

Report on the award as „Pediatrician in crisis regions“

As young pediatrician I felt the growing wish to provide medical aid to the children in India –inspired by Albert Schweitzer and Mother Teresa in Kolkata as role models.

Soon after I met the German writer Martin Kämpchen, who has setup an evening school for Santals in an Adivasi village, West Bengal. He told me that they had no doctor there and just said „Come along to see“. This found open ears and an open heart, and after my family, my man, and the two sons as well as the joint practice gave green light, in 1994 I traveled the first time to Kolkata and then with the train to Santiniketan, West Bengal. With an ox cart I was brought to a Santal village, and I stayed there four weeks, like on an island, without mobile phone, electricity or bicycle. I lived with them in a mud house and got to know and to love the Santals –also they accepted me as their village member. I treated the unusual sicknesses with medications from my medical suitcase which I had brought along.



These ties of friendship grew stronger, so I decided to come every year in my holidays. Well-prepared I started the first preventive projects including the processing of medicinal plants, hygienic trainings and teaching of mothers in health topics. Soon after also my son Nico and his girlfriend (his today's wife) Silvia, came for a university semester, in order to see what the mother was performing there. It was the initiation of the first nutrition programs for malnourished children and teaching of village health workers in first aid. The young students built a clay oven, baked bread with carrots, nuts and dates, in order to enrich the daily meals of the children -which consisted until then only of rice... also these two have lost their hearts to the Santals and came the next years regularly to India.





All the experiences in the villages –marked by a high mortality rate of mothers and children due to tetanus infections of newborns, burning wounds –which stayed without treatment, as well as severe tuberculosis cases – which stayed unrecognized, let grow the wish to build a hospital for these vulnerable people. This hospital could be the bottleneck between the rural and city regions, to provide Santals with first diagnostics and guide them to other health facilities if needed. Inspired by this wish I talked to a local nun, equally a medical doctor, who admitted to have the same wish, however no money. The construction plan was already there. Finally we – a nun, a pediatrician, two students – my son and his today’s wife (engineer, development economist), planned the hospital and searched for funding in Germany.



In Germany we founded the association „Shining Eyes“, and started to build the St. Mary’s Child and Mother Health Care Centre. After one year we could already inaugurate the ground floor. Meanwhile the hospital has been put into operation for the last 9 years and has 10 beds. We can treat tuberculosis (extrapulmonary, bone TB), malnourished children, and infectious diseases. Again and again it touches me how formerly doomed children, suddenly are jumping lively the corridors up and down after having received the life-saving therapy. We also offer preventive activities including pregnancy checkups, cancer prevention and newborn checkups. In 33 villages we conduct health- and nutrition programs for pregnant women and children younger than four years, with regular

medical checkups, anthropometric measurements of weight, length, or mid-upper arm circumference and hemoglobin assessment.



In our health care centre we produce a roasted wheat-lentil-powder instant mix and distribute it to the malnourished children. Mothers are trained to use this time saving preparation of specially prepared infant food and to further enrich it with oil, milk, sugar (provided by us) and vegetables and fruits (from the markets or homestead food production) to make it a nutrient rich diversified meal. Every week 33 village health workers are trained in our centre, who subsequently teach mothers in

the villages with interactive cooking trainings. Moreover our health worker team looks for vulnerable villagers (malnourished, anemic, neurologic, handicapped, sick children, pregnant women, or emergency patients) and bring them to the hospital. Moreover we initiated agricultural and horticultural incentives like crop-diversification or kitchen garden programs, in order that the nutrition can get more varied with sustenance, the focus is on diversification away from monoculture. Through our health and nutrition programs we could reduce the rate of moderate and severe anemia on average from 75% to 30% after one year. Local doctors join our St. Mary's hospital: pediatrics, general practioners, child neurologists, cardiologists, a gynecologist and one dentist. Everyday we have consultation hours/ambulance in our outpatient department and we make diagnostics with laboratory, X-ray, sonography, ECG, EEG. Due to undernutrition there is a high rate of heart defects and kidney diseases. We have a high rate of extra-pulmonal tuberculosis (bone-, abdominal-, and meningeal TB).



Malnourished child with 1.1 kg, and 6 months of kangarooing and special care



Asrupi with abdominal-Tuberculosis, and after one year of anti-TB treatment

The misery is rooted in the malnutrition of the mothers and children and the severe development of infections (pneumonia, typhus, Dengue fever, diarrhea, skin infections), for which cases Santals now come to us and accept thankful treatment.

I am deeply grateful for this work and i feel that we are accompanied by the blessings of God –the Almighty, who brought this appeal into my heart and is guiding us everday with his power, which we all can feel and which brings us trust and safety.

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