

Shining Eyes India

(Registration Under Section 60 And Rule 69)

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ANNUAL REPORT

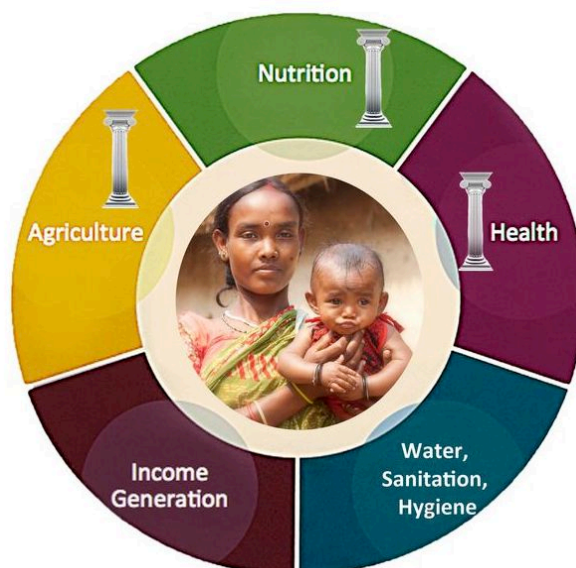
1st April 2018 to 31st March 2019

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 Ghosal-danga 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.



Today Shining Eyes India embraces three main pillars of action:

- health (to provide medical care and diagnostic to the Santals),
- nutrition (to raise awareness for the importance of balanced nutrition in order to break the intergenerational circle of malnutrition and poverty),
- agriculture (to help every family to establish a kitchen garden with a variety of vegetables and fruits, further to start crop-rotation to increase dietary diversity).

These three main pillars are complemented by water, sanitation and hygiene activities (construction of community washing houses and tube wells) and income generating activities.

Nowadays the Trust is active in 35 villages around Bolpur, (No 15.-35. Shining Eyes is active in cooperation with the local NGO Bolpur Manab Jamin):

1. Ghosaldanga
2. Bishnubati (Santal)
3. Bishnubati (Hindu)
4. Baganpara
5. Monedanga
6. Rindanga
7. Panchabanpur
8. Bautijol
9. Bekajol
10. Kulbuni
11. Doltikuri
12. Tatpandi
13. Patharkata
14. Bonerpukurdanga (Khechurdanga)
15. Binodpur
16. Ramlakhandanga
17. Hetedanga
18. Itedanga
19. Katabagan
20. Ballavpurdanga
21. Nurpur 1
22. Nurpur 2
23. Borobagan
24. Borobagan Mitradanga
25. Ruppur Konrapara
26. Hatrasulganj 1
27. Hatrasulganj 2
28. Amradanga
29. Borodanga
30. Muluk Kalitala
31. Paruldanga
32. Kankutia 2
33. Charakdanga
34. Abhirampur
35. Chandanpur

2. Activities:

The following activities have been taken place from April 2018 to March 2019.

a) Nutrition programs for malnourished children and pregnant women:

In former years, the Trust has been implementing nutrition programs for malnourished children and pregnant as well as lactating mothers in several Santal villages. However during the last two years the only nutrition program hosted is in Ringdanga, as in the other villages the health situation is stable.

Still, in twelve villages children (anemic, <-2WHZ) receive nutritious Moringa cookies every week, and in a total of 33 villages a holistic awareness program including supplementary home-based feeding "Nutri-Mix" (a cereal-lentil instant mix, enriched with sugar, oil, milk powder, vegetables and fruits) has been started.

According need further nutrition programs may be started again. In general during a nutrition program 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.

b) Kitchen garden program and Crop-diversification

Also this year the two German horticulturists have been coming for three weeks to intensify structures and strengthen work procedures among the villagers to make them more independent in self-sufficient gardening. In the absence of the two German horticulturists our Indian horticulturist Nilu Murmu continues the work autonomously.

The collaboration with the Rotary Club Bolpur Santiniketan, Birbhum District and the Rotary Club Wiesbaden, Germany exists from 2016 on. Here all Santal families having participated in a nutrition study (attending a long-term nutrition program with subsequent anthropometric and Hb-measurement) were offered to receive assistance in initiating their own kitchen garden. Thereby the “healthy kids project” found its beginning, families were trained about healthy nutrition and could enjoy a higher diversity in their vegetable and fruit consumption over the year. The families are further accompanied according their needs.

From May 2017 a holistic awareness program including the installation of kitchen gardens found its beginning in 12 Santal villages of Shining Eyes funded by the foundation FIAT Panis: “Early identification, treatment and prevention of child malnutrition in rural areas of West Bengal, India”.

This project was conceptualized in the scope of „Auslobung für die praktische Erprobung von Forschungsergebnissen zur Bekämpfung von Hunger in Erinnerung an den 90. Geburtstag von Dr. Hermann Eiselen“.



KITCHEN GARDEN PROGRAMME



This project sought to develop a holistic sustainable program including awareness training and screening to identify those in need with subsequent treatment and monitoring. The aim of each awareness program should be *not to lose a single child, to reach all people in need, to give trust, and to generate knowledge*.

This program was well accepted by the villagers and the structure could be optimized

throughout the program. Thus, additional 21 villages will be covered in the scope of the “healthy kids” project (from April 2019), which is now extended and inspired by the awareness program named above. Hereby, Shining Eyes works in cooperation with the Indian NGO Manab Jamin. Srikanta Mondal coordinates the kitchen garden program as well as the documentation of medical checkups. To conclude presently 33 villages are beneficiaries of the awareness programs including kitchen garden installation and medical checkups. Both programs are conceptualized for a duration of two years.

The kitchen garden program provides assistance to the villagers in selecting a plot of land, installing a fence in order to protect the greens from domestic animals, and in sowing the seeds. Villagers receive training in manure production and disease identification in plants as well as on appropriate vegetable usage. 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. Some of the families already autonomously start their kitchen garden every season, others call Nilu Murmu in order to receive free of cost seeds and advise.



Pictures: Nilu Murmu (horticulturist of Shining Eyes India) performing seeds distribution to the villagers (second line of pictures), Srikanta Mondal (head of Bolpur Manab Jamin) monitoring the implementation of the kitchen garden program in the villages of Manab Jamin (last line of pictures). Other pictures show traditional as well as improved kitchen gardens or crop diversification. Sack kitchen gardening is helpful in cases of unsuitable soil conditions or limited space, here in the picture young fruit trees and seedlings are distributed to the villagers to be planted in the kitchen garden later on.

Likewise to the monsoon season in 2016, also this year families received fruit trees (e.g. guava, mango, lemon, or banana trees). Well-kept mango and guava trees of the plantation period in 2016 have meanwhile a height of 3 metres and bear their first fruits. Unfortunately some of the trees have withered due to limited protection against pests and domestic animals, lack of light/water, or even have been removed due to construction activities. The Ministry of Housing and Urban Affairs, Government of India, launched the Pradhan Mantri Awas Yojana scheme in 2015 promoting improved living conditions for urban and rural poor, this means affordable housing for all in need by the year 2022, thereby brick houses are constructed with toilet and electricity connection. These massive construction activities (also requiring the storage of construction materials) lead to the occasional abandonment or downsizing of kitchen gardens. However villagers are assisted, counselled and motivated to give priority to their garden, in order that the shift from a traditional village scenery to a more modern one, is not done at the expense of the long-term promoted kitchen gardens.

Concerning the crop-diversification program the yield of wheat harvest was less satisfying than expected in the former season due to lack of humidity in the soil. Thus, this year lentils and mustard are the focus. Hereby families with malnourished children receive free of cost seeds.

Number of kitchen gardens in the villages of Shining Eyes

The following tables represent the number of kitchen gardens from summer season 2018 to summer season 2019.

Kitchen garden progress 12 villages -May to July 2018														
No.	Village name	(-3SD)	Anemia	Total family members	Total Garden (n)	Percent of total families having a kitchen garden	Kitchen Garden Size			Quality of harvest			No Land	No Place/ No Land
							Small	Medium	Large	Good	Medium	Bad		
1	Tadbandi	2	3	50	32	64%	6	10	14	24	2	4	2	18
2	Kulbuni	2	18	100	26	26%	9	10	5	14	5	5	2	74
3	Dholtikuri	3	15	80	23	29%	6	5	11	12	8	2	1	57
4	Pathorghata	2	7	100	62	62%	20	16	24	36	15	9	2	38
5	Bacajole	5	12	90	17	19%	4	5	6	9	5	1	2	73
6	Monedanga	2	4	48	12	25%	7	4	1	4	6	2	0	36
7	Baganpara	1	10	35	10	29%	6	3	1	4	2	2	2	25
8	Khejurdanga	2	6	48	11	23%	4	5	2	7	3	1	0	37
9	Panchabanpur	1	4	32	7	22%	3	2	2	5	1	1	0	25
10	Bautijol	1	6	39	14	36%	2	7	4	8	5	0	1	25
11	Ghosaldanga	4	19	83	47	57%	14	16	11	23	13	5	6	36
12	Bisnubati		12	155	10	7%	2	3	4	4	3	2	1	145
Sum 12 Shining Eyes		28	116	860	271	32%	83	86	85	150	68	34	19	589
3 additional villages														
13	Rayerpukur			115	67	59%	25	31	11	36	24	7	0	48
14	Rajaburo			48	42	88%	18	16	8	22	9	11	0	6
15	Tantbuni			28	19	68%	10	4	5	9	4	4	0	9
Sum additional villages				191	128	67%	53	51	24	67	37	22	0	63
Total (15 villages)				1051	399	38%	136	137	109	217	105	56	19	652

Kitchen garden program malnourished children 12 villages - July to Oct 2018										
No.	Village name	(-3SD)	Have a garden	Percent of total families having a kitchen garden	Fruit trees distributed		Quality of harvest			No Land
					lemon	banana	Good	Medium	Bad	
1	Tadbandi	8	7	88%	8	8	7	-	-	1
2	Kulbuni	19	13	69%	15	15	12	-	1	6
3	Dholtikuri	16	16	100%	16	16	11	2	3	-
4	Pathorghata	12	12	100%	12	12	10	2	-	-
5	Bacajole	18	13	72%	18	18	9	1	3	5
6	Monedanga	7	6	86%	7	7	5	-	1	1
7	Baganpara	10	7	70%	3	3	3	2	2	3
8	Khejurdanga	9	9	100%	6	6	9	-	-	-
9	Panchabanpur	3	3	100%	3	3	-	3	-	-
10	Bautijol	6	6	100%	6	6	6	-	-	-
11	Ghosaldanga	20	18	90%	17	17	12	2	4	2
12	Bisnubati	10	7	70%	8	8	4	1	2	3
Total 12 villages		138	117	85%	119	119	88	13	16	21

Kitchen garden report, NutriMix households -Feb, Mar, Apr, May 2019

	Village name	Total Nutrimix No of children	Have Garden		Harvest			Comment	No land	
			N	%	good	medium	bad		N	%
								Water Problem		
1	Ghosaldanga	30	18	60.0	7	8	3	Tubewell water is not enough	12	40.0
2	Bisnubati	7	5	71.4	3	1	1	Tubewell water is not enough	2	28.6
3	Bautijol	8	6	75.0	4	1	1	Tubewell water is not enough	2	25.0
4	Panchabanpur	2	2	100.0	1	1	0	All have good harvest	0	0.0
5	Baganpara	8	3	37.5	0	2	1	Water problem	5	62.5
6	Monedanga	6	2	33.3	0	2	0	Tubewell water is not enough	4	66.7
7	Bekajol	12	8	66.7	6	2	0	All have good harvest	4	33.3
8	Pathorghata	8	3	37.5	3	0	0	All have good harvest	5	62.5
9	Dholtikuri	8	5	62.5	5	0	0	All have good harvest	3	37.5
10	Tandbandhi	13	10	76.9	8	0	2	All have good harvest	3	23.1
11	Kulboni	9	5	55.6	3	2	0	All have good harvest	4	44.4
12	Khejurdanga	8	5	62.5	5	0	0	All have good harvest	3	37.5
	Total	119	72	60.5	45	19	8		47	39.5

Other kitchen garden (not in NutriMix program) - Feb, Mar, Apr, May 2019

No	Village Name	Total Family	Have garden		Harvest			Comment
			N	%	Good	Medium	Bad	
1	Ghosaldanga	83	17	20.5	7	6	4	watering problem
2	Bautijol	39	13	33.3	8	5	0	all have good harvest
3	Bisnubati	155	10	6.5	3	5	2	2 families do not take care
4	Panchabanpur	32	6	18.8	3	3	0	good watering, good harvest
5	Khejurdanga	48	11	22.9	7	2	2	all have good harvest
6	Baganpara	35	10	28.6	5	5	0	all have good harvest
7	Monedanga	48	7	14.6	4	1	2	watering problem
8	Becajol	90	24	26.7	9	7	8	all have good harvest
9	Pathorghata	100	26	26.0	19	4	3	3 garden open area, but good harvest
10	Dholtikuri	80	12	15.0	7	4	1	1 garden open area, but good harvest
11	Kulbuni	100	14	14.0	7	4	3	3 garden open area, but good harvest
12	Tantbandhi	50	30	60.0	7	13	10	all have good harvest
	Total	860	180	20.9	86	59	35	598 families cannot grow during summer season
Total number of gardens in summer season n=262 (NutriMix program n=72 + other gardens n=180)								

c) Baking of Moringa Cookies

Nilu conducts the Moringa leaf harvest autonomously. The fresh leaves are shadow-dried, subsequently processed to powder, stored and then used for the baking of Moringa cookies and for the addition to Instant-NutriMix-porridges provided to moderately and severely malnourished/wasted children (WHZ<-2SD) in the scope of the above mentioned awareness programs. These porridges consist of a roasted wheat-lentil mixture enriched with milk, oil sugar as well as vegetables and fruits.

The two German horticulturists Anne and Rolf Bucher did introduce the weekly baking of Moringa Cookies some years ago. Herefore a clay oven has been constructed. Aside Nilu's responsibility for the monitoring and counselling of kitchen gardens, Nilu Murmu also performs the baking sessions. Every week the village health workers distribute Moringa Cookies to the malnourished children, moreover these households also receive plain Moringa leaf powder to mix it into the cooked food for the child over the day.

According the observations of Anne and Rolf Bucher the children well accept the Moringa cookies, and finish them eagerly. Whereas mothers report that the taste of the plain leaf powder is sometimes disliked by their children, which however may be a subjective feeling of the mother. Anyhow one consequence is, that the mother occasionally mixes Moringa leaf powder in smaller quantities into the food as

recommended. Intensive counselling is needed, in order that the mothers apply the Moringa leaf powder in the adequate quantity, and learn to assist and motivate their children during feeding sessions and practice “responsive feeding”.

Due to the high acceptance of the Moringa cookie, the recipe will be further increased in the leaf powder content.



Pictures: Nilu Murmu baking Moringa cookies with a traditional clay oven.

d) Awareness training, interactive counselling sessions in the villages and health worker training

Aside the kitchen garden programs, holistic awareness trainings on community and household level (topics: 1000-day-window of opportunity, vicious circle of malnutrition, anemia, worm infection, hygiene, emergency signs, pregnancy, family planning) are part of the running awareness projects funded by Fiat Panis and the Rotary Club.

In particular during the first 1000 days of a child’s life “window of opportunity” appropriate infant and young child feeding practices are crucial. Adequate amounts of protein, vitamins and minerals are needed for proper development of the brain and organs, in order that the child can develop its talents and its full physical and cognitive potential.

Moreover health workers are trained to routinely visit households and seek for vulnerable patients, they organize the transportation of patients from the village to the hospital, give advise in health topics, monitor prescribed medication by the DOTs Center for TB patients and assist in applying iron drops for anaemic children, assure the compliance of pregnancy checkups, or look after the kitchen garden if it is in a well-kept condition. In particular the health workers also monitor the household cooking for malnourished children and instruct mothers how they properly enrich the distributed wheat-lentil instant powder with oil, sugar, milk and vegetables or fruits of the kitchen garden.

On a weekly basis health workers come to the St. Mary’s Child and mother health care centre to receive counselling themselves by Indian social workers. This counselling and the performance of the health

workers in the villages is related to a program funded by Klinikpartnerschaften of the GIZ. This weekly training is enriched by occasional courses given by volunteers (e.g. doctors, nurses, nutrition students). This year the horticulturists Anne and Rolf Bucher provided diverse trainings related to vegetable cultivation, the importance of a high variety of vegetables and fruits in the family foods, how to enrich meals with fresh Moringa leaves or Moringa leaf powder, as well as developed and trained new cooking recipes like “Moringa crunchy” or with vegetables filled bread “paratha”. These counselling sessions took place at the health care centre or directly inside the villages (Bautijol, Ghoshaldanga, Tanthbandi) with the help of the well-trained health worker of Ghoshaldanga Parvoti Murmu. Mothers were interested in the new recipes and planned to integrate them in their cooking routines.



Pictures: health worker training in the St. Mary’s Child and Mother Health Care Centre by the German horticulturists. The health workers are taught how to use a variety of vegetables in order to cook a vegetable soup or a vegetable bread “paratha” which can be integrated in every day’s family meals. © pictures Anne and Rolf Bucher



Picture: health worker team of Shining Eyes. This team has been expanded in the scope of the running awareness programs. Herefore 21 new health workers joined the health worker trainings, to spread their knowledge to the villages.



Pictures: health worker training in the St. Mary's Child and Mother Health Care Centre. Health workers learn e.g. appropriate anthropometric measurements as well as iron drop application.



Pictures: interactive cooking trainings on household level.



Pictures: Mothers learn how to prepare a healthy meal for their child. Mothers are trained to cook a balanced meal including foods of all food groups. The change of food habits has to start at home. Families learn how to prepare complementary feeding and how to use the roasted wheat-lentil instant mix powder enriched with milk, oil, sugar as well as vegetables and fruits of the kitchen garden to feed their child. © Jesmin Moumee and Shining Eyes e.V.



Pictures: awareness training as well as interactive cooking trainings on community level.

e) Medical Checkups in the villages

In the scope of the awareness programs, regular medical checkups are the focus as well. The programs have to be understood as holistic screening programs, seeking to find all vulnerable individuals in the villages and to refer them to proper diagnostic, treatment, long-term monitoring or preventive medical checkups. The medical checkups are guided by Dr. Monika Golembiewski who is a specialist for children, as well as by voluntary doctors joining for short-term assignments.

Hereby pregnant women are recorded and receive regular prenatal care supplementary to the ongoing government program (Asa-worker), neurological or handicapped children as well as children with a heart defect are guided inside the government schemes to receive the benefits or surgeries they are entitled for, Tb suspected patients are guided into the government schemes as well, anemic patients receive iron drops/tablets, moderately and severely wasted children receive supplementary feeding (NutriMix Instant powder, oil, milk powder, sugar) and mothers are instructed to enrich the porridge with vegetables and fruits of the kitchen garden. Mothers are trained and supported by village workers to administer the medication regularly and in the right dosage. This improved screening system shall further identify all emergency patients that need immediate treatment.

Medical village checkup, screening for:

Anemic children (6-24m all children receive iron-drops, >24m only if Hb<10g/dl)

→ iron + monitoring, during infection no iron shall be applied, control Hb after three months of treatment

Malnourished children (6-24m all children receive NutriMix, >24m only if WHZ<-3)

→ NutriMix + interactive Counselling + kitchen garden + monitoring

Pregnant women → prenatal diagnostics + monitoring

TB patients → DOTs TB-program + monitoring

Infectious/neurological/heart children → hospital



Pictures: Medical checkup in order to screen for vulnerable patients, anthropometric measurements, hemoglobin measurement with the HemoCue201+ portable system.

The table below represents the numbers of patients seen in the village during medical checkup.

Month	Total Patients seen in the village	Child	Adult	Pregnant
04.2018	117	97	14	6
05.2018	-	-	-	-
06.2018	11	11	-	-
07.2018	142	135	7	0
08.2018	50	45	4	1
09.2018	32	19	8	5
10.2018	-	-	-	-
11.2018	247	210	29	8
12.2018	-	-	-	-
01.2019	-	-	-	-
02.2019	442	368	22	52
03.2019	-	-	-	-
TOTAL	1041	885	84	72

The table below illustrates the number of children receiving NutriMix (n=89), Tonoferon or Glyzifer (n=98), interactive cooking training on household level (n=89), the housevisits performed by village health workers (VHW's) per week/per village, the number of patients referred by VHW's to health facilities, and the number of community trainings provided by social workers (SW's) per village (n=74), as well as the number of health worker- (n=37), and mother trainings (n=33) in the scope of the Newborn Days by the SW's at the St. Mary's Child and Mother Health Care Centre.

Village name	Nutrimix	Tonoferon	Glyzifer	Training in household for nutrimix	House visits per week by VHW's	Patients referred to health care centre by VHW's	Community training/ Village meeting (SW)	No. of trainings done by SW on Wednesday (VHW's), Saturday (mother's) at hospital)
Baganpara	8	8	4	9	13	16	6	
Monedanga	7	5	5	8	12	8	6	
Khejurdanga	10	7	2	6	11	4	6	
Ghoshaldanga	9	7	3	6	16	21	7	
Bishnubati	9	4	4	9	10	7	7	
Batijol	3	1	4	5	6	6	6	
Panchabanpur	NO	NO	1	2	3	2	6	
Bekajol	12	9	5	7	13	9	6	
Pathargata	8	6	2	8	8	13	6	
Dhotikuri	8	5	-	4	8	14	6	
Kulboni	9	7	1	6	9	11	6	
Tantbanhi	6	3	5	9	8	12	6	
Total = 660	89	62	36	89	117	123	74	

SW=social worker
VHW=village health worker

f) Preventive Newborn Day

In September 2018 a program was launched in order to achieve “Improvement of the provision of health care for Adivasis, West Bengal, India. Also here the focus is placed on raising awareness and early identification of vulnerable individuals through medical checkups. Health workers and social worker receive trainings, perform community awareness trainings or regular house visits in order to assist villagers in diverse issues (monitoring of kitchen garden keeping, monitoring of proper application of prescribed Tb medication or iron drops/tablets, counselling mothers in cooking with a variety of vegetables and use of NutriMix for malnourished children etc.). Aside the counselling activities inside the health care centre and the villages, the Newborn Day – a preventive medical and early detection examination is the primary focus of the program. Hereby women are invited with their newborns and young infants in order to receive a preventive medical checkup for themselves and their children, awareness training, a nutritious meal and a take home ratio. The checkup is inspired by the German U-examinations system (foremost U2-U6). Thereby sicknesses, anemia or heart defects can be detected at an early stage of life. Children receive proper treatment and care. Mothers themselves gain knowledge in topics like breastfeeding, appropriate complementary feeding, how to identify sickness in their children, or family planning methods. Already in the time period between the first checkup in Nov’18 until the second checkup in Apr’19 we see more mothers from the villages coming independently to our health care centre when they feel their child is sick. Moreover mothers realise the importance of appropriate complementary foods from the sixth months of child’s life on. The program is well accepted and the demand is increasing from the surrounding villages. The „Newborn day“ medical checkups are attended by social workers who give counselling sessions to the mothers and coordinate patients through the day. A consequence is that the social workers became more sensible towards vulnerable children. By themselves they recognize neurological movement disorders, or development deficits of children in the villages and bring them to the hospital, as also they became more aware about the mile stones of proper child development.



Pictures: exemplified schedule during Newborn Day (preventive Newborn Checkup), funded by Klinikpartnerschaften of GIZ. Women are picked up in the village and brought to the St. Mary’s Child and Mother Health Care Centre. Anthropometric measurements of children and mothers with subsequent preventive medical checkup are performed.



Pictures: Awareness trainings take place in the health care centre. (topics: healthy family nutrition, breastfeeding, complementary foods, how to recognize sickness in the child, or family planning). After the counseling session mothers get a nutritious lunch, are practically in taught how to prepare a nutritious porridge for their child, and receive a take home ratio (soap, seasonal fruits, egg, dates, dal etc.).



In Nov'18, 40 children and 39 mothers were investigated, in Feb/Apr'19, 97 children and 96 mothers received the medical checkup and awareness trainings. Also 34 children being suspected of having a heart disorder, could be identified due to the performed medical checkups, and due to the increased social worker and health worker activities.

g) 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-suspected patients receive diagnostic and are referred to the DOTS program. Two ambulance cars are available for patient transport to transfer emergency patients to Sian/Bolpur Hospital, and 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.

Patient referral (n=83 patients)

- Chemo-radiotherapy
- orthopaedic cases
- extra-pulmonal TB (bone surgeries)
- burns
- club feet

The St. Mary’s Child and Mother Health Care Centre could arrange diverse surgeries in the last year as in the years before (appendicitis, polycystic kidneys, fibroid uterus, uterus prolapse, anal stenosis, heart surgeries etc.).

In this established preventive health care centre mothers from the villages receive awareness about nutrition, hygiene, child health care and emergency signs, pregnancy, complications during delivery and family planning methods, 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.

Once a month our Trustee Prof. Dr. Swapan Mukhopadhyay (picture below) continues to give his free medical service in this health care centre especially for the neurological children.

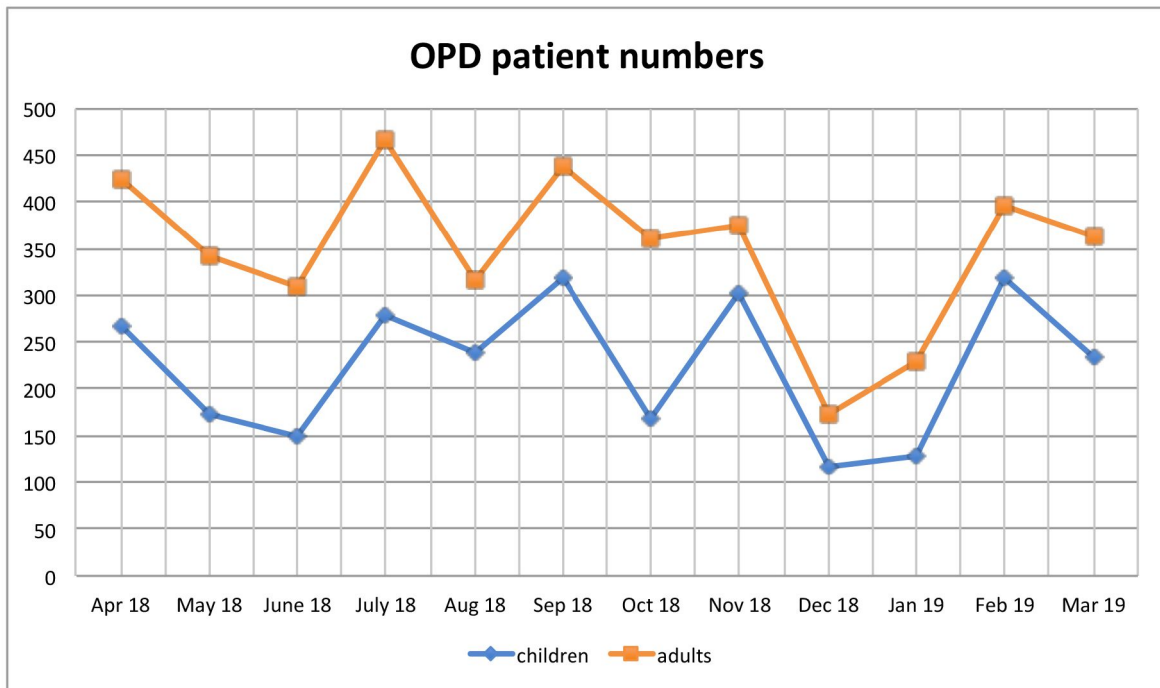


Outdoor patients

St. Mary’s Child & Mother Health Care Centre April 2018-March 2019

This year 2690 children, 4189 adults, this means a total of 6879 patients were investigated during OPD. The patient flow over the year can be seen in the figure below.

Outdoor patients			
Months	Children	Adults	Total
Apr 18	266	423	689
May 18	172	341	513
Jun 18	149	310	459
Jul 18	279	467	746
Aug 18	238	315	553
Sep 18	318	438	756
Oct 18	168	361	529
Nov 18	302	374	676
Dec 18	117	172	289
Jan 19	129	229	358
Feb 19	319	396	715
Mar 19	233	363	596
Total	2690	4189	6879



Indoor Patients:

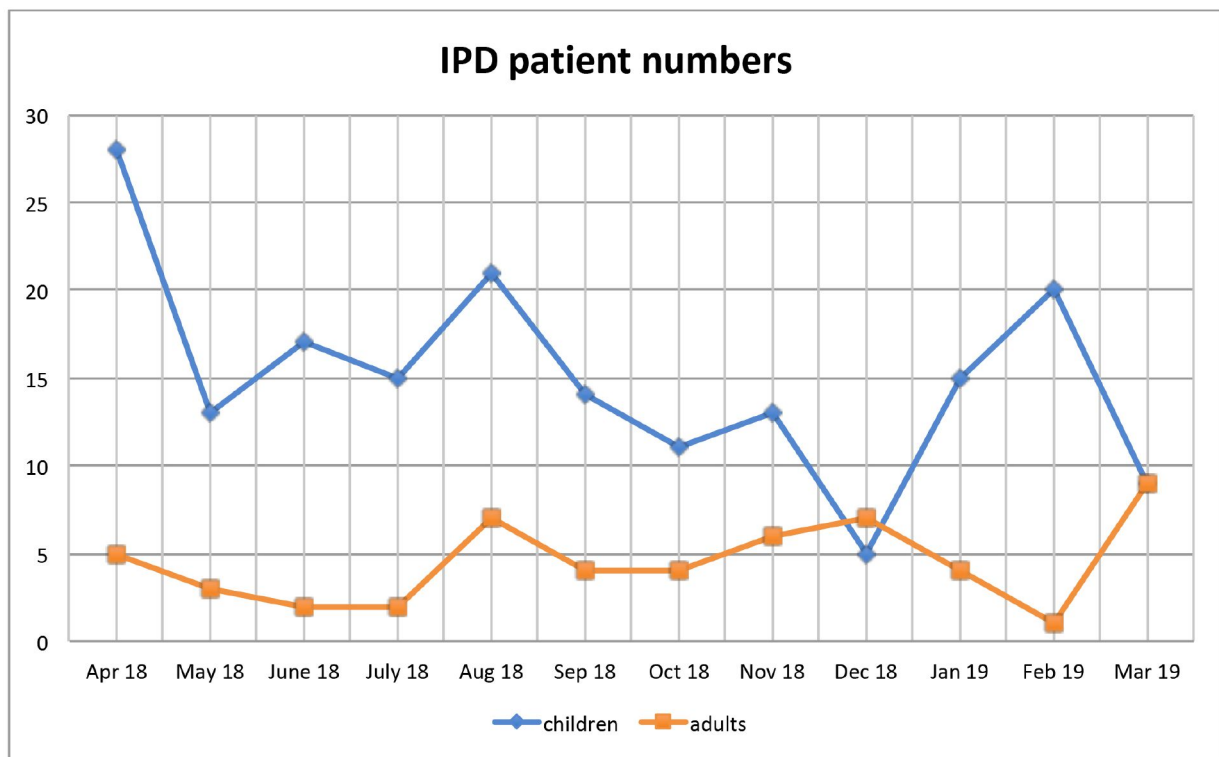
St. Mary’s Child & Mother Health Care Centre April 2018 - March 2019

The St. Mary’s Child and Mother Hospital has 10 beds to admit patients who need supplementary feeding or are waiting for referral to other health facilities. In this year 54 adults, and 181 children were admitted with an average time of admission of 18 days and 10 days, respectively.

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

Indoor patients	Adults	Children	Adults		Children		
Months	Number Adults	Number Children	n	Average time of ssion (days)	n	Average time of admission (days)	Total
Apr 18	5	28	4	19.5	19	9.3	33
May 18	3	13	3	15.7	13	11.2	16
Jun 18	2	17	2	30	17	9.3	19
Jul 18	2	15	2	27	10	6.1	17
Aug 18	7	21	7	14.9	21	5.8	28
Sep 18	4	14	4	16.5	14	14.1	18
Oct 18	4	11	4	8	11	10.5	15
Nov 18	6	13	6	14	13	16.2	19
Dec 18	7	5	5	15.4	3	9.7	12
Jan 19	4	15	6	30	14	10.9	19
Feb 19	1	20	2	30	19	7.6	21
Mar 19	9	9	9	164	8	8.3	18
Total	54	181	54	18.3	16	9.7	235

The number of patients having been admitted per month can be seen in the figure below.



Diagnostic:

The Health Care Centre includes a small laboratory for a series of diagnostics, including a blood cell counting machine. More complicated diagnostics are done in health facilities nearby.

Laboratory and X-ray report April 2018-March 2019

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total Number of Lab tests	110	123	101	145	146	152	89	120	64	100	109	118	1377
x-ray	78	55	64	67	72	45	23	66	20	45	56	54	645
Total Lab (incl. x-ray)	188	178	165	212	218	197	112	186	84	145	165	172	2022



Picture: Debashis Roy Chowdhury at his work (X-ray)

Ultra-Sonography (USG) from Apr 2018 to March 2019

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.

Month	Children	Pregnant	Adult
Apr 18	6	7	23
May 18	1	4	9
June 18	3	2	16
Jul 18	1	13	20
Aug 18	2	5	18
Sep 18	1	4	21
Oct 18	-	-	17
Nov 18	4	6	26
Dec 18	2	2	8
Jan 19	1	4	15
Feb 19	2	1	11
Mar 19	-	-	7
Total	23	48	191

EEG patients during last year Apr2018 to Mar 2019: 85 patients



Picture: Nimanti Majhi doing EEG.

Gynaecological screenings

Our gynaecologist Dr. Udpol coordinated cancer screenings at the St. Mary's health care centre. Hereby a total of 503 gynaecological screenings took place in the year 2018/2019, during the weekly offered consultation hour. Dr. Udpol also organises gynaecological and surgical interventions in other health facilities (hernia, anal stenose etc.)



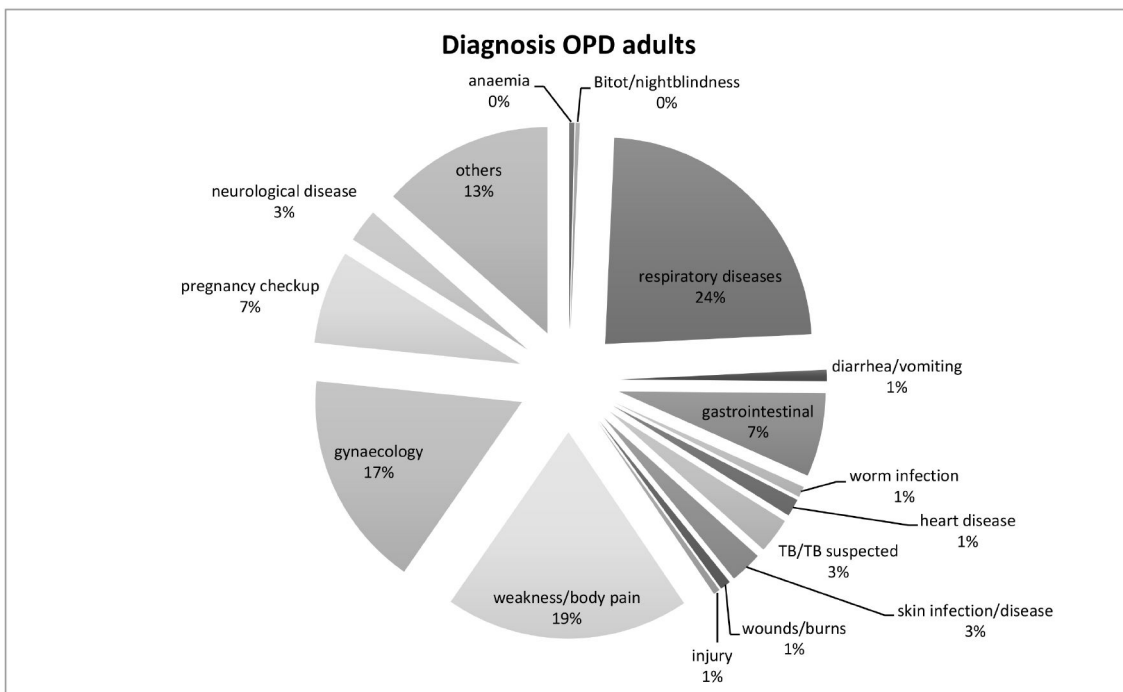
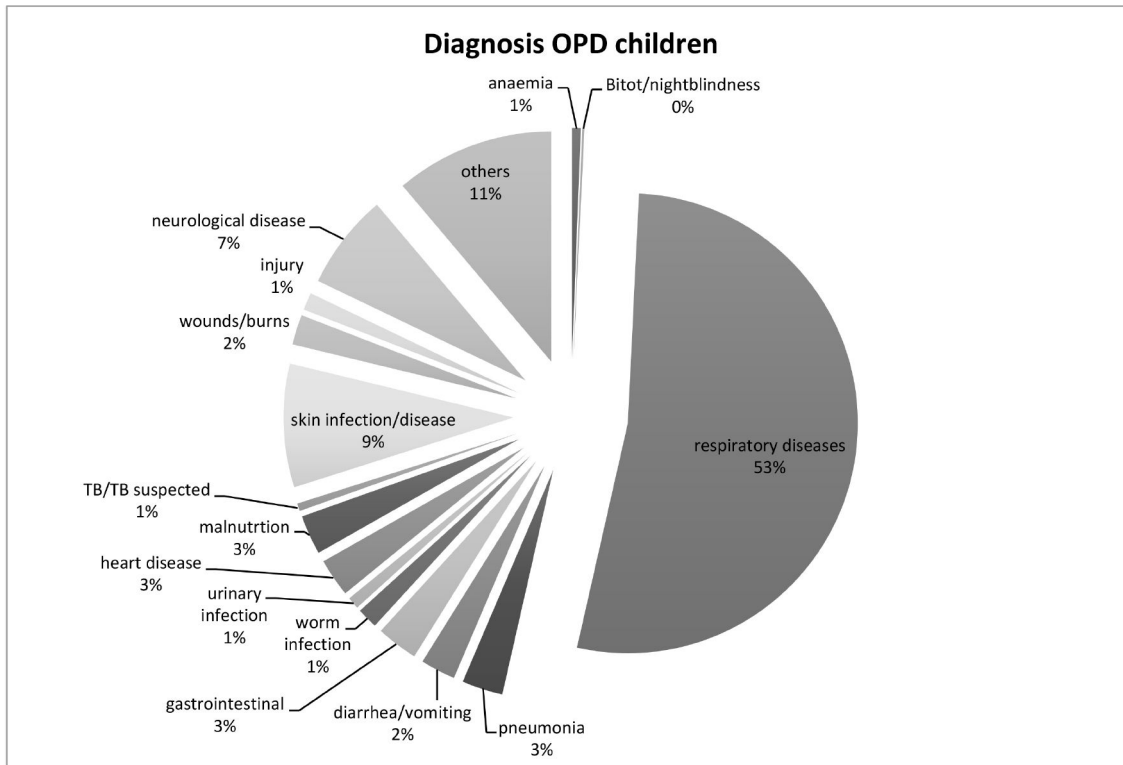
Diagnosis

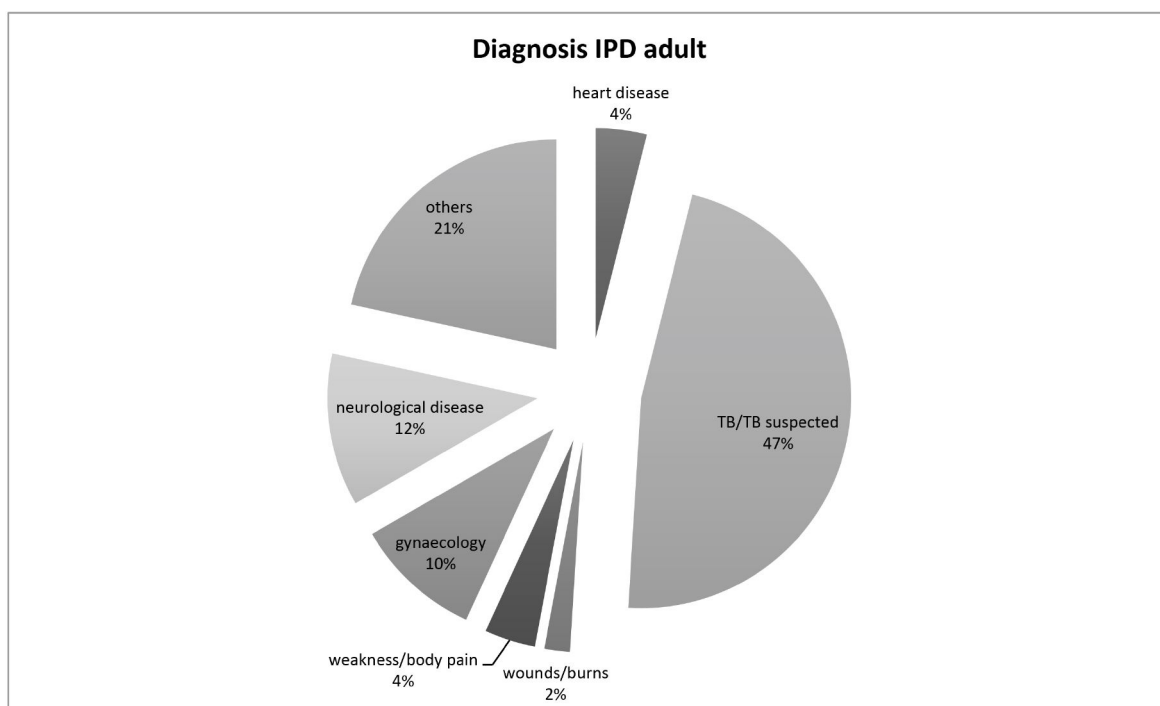
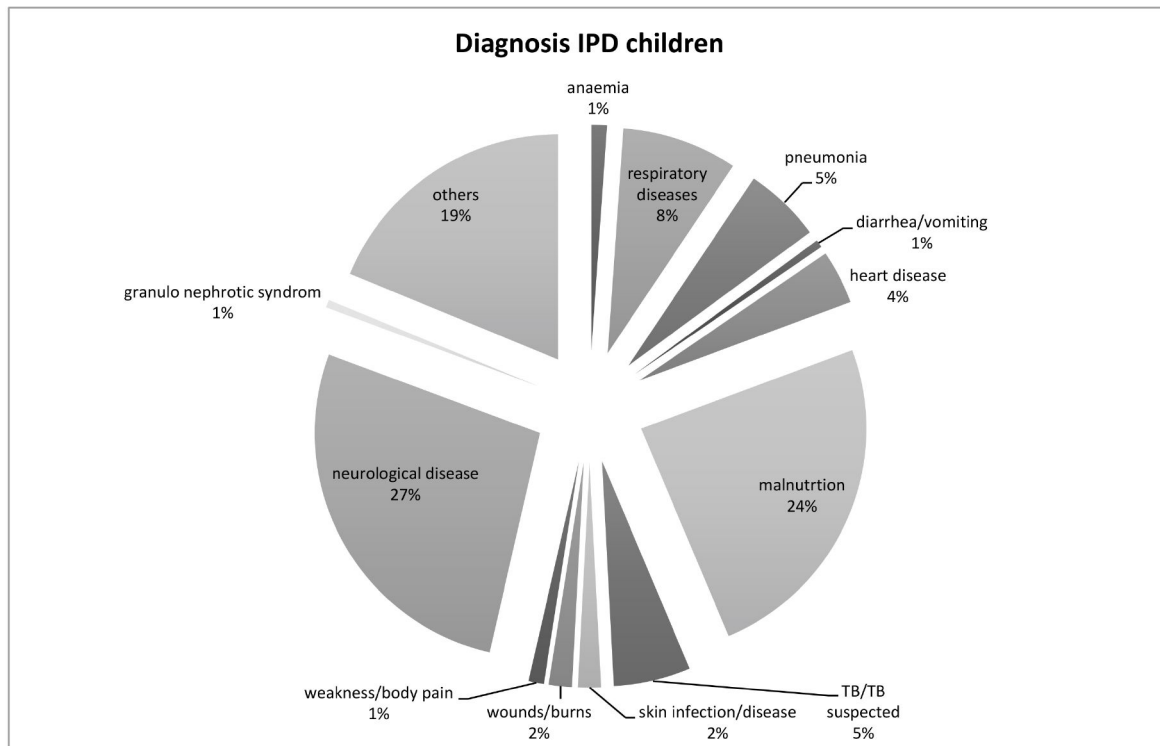
The following table illustrates the diagnosis during OPD and IPD.

Respiratory diseases, skin infections, and neurological diseases were most frequently diagnosed among children during OPD. Adults most frequently suffered from respiratory diseases, weakness/body pain, or gynaecological problems. During IPD neurological disease, malnutrition and respiratory diseases were the most frequently reasons for admission of children. Adults admitted were TB suspected/or diagnosed with TB, suffered from neurological diseases, gynaecological problems, or others diseases (e.g. cancer).

Diagnosis OPD, Apr'18 –Mar'19	OPD		IPD	
	No. children	No. adults	No. children	No. adults
Paraplegia	0	0	0	0
Anemia	16	16	2	0
Bitot/nightblindness	4	13	0	0
Respiratory diseases	1375	957	15	0
Pneumonia	75	0	10	0
Diarrhea/vomiting	64	36	1	0
Gastrointestinal	76	267	0	0
Worm infection	38	34	0	0
Urinary infection	22	0	0	0
Heart disease	70	56	7	2
Malnutrtion	72	0	44	0
TB/TB suspected	14	112	10	24
Skin infection/disease	226	103	3	0
Preventive chechup	0	0	0	0
Wounds/burns	55	34	3	1
Injury	32	21	0	0
Weakness/body pain	0	778	2	2
Gynaecology	0	690	0	5
Pregnancy checkup	0	298	0	0
Diabetes	0	0	0	0
Hypertonia	0	0	0	0
Fever & cold	0	0	0	0
Cp	0	0	0	0
Convulsion	0	0	0	0
Neurological disease	175	106	49	6
Granulo nephrotic syndrom	0	0	1	0
Others	291	547	34	11
Total	2605	4068	181	51

Visual presentation of the prevalence of different diagnosis during OPD/IPD for children and adults, in the figures below.





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 scheme after detecting children in the villages with heart sound, then we guide them for the needed diagnostic, ECHO and ECG and registered them in Suri medical hospital. For the urgent cases we get appointments for operation in Durgapur mission hospital, which is free of cost.

Children aged below 16 years receive a heart surgery free of cost in the scope of the Shishu Shati scheme. A total of 68 children were screened for any heart anomalies/defects. Thereof 60.3% had no defect, whereas 39.7% suffered from any anomalies or defects. Of these 27 children 55.5% were further monitored, and 44.4% received a surgery (Table below).

Total number of children screened for heart defect	Number of children with no defect/anomalies	Number of children diagnosed with any heart defect/anomalies	Number of children monitored	Number of children needing a surgery
68	41 (60.3%)	27 (39.7%)	15	12

h) TB screening and diagnostic

The trust continues to find out TB suspected patients to bring them to the DOTs program. 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 supplementary to the government workers (Asa workers). In particular awareness trainings are provided to the newly registered TB patients, who are included in the DOTS program and receive additional supplement food by us. Our social workers make house visit of the TB patients to emphasize them of a continuous treatment. In this year a total of n=93 patients were screened for TB (TB-suspected), and n=17 (18.3%) were confirmed with TB.

i) Cloths for children

Also in the winter season of 2018/2019 we have distributed warm clothes for the children under 5 years in he villages Kulbuni, Doltikuri, and in the St. Marys health care centre during jubilee day on 11.2.19.



3. Trustees

The Trustees remained in the year of 2018/19 as per the starting point of this charitable trust three years earlier. Note: new board community was formed on the general annual meeting on 14/07/2019.

The following list presents the Trustees and their designations:

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

Only Satyanarayan Roy is working on a daily basis and getting a honorium from Shining Eyes India, all other members are working on a 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

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