started DOTS in 2016, still under medicine</b>	4	4

Number of TB patients

	April to Sep 2016	Oct to Mar 2017
<b>No of pulmonary TB</b>	17	13
<b>No of extrapulmonary TB</b>	12	7
<b>Completed patients</b>	12	9
<b>Incompleted (died, refused further treatment)</b>	2	2
<b>Started in 2016, still under medicine</b>	15	11

Number of confirmed INH patients and report of start and completion of treatment Apr to Sept 2016

Age	Village	Date Start INH	Still under treatment?
1y2m	M.C sister	16.6.16	No
3m	Nurpur 1	25.2.16	No
1y7m	Gopalnagar	29.4.16	No
3y4m	Papuri	27.7.16	No



Pictures: TB patients waiting for X-Ray, TB patients receive awareness and also supplement food regularly, positive Mantoux test in the boy.

**h) Sanitation program (water access)**

Shining Eyes helps to construct community washing houses and water pumps in the cases a village expresses need for it and is willing to contribute manpower for it. Water pumps are regularly installed to support drinking water supply throughout the year and regular irrigation of kitchen gardens. During the dry season in many villages the pond is going to dry, then a water pump is of high importance for drinking water, cooking, and taking bath.



Pictures: A pond is mid-point of daily routine, used for taking bath, cleaning cooking pots, as well as animals.

**i) Bakery**

Some years ago a clay oven has been built up by Shining Eyes members. Still Nilu Murmu bakes regularly once a week Moringa cookies, which are distributed in our nutrition programs in several villages. These cookies are specially designed being energy-dense and rich in nutrients.



Pictures: Village bakery, preparation of Moringa cookies to improve the vitamins and minerals in the children's diet

**j) Cloths for children**

Also in the winter season of 2016/2017 we have distributed warm clothes for the children under 5 years in Monedanga.



Children receive new cloths in the cold season

### 3. Trustees

The Trustees remained in the year of 2016/17 as per the starting point of this charitable trust three years earlier. The following list presents the Trustees and their designations:

	<b>Name</b>	<b>Designation</b>	<b>Profession</b>
1	Prof. Dr. Swapan Mukhopadhyay	President	Medical practitioner
2	Dr. Monika Golembiewski	Secretary	Medical practitioner
3	Satyanarayan Roy	Treasurer /settlor	Social worker
4	Snehadri Shekar Chakraborty	Trustee	Service
5	Dr. Sujit Kumar Paul	Trustee	Service

Only Satyanarayan Roy is working on a daily basis with Shining Eyes India and getting a honorium. All other trustees work on voluntary basis.

The overall goal of this charitable trust is to provide medical care mainly to the needy children and mothers in the rural area. This includes presently curative measures and village health checkups as well as preventive programs to improve nutrition and hygiene. The trust works presently for the poor and tribal families surrounding Bolpur at Birbhum District.

The main focus is to give care for malnourished children, pregnant women, handicapped children and also TB patients. This is conducted in "St. Mary's Child and Mother Health Care Centre" at Makarampur, Bolpur.

*The Trust enjoys 12 AA and 80G benefit.*

### 4. Contact

Postal address: Shining Eyes India, Subhaspally, Post Office Santiniketan, Police Station Bolpur, District Birbhum, Pin Code 731235, West Bengal, India

Email: Satyanarayan Roy: roy.satyanarayan@rediffmail.com

Homepage: <https://www.shiningeyes.de>