

Shining Eyes India

(Registration Under Section 60 And Rule 69)

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ANNUAL REPORT

1st April 2017 to 31st March 2018

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 17 villages around Bolpur:

1. Ghosaldanga
2. Bishnubati (Santal)
3. Bishnubati (Hindu)
4. Baganpara
5. Monedanga
6. Rindanga
7. Panchabanpur
8. Bautijol
9. Bonepukurdanga (Khechurdanga)
10. Rayerpukur
11. Rajaburo
12. Tanpuni
13. Tatpandi
14. Patharkata
15. Kulpuni
16. Bekajol
17. Doltikuri

2. Activities:

The following activities have been taken place from April 2017 to March 2018.

a) Moringa oleifera and Amaranthus tricolor Dissemination Seminar April 2017

On Monday April 3rd, and April 4th 2017 a seminar on how to support early childhood development under nutritional & medical aspects took place, as well as on how to use local resources for improving nutrition & health in the rural area. This seminar was hosted by Shining Eyes e.V. and funded by the foundation FIAT Panis Germany. Amongst other valuable guests we could welcome the German ambassador Mr. Schrod, the BDO Mr. Samit Panigrahi, the SDO Sampa Hazra, further Swapan Bikash Saha -the director of nutrition of CINI (Child in Need Institute).

Pictures: Impressions of the Moringa & Amaranthus Dissemination Seminar



The initial idea behind this seminar found its origin through the nutrition intervention study implemented from February 2015 to August 2016 by Shining Eyes in cooperation with the NGO Bolpur Manab Jamin, funded by Shining Eyes, FIAT Panis and the Rotary Club. The purpose of this study was to investigate whether the adding of *Moringa oleifera* and *Amaranthus tricolor* leaf powder versus an adjusted amount of an industrial micronutrient supplement show a comparable effect on the hemoglobin level in children. As a follow-up project participatory learning and action modules are started in 24 villages, accompanied by medical checkups and screening for emergency patients, anemic children, moderately and severely wasted children, TB patients and pregnant women. This holistic awareness program is further outlined in sections (d).

Some key findings of the seminar were: most important will be to raise the awareness for a healthy living in each Santal family. Only then villagers themselves will recognize conditions of sickness early enough, and will adapt to potential changes in a sustainable way. The kitchen garden approach was well received and is one promising strategy to achieve a self-sufficient living for each family with a diversified diet - including *Amaranthus* and *Moringa* amongst other dark green leafy vegetables and a variety of colours inside the garden according season. The diversified kitchen garden plays a key role for improving nutrition in a holistic approach.

Picture: The Telegraph dedicated the *Moringa & Amaranthus Seminar* a full page, which made us glad.

THE TELEGRAPH CALCUTTA SATURDAY 20 MAY 2017

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metro

Caring hands all the way from Germany

CHANDREYEE CHATTERJEE

May 19: A German paediatrician landed up in Goshaldanga, Bolpur, with a bagful of medicines and a heart filled with the desire to work with the needy and disadvantaged in India. Twenty-three years on, Monika Golembiewski spends nearly half the year in Bolpur, working across 20 villages and providing healthcare through a hospital and childcare centre she helped build.

Golembiewski, 38 when she first came to India, had been inspired by Mother Teresa. "I was inspired by Mother's work and also Albert Schweitzer, a German missionary who went to Africa. I always wanted to come to India and work but it didn't seem possible till I met writer Martin Kampchen, who was doing some development work in the Santal villages around this area," the German doctor said.

It was Kampchen who told Golembiewski about the Santals and their need for medical help. "I said yes," said Golembiewski, sitting in a seminar room of the St. Mary's Child and Mother Healthcare Centre, which is also the office of the Shining Eyes NGO, which she founded.

The NGO was hosting a two-day seminar in Bolpur on the findings of an 18-month-long project on the potential of moringa and amaranthus in boosting child health.

Golembiewski's stay in a mud house with no electricity or telephone was "difficult" but she kept coming back every year for her holidays, drawn by the villagers with whom she had forged a friendship and the opportunity to fulfil her life-long dream of serving people.

"In my subsequent visits, I realised from my interaction with the villagers the need to focus on preventive work. So we slowly worked on getting proper water supply and ensuring good hygiene," said Golembiewski, who had a role to play in building bath-

rooms in the villages and installing tubewells, with the help of the German consulate in Calcutta.

It was while working in the village that Golembiewski thought of building a hospital for the local people — an idea she shared with Sister Philomena of the Carmelite society. Together, they embarked on the project. Sister Philomena got the architectural plan ready and Golembiewski sought the help of her son Nico, a student of architecture. Nico's girlfriend, and now wife, Sylvia got involved as well. A nutritionist, she played a significant role in the project.

"It was one nun, one paediatrician and two students who built the hospital. We started planning in 2002 and it was ready in 2011. Once the hospital was inaugurated, we realised that it was necessary to have a society or a trust because we needed to fund the hospital. That is how Shining Eyes came about," said Golembiewski.

The NGO reaches out to 20 villages and has trained 10 health workers in the past two years.

"The best part of my work here is the friendship and partnership that we have established with the people. Never once did they think that we were foreigners," said Golembiewski.

The NGO collaborates with Hohenheim University, Stuttgart, for research projects and students from the institute volunteer with Shining Eyes on projects.

"We have all this data and knowledge but we are reaching out to only 20 villages. Our vision is to spread it out, give it to the anganwadi centres so that they can implement the knowledge about how to grow plants and how to incorporate them in daily diet. Or how to train mothers and workers at feeding centres. It is a great way to fight anaemia and vitamin deficiency. And we know that it is possible," said Golembiewski, who doesn't want to be credited for all the work alone.

"In today's world, knowl-

edge is considered one of the most important raw materials. Spreading awareness about hygiene, clean water and healthy practices is of utmost importance, especially in the rural and tribal areas. We are proud that we are able to support Shining Eyes," said Jurgen Thomas Schrodt, the deputy co-ordinator of Germany, who attended the seminar.

The St. Mary's Child and Mother Healthcare Centre also works as a nutrition rehabilitation centre and treats diseases caused by malnutrition — infections, malformations, and tuberculosis. Every service at the hospital is free — check-up, medicine, diagnostic procedures including blood tests and X-rays.

"If further treatment is needed, we discuss it and fund it. Shining Eyes Germany raises funds through programmes and presentations for our work here," said Golembiewski. "Now we have the confidence of the villagers and not one child has died in our health centre since it opened," she said.

From reading sonnets to critically appreciating plays, Team Shakespeare will get to enjoy the Bard's works. Team Dahl will capture the wit of the master storyteller. Both sessions will end with a performance scripted and staged by the students on May 28. The skills to be taught include vocabulary development, pronunciation, script-writing, storytelling, confidence-building, teamwork and leadership.

"Shakespeare was such a hit theme last year that we decided to include it, along with Dahl, this time too. The study plan, videos and teaching aids are being prepared by a team of writers from India," said Kalpita Sarkar, the academic manager of British Council's Calcutta English learning centre.

The Calcutta centre is looking at catering to around 900 students aged seven to 17.

For Shreya Basu, a faculty at British Council Calcutta, it is a challenge engaging the younger lot. "They are usually very enthusiastic. The classes need to be charged with energy. The kids want to get involved in every aspect of the final production from scripting to making props," Basu said.

The students will be given a report card at the end of the sessions. "We are celebrating UK-India Year of Culture this year. Both Shakespeare and Dahl connect readers of all ages across the UK and India. We hope to see a fantastic play of ideas," said Debajana Chatterbari, the director of British Council East India.

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Kids bond with Bard and Dahl
A STAFF REPORTER

May 19: A glimpse into *A Midsummer Night's Dream* or storytelling in *The Boy* — students are spending their vacation with Shakespeare and Roald Dahl this summer.

British Council is hosting summer classes on the two literary greats at Mahadevi Birla World Academy from May 15 to 26 and May 29 to June 8.

Monika with her daughter-in-law Sylvia

The St. Mary's Child and Mother Healthcare Centre in Goshaldanga, Bolpur. Pictures by B. Haldar

A HOSPITAL & A HEART FULL OF FRIENDSHIP

I was inspired by Mother Teresa's work and also Albert Schweitzer, a German missionary who went to Africa. I always wanted to come to India and work but it didn't seem possible till I met writer Martin Kampchen, who was doing some development work in the Santal villages around this area.

MONIKA GOLEMBIEWSKI

To make people more accountable they have to be linked up to each other to build a network of experts. Knowledge exchanges have to follow. Everybody who likes to change something has to spend time inside the community, again to build trust and in order to understand all interrelations and influencing parameters. Every NGO should make itself to a facility of what is already existing for example to become a part or strengthen government initiatives. We need to train facility worker. This means worker who link up to

each other, give the structure, who try to seek out vulnerable children in the Anganwadi Centres and who try to find sustainable solutions to combat malnutrition. Further the facility worker will provide training to the AWC worker in teaching modules like malnutrition, anemia, emergency signs or hygiene. The Anganwadi workers should learn how to transport critical knowledge in a comprehensive way. Best is to picture complex information as simple as possible packed in real stories experienced by people. The whole sessions have to be repeated and interactive with role playing to track progress. Generally Anganwadi Centers shall provide cognitive input for the children, along with high quality food. Food alone is not sufficient. Learning has to be in a creative more open-minded way. To the children we want to give the possibility to create own ideas and strategies to seek out structures for good livelihoods in the future.

b) Nutrition programs for malnourished children and pregnant women:

As in former years, the Trust has been implementing nutrition programs for malnourished children and pregnant as well as lactating mothers in several Santal villages. Presently the only nutrition program hosted is in Rindanga, as in the other villages the health situation is more stable. However all 12 awareness villages receive nutritious Moringa cookies every week. 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 trough 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.



Pictures: Nutrition programs

c) Kitchen garden program

The kitchen garden program is becoming more and more stable in the Shining Eyes villages. The two German horticulturists Anne and Rolf Bucher 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.



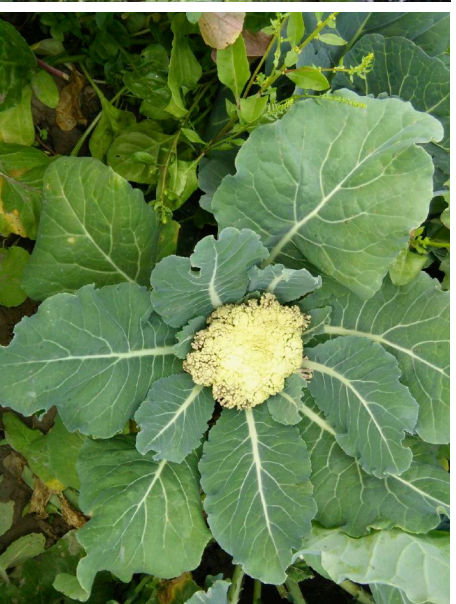
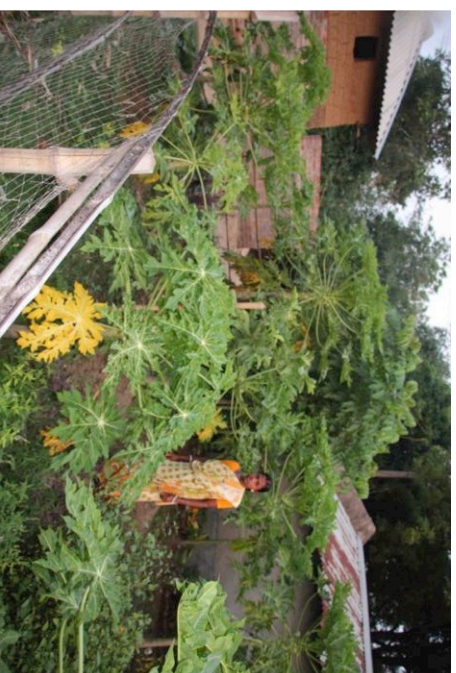
Pictures: the horticulturist Nilu Murmu (left side) checks the fence and land preparation, then he provides the seeds or seedlings. In each village a health worker (in the middle) is monitoring harvest success and stays in close connection with the villagers.

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. Families interested in having a kitchen garden 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 receive 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.

Through a collaboration with the Rotary Club Bolpur Santiniketan, Birbhum District 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. In terms of this “healthy kids project”, 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 to their needs.

Number of kitchen gardens in the villages of Shining Eyes during winter season January'18.

	Children (n=89) diagnosed with malnutrition or anemia in scope of awareness program	Families of children with malnutrition or anemia having a kitchen garden (n=71)	Coverage in % of families participating in the awareness program having a kitchen garden (total: 79.8%)	Reasons why families with children suffering from malnutrition or anemia have no kitchen garden	Total number of families in the village	Total number of families having a kitchen garden in winter season	Coverage in % of families having a kitchen garden
Baganpara	10	4	33.3%	Problems with land (3), fence (6), water (1)	35	6	17.1%
Bekajol	12	10	83.3%	Problems with chicken and goats (1), land (1)	90	17	18.9%
Bishnubati	7	6	85.7%	n.a.	155	10	6.5%
Baitiol	5	4	80.0%	Problems with land (1)	39	10	25.6%
Dhotikuri	9	9	100%	-	80	18	22.5%
Ghoshaldanga	14	12	85.7%	Family left village (2)	80	42	52.5%
Khechurdanga	7	7	100%	-	42	9	21.4%
Kulbuni	10	7	70%	(3) have lentil field instead	95	15	15.8%
Monedanga	4	4	100%	-	48	7	14.6%
Panchabanpur	3	2	66.7%	-	32	7	21.9%
Parthargata	5	3	60%	n.a.	100	14	14%
Tanthandi	3	3	100%	-	50	9	18%



Number of families participating in the crop rotation program, receiving lentil and/or wheat seeds in Nov-Dec'17.

	Number of families participating in awareness program receiving seeds		Other neighbor families receiving seeds	
	lentils	wheat	lentils	wheat
Baganpara	1	0	0	0
Bekajol	9	3	6	1
Bishnubati	6	3	5	0
Bautjol	0	0	2	0
Dholtikuri	2	1	2	0
Ghoshaldanga	4	0	5	0
Khechurdanga	0	0	5	3
Kulbuni	4	1	8	1
Monedanga	2	1	8	1
Panchabanpur	1	0	3	0
Parthargata	3	0	19	1
Tanthbandi	3	0	4	1
Total:	35	9	67	8

Lentils: on average 4.2 kg/family (600 rupee/family)

Wheat: on average 11.5 kg/family (575 rupee/family)

Initiation of kitchen gardens and crop-diversification program:

To diversify family diets, generate income or safe monetary value. To enrich family meals with oil seeds like sesame or mustard, or to promote the cultivation of lentils, green or black gram, or arum. Thereby income can be generated or the protein value of daily diet increased.



d) Awareness training and interactive counselling sessions in the villages

In 2017 an awareness program has started in 12 villages.

This project seeks to conceptualize 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 to lose no single child, to reach all people in need, to give trust, and to generate knowledge.

This program is conceptualized to last two years and reach 24 villages in total. 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.

Medical Checkup in the village:

- Pregnant women (→ prenatal care, preventive checkups + monitoring)
- TB patients (→ TB-program + monitoring)
- Emergency patients (→ hospital)
- Infectious/neurological/heart-defect children (→ hospital)
- Anemic pregnant and lactating women (Hb<11g/dl) (→ receive iron tablets)
- Anemic children (6-12m), (Hb<10g/dl) (→ Tonoferon + Monitoring)
- Malnourished children (6-12m), (WHZ≤-3) (→ NutriMix Instant Mix Powder + interactive cooking and counselling training on household level by social worker + monitoring)



Picture: Medical checkup, hemoglobin measurement, and Tonoferon-drop application by social- and health worker.



Interactive cooking training on household level:

Families with malnourished children are assisted by a social worker. This social worker comes into the household to demonstrate healthy cooking and how to prepare a nutritious porridge for young children. Hereby in the beginning women receive on a regular basis NutriMix- an instant mix powder composed of wheat and lentils in an appropriate ratio accompanied by milk powder, oil, sugar and vegetables and fruits. After some time women learn how to prepare this instant mix by themselves. The preparation of the basic ingredients of NutriMix requires the roasting of lentils and wheat and to mix it subsequently in the ratio 1:2 or 1:3. This instant mix is stored in a container sufficient for one week. Thereby a time-saving preparation of a meal for their children is possible several times a day. Women learn about the importance of healthy nutrition. By recognizing the need to change cooking habits, also the ability to change is strengthened, as priorities are set differently.



Picture: NutriMix preparation at the hospital with subsequent distribution to families with a malnourished child: either enriched with an industrial micronutrient powder, or dried leaf powder of the plants *Moringa oleifera* and *Amaranthus tricolor*.



Table: Number of malnourished children participating in the awareness program and receiving Nutrimix.

Village name	NutriMix (Children < 3y, receive special high nutrient-rich food)
GHOSALDANGA	27
DHOLTIKURI	27
MONEDANGA	18
PATHARGHATA	15
BAUTIJOLE	7
KHEJURDANGA	25
KULBUNI	22
BAGANPARA	29
BISHNUBATI	19
BEKAJOLE	19
PANCHABANPUR	5
TANBANDI	8
Total Villages: 12	221

Interactive training on how to prepare the Infant NutriMix on village level for all families, hereby the preparation of adequate infant and young child nutrition over the day is promoted in quantity, quality and frequency (basis: roasted lentils and wheat)



Roasting of lentils and wheat to increase bioavailability of minerals and decrease quantity of antinutrients (phytate)

The preparation of bigger quantities of infant mix, allows a time-saving preparation of single meals

Interactive cooking training on village level and inside the families on how to use the instant mix in an appropriate way
Preparation of a vegetable/fruit- rich porridge with milk, sugar and oil



Picture: The porridge was well-accepted by the children eagerly completing their respective bowl of porridge.



Awareness trainings on community level:

Number of awareness trainings in the villages from April 2017 to March 2018

In all 12 villages included in the awareness program all four awareness topics have been taught two times. This means in total 24 awareness sessions have been implemented.

Awareness modules include the following topics:

- **malnutrition & anemia** (food circle, Moringa as add-on, inter-active training how to use own resources to create a healthy family meal)
- **intergenerational circle of malnutrition** (to understand that malnutrition starts already in the young girl, which then will be an expectant mother, bringing to birth an already weak child, whose condition worsens with inad-



equate nutrition and care, and will be faced with disadvantages in later life).

- **emergency signs** (how to recognize severe sickness, snake bite)
- **family planning & pregnancy** (prenatal checkups, preventive checkups to detect cancer, menstrual cycle)



Women attended an interactive training how to compose a healthy diet. They had to create an example plate by integrating the knowledge they learnt. Most women included Moringa, which put a happy smile on our face. When a child receives a selection of fruits and vegetables, it will eat. Mothers learn how to motivate their children to eat, and to understand the importance of a balanced, nutrient-rich diet.

e) 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.



Picture: The St. Mary child and Mother Health Care Centre

Patient stories

Somnath - many helping hands kept him walking through his life

Somnath, a six years old boy, came in our OPD in February 2018 suffering from a torticollis - characterized by a spastic neck which he could not move anymore. He was suffering from much pain and after having done diagnostics we could exclude tuberculosis as well as a rheumatic disease. Instead, we found out that, as a consequence of an earlier infection, the spinal bodies in the junction to the brain were destroyed implying a compression of the spinal cord. It was a question of time until the child would be paralysed. So we sent him to a well-known neurosurgeon in Kolkata, but he refused to do the operation as he felt it was too risky. As we had good experience in another neurosurgical hospital in Kolkata before (Institute of Neuroscience), we then brought the child to this institution and got introduced to a neurosurgeon immediately. After discussing all reports with his senior neurosurgeon he fixed an operation plan. Three days later the child got the needed operation and fixation with plate and screw. Meanwhile he recovers in our health centre at Bolpur with continuous physiotherapy and is able to run and play.



Rohit - develops nicely after shunt operation

Rohit, a 3 years old child with a hydrocephalus was admitted in our health centre. We could recognize that his motor and sensitive development was intact and his speech and brain function sufficiently for his age. After MRI, which showed a hydrocephalus, we referred the child to Hope Hospital for the needed ventricular shunt operation. After good recovery he could return home and continued with first writing and further development.



Borsa had a lipoma in her leg and was operated

Another child reaching our OPD in February 2018 was Borsa, 18 months old. He showed a swelling of his left leg. After X-ray we could exclude a bone tumor and referred the child to Hope Hospital Kolkata for the needed surgery and biopsy. It seems a lipoma and the child now recovers well after the operation and he will get further treatment in our Health Centre.



Purnima suffered from spine TB and received surgery

We found Purnima in our OPD at the age of 4 suffering from spine tuberculosis. We organised the referral to a neurosurgeon in Kolkata and she got the needed operation in Ekbalpur nursing home, Kolkata.



Chobi faces poor living circumstances and is admitted to receive rehabilitation care

Chobi came with severe anemia in our OPD. Hb 2.5g/dl. We guided the family to receive blood transfusion, because they couldn't understand the threatening of Chobi's life. After successful blood transfusion we visited their village and their house. Altogether we found poor life conditions: the father was engaged in daily labour with irregular income. They have three children and the mother and the father are mentally retarded. They receive some support from their parents in law to master day by day. However the house was broken down and the only food was rice, puffed rice, and potatoes during the rainy season as

indoor there was no cooking facility. Moreover there was no awareness and no knowledge about health, hygiene and valuable food. The family lived socially isolated in the village. No preventive check up during pregnancy, delivery at home, no birth certificate, no immunisation, no access to ICDS centre, no land, no kitchen garden. No BPL or MGNREGA card and thereby no access to ration shop.

The mother and her three children were admitted in our hospital. During admission they received a balanced nutrition and training, with 5 meals per day, rich in protein, vitamins and minerals. Every day they got teaching about hygiene with practicable use during the day, further how to recognize emergency signs of sickness in the child, valuable feeding to the children with daily care and affection. Our village health worker guided them how to find access to and register for the governmental Anganwadi Centers providing six meals a week to children. Further a kitchen garden was started on the small land available. One neighbour family was trained to cook for this family at the beginning. Slowly the mother learned to change the life habits for a better development. Chobi came up and started to walk and got open for social communication. The mother could overcome her depression. She could regain her own value and respect as a human being under God's blessing.



ECHO of children with suspected heart defects and heart surgery

Children that have been investigated by a cardiologist (Dr. Nurul Islam) of the Mission Hospital of Durgapur by ECHO. All children marked in green colour suffer from a heart defect. All further marked with yellow have been referred by us to the government program Sishu Sathi Scheme in order to register at the health authority, to receive an appointment at the heart Centre in Durgapur Mission Hospital for a heart surgery. If a child marked with green colour, is not yet marked yellow, then monitoring is sufficient, and yet no surgery needed.

Altogether n=57 children with suspected heart defect have been investigated. Thereof n=22 were confirmed. One child died. n=15 were referred to the Sishu Sathi Scheme to receive surgery. n=6 are further under control, as health improvement may come naturally.

Table: from July 2017 ECHO in St. Mary

Sl.	Date Patient seen	Age	Sex	ECHO	SISHU SATHI SCHEME
1.	25.8.17	1m	F	FPO	
2.	25.8.17	3yrs	M	FPO	
3.	25.8.17	8m	M	ASD, VSD	died
4.	25.8.17	1y3m	M	FALLOT, OP done 4.12.18	YES
5.	25.8.17	8m	F	PDA, OP done 29.5.17	YES
6.	25.8.17	18yrs	F	VSD, OP done	
7.		4m	M	VSD	YES
8.		14yrs	M	VSD, OP done 9.12.17	YES
9.		4yrs	M	PULMONAL STENOSIS	
11.		5yrs	M	ASD 19mm, OP done	YES
12.		1y	F	MILD PULMONAL STENOSIS	
13.	16.2.18	11yrs	M	PDA OK	
14.	16.2.18	9yrs	F	ASDOP done 19.3.18	YES
15.	16.2.18	1y	F	VSD	YES
16.	16.2.18	17Y	F	PULMONAL STENOSIS OP done 15.3.18.	YES
17.	16.2.18	7m	F	VSD	YES
18.	16.2.18	6yrs	M	ASD 19mm	YES
19.	13.4.18	15yrs	F		YES
20.	13.4.18	8m	F	M.FALLOT	YES
21.	13.4.18	7m	F	ASD LV ENLARGED	YES
22.	13.4.18	14yrs			YES



Pictures: show Dr. Islam during ECHO

By a health coordinator, employed by our Health Centre, patients are guided 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.



Table: Surgery list. The following table illustrates all surgeries guided by the St. Mary hospital

No	Village	Disease	Hospital of surgery	Date
1	Bishnubati	Finger injury	Hope Hospital	12/17
2	Bishnubati	Tongue tumor	Hope Hospital	04/17
3		Orthopedic op	Hope Hospital	12/17
4	Kalikapur	Kidney-Uretermalformation	Hope Hospital	2/18
5	Dakhalganj	Hydrocephalus	Hope Hospital	07/17
6	Khoirabuni	contraction, Haemangiome	Hope Hospital	12/17
7	Ballabpur			05/17
8	Bishnubati	Endometriosis	Nursing Home Bolpur Dr. Adhikary	12/17
9		Spondyllisthesis	Institute of Neuroscience OP Dr. Geber	11/17
10	Makrampur	Lip palatine cleft	Durgapur Mission Hospital	10/17
11		Spine Tb	Parc clinic spine plate removal	08/17
12		Clubfeet correction	Balaka nursing home Dr. Ashin Chowdhuri	08/17
13		Haemangiom	Ekbalpur nursing home DR. Amit Bithomik	02/18
14		Muscle-Lipoma	Hope Hospital	02/18
15		Scrotal hernia	Medical college Badhwan	02/18
16	Bishnubati	Spine fracture	Ekbalpur nursing home Dr. Agarwal	05/17
17		Hydrocephalus	Hope Hospital	03/18
18	Ghosaldanga	Polycystic ovary	Bolpur nursing home Dr. Adhikary	02/18
19	Ghosaldanga	Elbow fracture	Dr. Mukherjee Kolkata Jain Hospital	06/17

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.

Outdoor patients

Table: illustrates number of outdoor and indoor patients in the time period of Apr'17-Mar'18.

St. Mary's Child & Health Care Centre April 2017 - March 2018							
Outdoor patients				Indoor patients			
months	children	adults	total	months	children	adults	total
Apr 17	206	250	456	Apr 17	18	0	18
May 17	183	315	498	May 17	11	0	11
Jun 17	173	302	475	Jun 17	10	0	10
Jul 17	296	393	689	Jul 17	22	0	22
Aug 17	251	364	615	Aug 17	22	2	24
Sep 17	296	393	689	Sep 17	10	0	10
Oct 17	150	248	398	Oct 17	14	1	15
Nov 17	361	391	752	Nov 17	30	6	36
Dec 17	102	195	297	Dec 17	12	2	14
Jan 18	144	202	346	Jan 18	12	4	16
Feb 18	319	396	715	Feb 18	20	1	21
Mar 18	202	322	524	Mar 18	11	3	14
Total	2683	3771	6454	Total	192	19	211

Figure: visualization of the number of outdoor patients investigated per month by the St. Mary's Child and Mother Health Care Centre for children and adults, respectively.

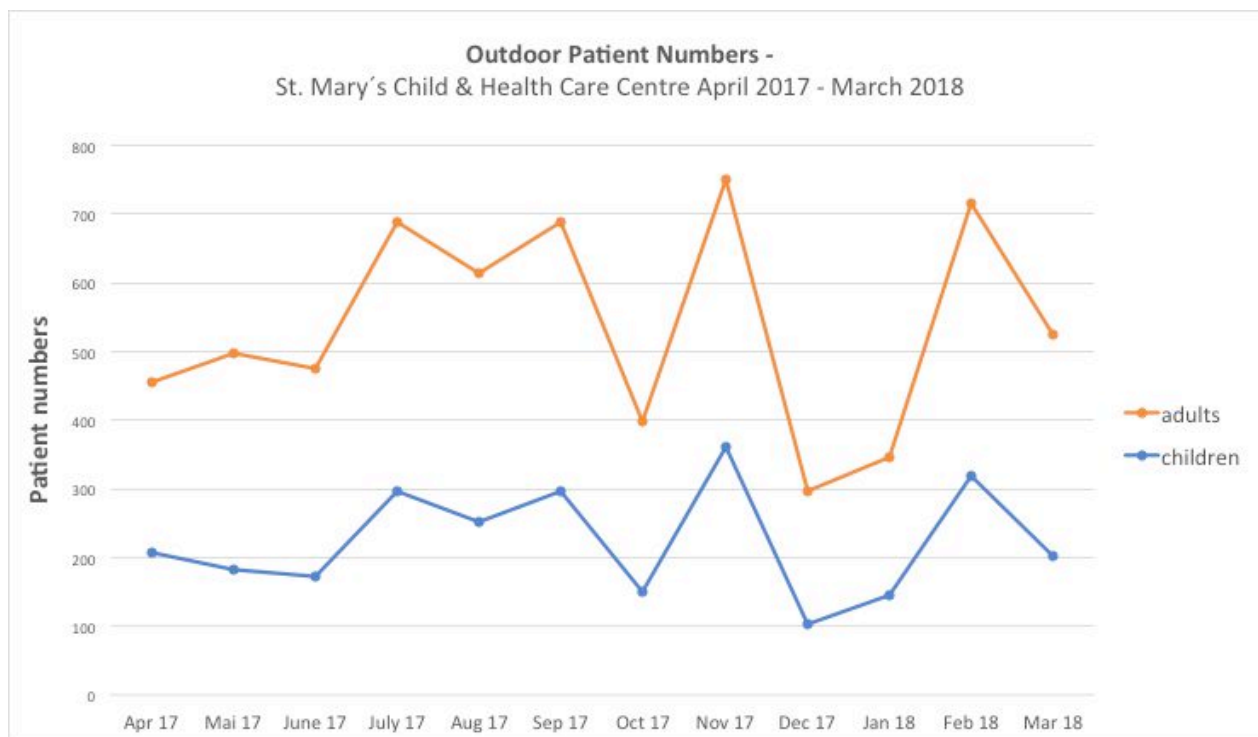
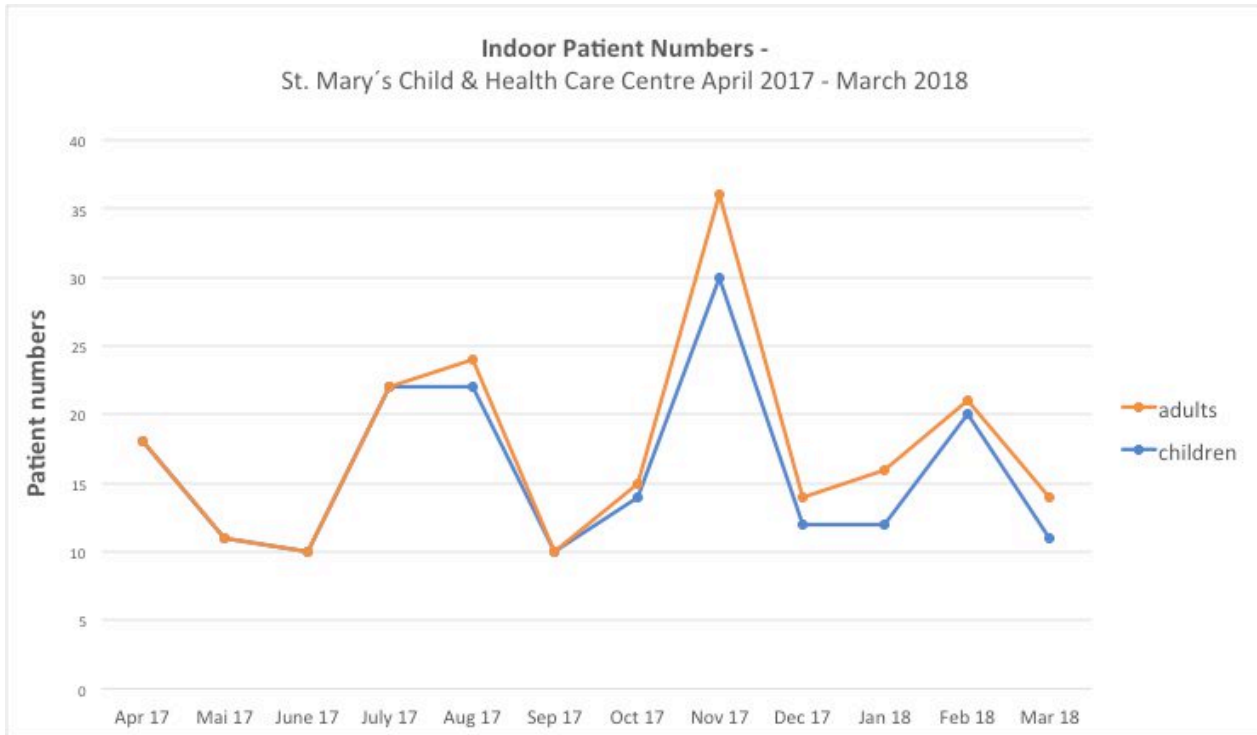


Figure: visualization of the number of indoor patients admitted per month by the St. Mary's Child and Mother Health Care Centre for children and adults, respectively



The month with the highest patient numbers in the outdoor as well as indoor department was November. In the outdoor department most frequent diagnosis for children were respiratory diseases, skin infections or neurological diseases. Similarly for adults respiratory diseases are the most frequent diagnosis, followed by perceived weakness and body pain, pregnancy checkups, gastrointestinal problems, and suspected TB. Children admitted in the indoor department suffered most from neurological and respiratory disease, as well as malnutrition followed by wounds and burns, pneumonia, heart diseases or suspected TB. In the case of adults suspected TB was a main issue.

Table: list of different diagnoses for children and adults in the outdoor and indoor department

Diagnosis OPD		
	children	adults
	No.	No.
paraplegia		
anaemia	16	33
Bitot/nightblindness	2	
respiratory diseases	1013	570
pneumonia	20	
diarrhea/vomiting	95	
gastrointestinal	53	219
worm infection	53	14
urinary infection	9	
heart disease	36	25
malnutrition	86	
TB/TB suspected	63	203
skin infection/disease	207	82
preventive checkup		
wounds/burns	34	38
injury	45	
weakness/body pain		490
gynaecology		180
pregnancy checkup		250
diabetes		
hypertonia	5	10
fever & cold		
cp		
convulsion		
neurological disease	146	37
granulo nephrotic syndrom		
others	439	1038
total	2322	3189

Diagnosis IPD		
	children	adults
	No.	No.
paraplegia		1
anaemia	3	
Bitot/nightblindness		
respiratory diseases	23	1
pneumonia	11	
diarrhea/vomiting	3	1
gastrointestinal	1	
worm infection		
urinary infection	1	
heart disease	9	
malnutrition	21	
TB/TB suspected	9	4
skin infection/disease	2	
preventive checkup		
wounds/burns	12	2
injury		
weakness/body pain		1
gynaecology		
pregnancy checkup		
diabetes		
hypertonia	2	
fever & cold		
cp		
convulsion		
neurological disease	47	
granulo nephrotic syndrom	5	
others	23	5
total	172	15

Figure: visualization of different diagnoses for *children* investigated at the outdoor department

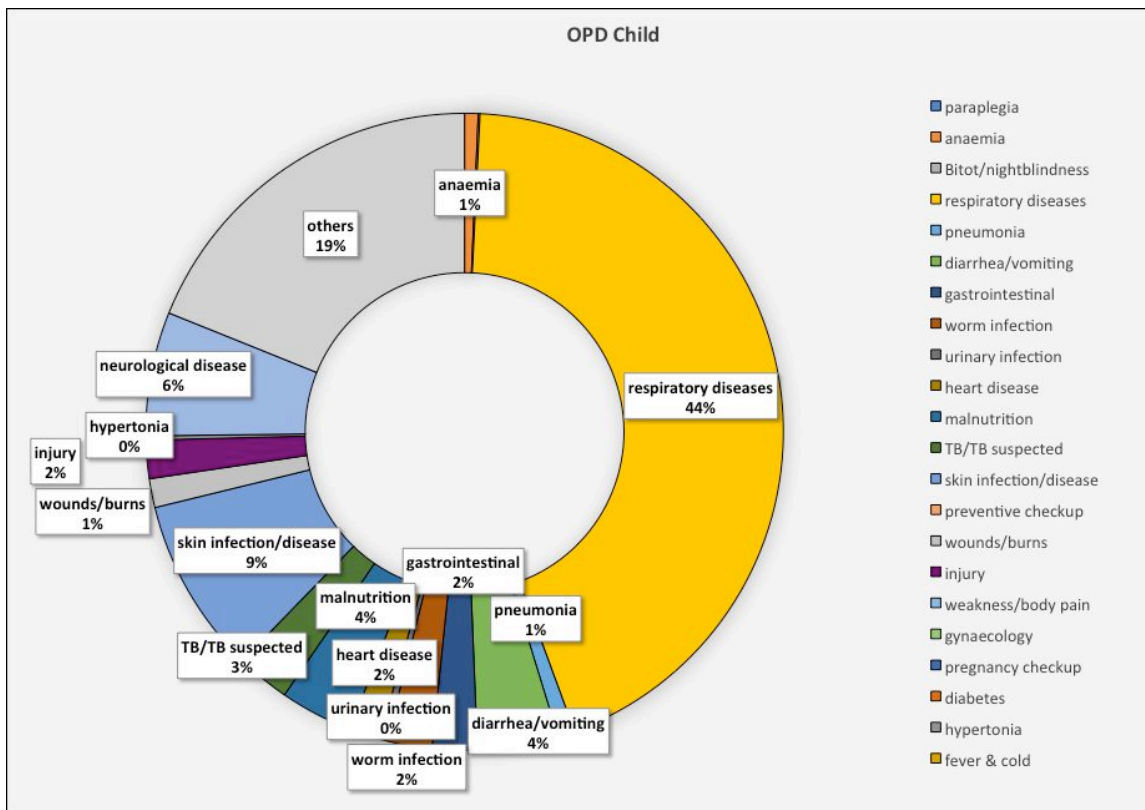


Figure: visualization of different diagnoses for *adults* investigated at the outdoor department

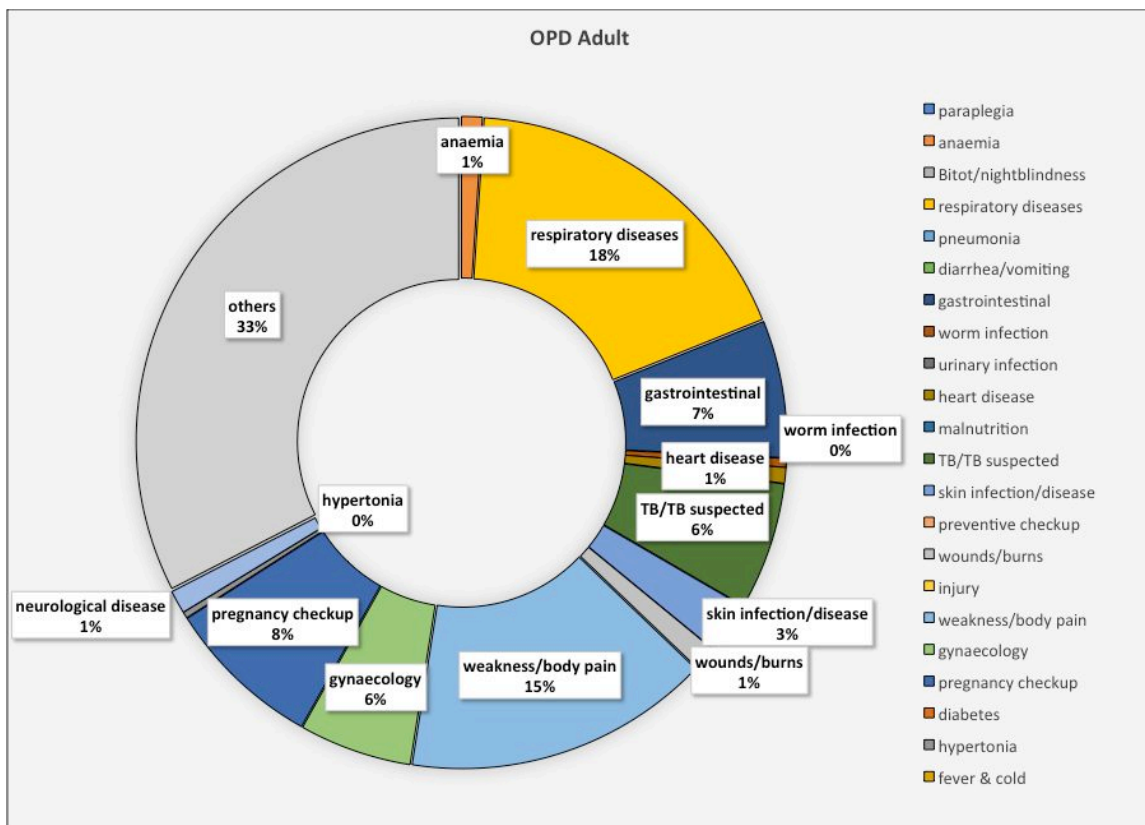


Figure: visualization of different diagnoses for *children* admitted at the indoor department

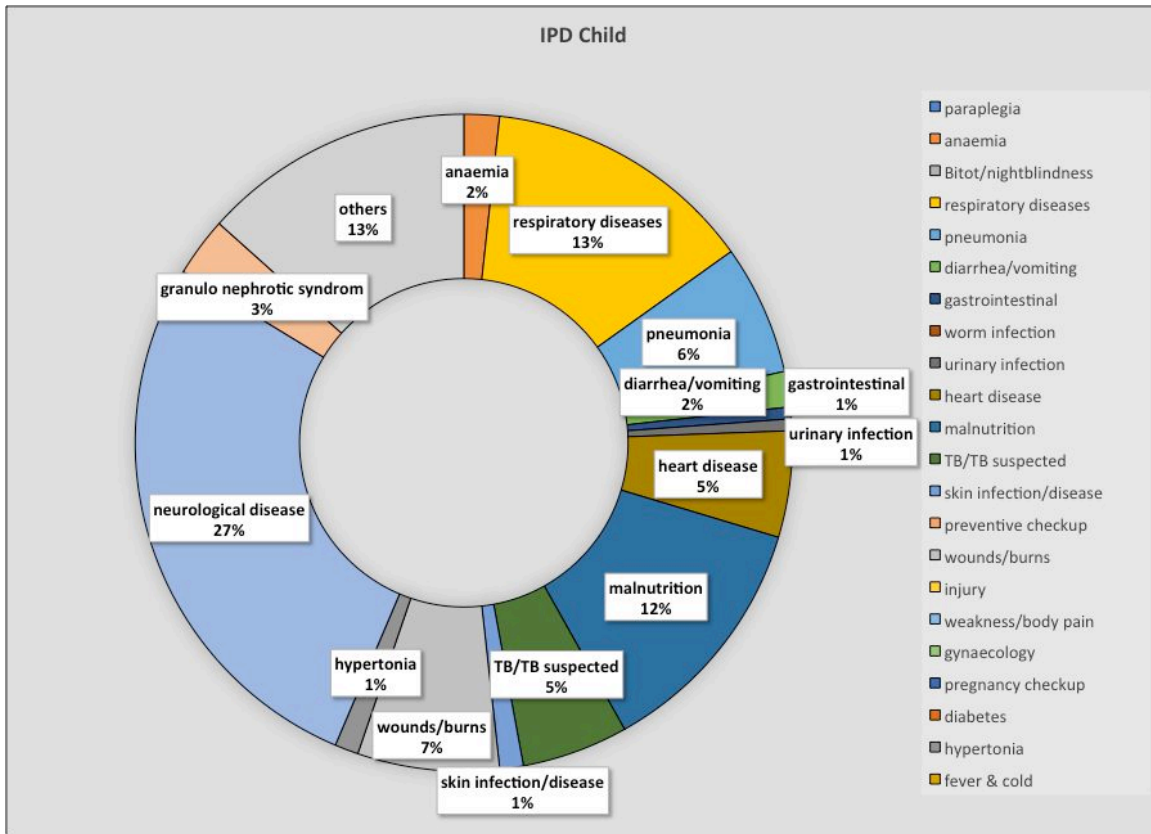
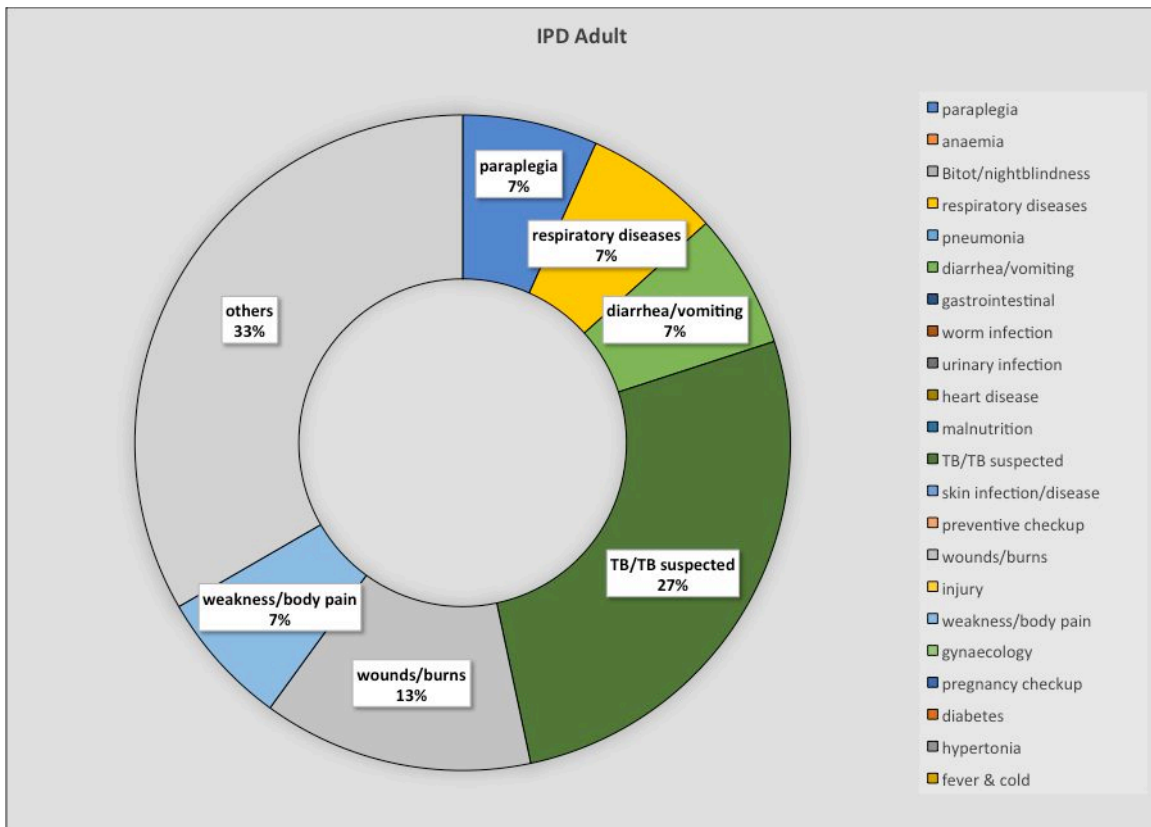


Figure: visualization of different diagnoses for *adults* admitted at the indoor department



Diagnostic:

Laboratory and X-ray report April 2017-March 2018

Laboratory and X-ray report April 2017 - March 2018													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total Lab	103	139	185	181	210	189	60	139	76	110	119	129	1640
x-ray	32	43	60	58	75	86	42	63	47	55	58	69	688
Total Lab (incl. X-ray)	135	182	245	239	285	275	102	202	123	165	177	198	2328



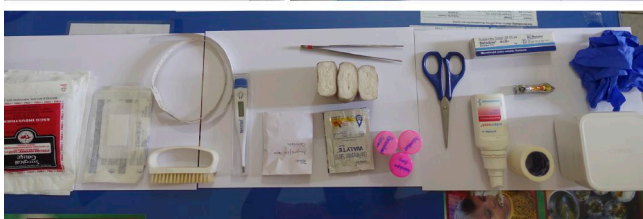
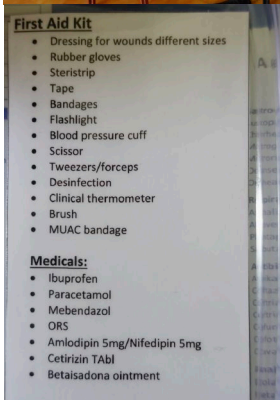
Ultra-Sonography (USG) from Apr 2016 to March 2017

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.

Ultra-Sonography (USG) from April 2017 - March 2018				
Month	adult	pregnant	children	total
Apr 17	13	16	1	30
May 17	6	14	1	21
Jun 17	6	4	0	10
Jul 17	19	13	7	39
Aug 17	12	13	0	25
Sep 17	21	7	2	30
Oct 17	13	1	1	15
Nov 17	17	10	3	30
Dec 17	3	3	1	7
Jan 18	5	5	0	10
Feb 18	23	11	5	39
Mar 18	12	7	2	21
Total	150	104	23	277

f) Health worker training in the Health Care Centre

The social workers, 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. Recently all health worker received a first aid kit in order to investigate villagers during their regular house visits in basic medical issues.

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.

g) Medical checkups in the villages

Dr. Monika Golembiewski is a medical doctor and child specialist. 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.

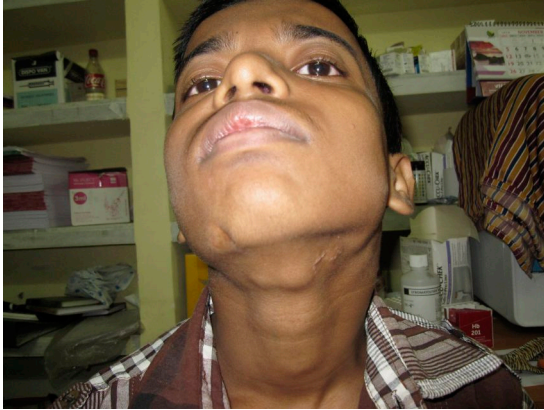
Severe sick patients are referred to St. Mary's Health Care Centre for diagnostic and treatment. Once a month our Trustee Prof. Dr. Swapan Mukhopadhyay continues to give his free medical service in this health care centre especially for the neurological children.

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

Date	Village	Child	Pregnant	Adult
17.04.2017	Supur	13	0	0
25.04.2017	Patharghata	11	6	0
29.06.2017	Bautijol	7	0	0
03.07.2017	Ghasaldanga	27	2	4
06.07.2017	Panchabanpur	8	5	0
10.07.2017	Bisnubati	15	0	5
13.07.2017	Ghasaldanga	10	0	5
16.07.2017	Baganpara	19	0	3
17.07.2017	Monadanga	18	0	9
24.08.2017	Khajurdanga	18	0	2
28.08.2017	Kulbonidanga	17	0	1
31.08.2017	Dhul Tukri	15	1	0
04.09.2017	Bakazol	26	1	2
09.09.2017	Thatboni	9	1	1
11.09.2017	Patherghata	13	4	4
12.09.2017	Ringdanga	18	3	4
02.11.2017	Baganpara	17	0	3
03.11.2017	Monadanga	18	0	3
06.11.2017	Ghasaldanga	33	0	6
09.11.2017	Panchabanpur	7	0	3
10.11.2017	Bisnubati	21	2	11
13.11.2017	Bautizol	11	1	1
15.11.2017	Rayarpakur	31	1	0
21.11.2017	Thatbuni	19	2	3
01.02.2018	Kulboni	18	0	0
02.02.2018	Dholtikuri	26	0	0
06.02.2018	Bakazol	23	1	0
07.02.2018	Thatbandhi	10	0	1
08.02.2018	Khajurdanga	23	0	6
12.02.2018	Patherghata	22	0	2
20.02.2018	Bisnubati	12	0	5
Total		535	30	84

h) 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.



Number of suspected and confirmed TB patients

2016	Apr'17-Mar'18
TB suspected patients	107
TB confirmed	17
Completed patients	8
Started treatment, ongoing in 2018	4
Incomplete treatment (died, refused)	3
Transferred MC Sister place TB program	1

i) Sanitation program (water access)

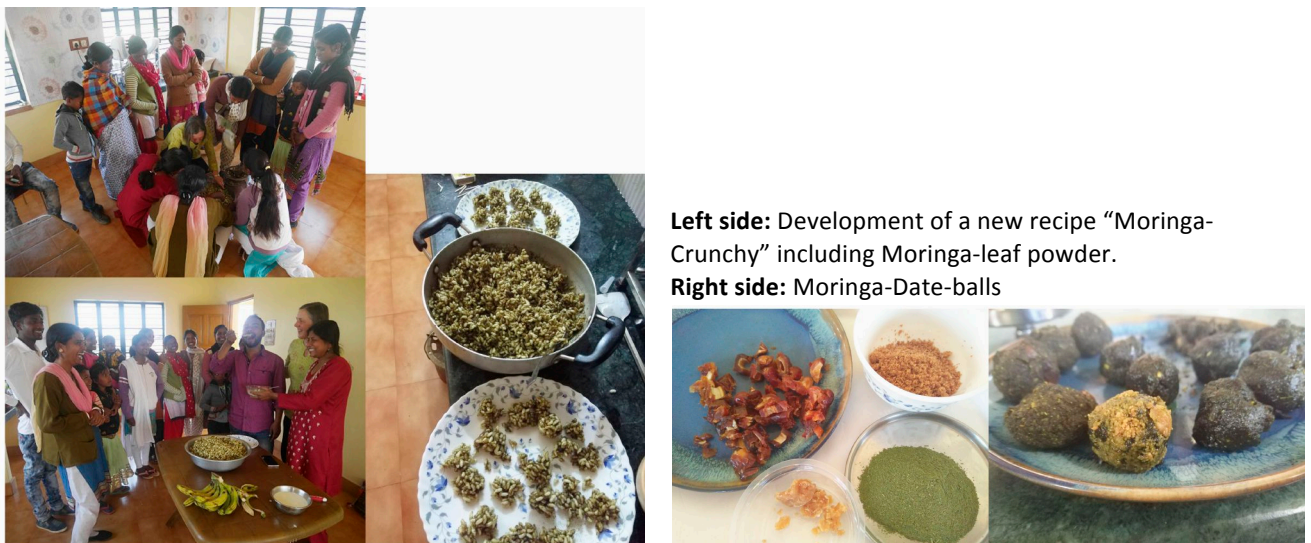
Shining Eyes helps to construct community washing houses and water pumps in the cases a village expresses need for it and is willing to contribute manpower for it. Water pumps are regularly installed to support drinking water supply throughout the year and regular irrigation of kitchen gardens. During 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 used for taking bath, cleaning cooking pots, as well as animals.

j) Moringa Recipes for admitted malnourished children

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 energy-dense and rich in nutrients. This year Moringa-Crunchy as well as Moringa Date balls were developed as additional nutritious options to improve the health of malnourished children.



Left side: Development of a new recipe “Moringa-Crunchy” including Moringa-leaf powder.

Right side: Moringa-Date-balls

k) Blankets and Cloths for children

Also in the winter season of 2017/2018 we have distributed warm clothes and blankets for the children under 5 years in Khechurdanga.



Children receive new cloths in the cold season

3. Trustees

The Trustees remained in the year of 2017/18 as per the starting point of this charitable trust four years earlier. The following list presents the Trustees and their designations:

	Name	Designation	Profession
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 works in a daily routine with Shining Eyes India and receive a honorium. Other trustees work 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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