

Overview

- 1. Background**..... 2
- 2. Village Activities** ..... 4
  - 2.1 Health workers* ..... 4
  - 2.2 Medical Check-ups in the villages* ..... 4
  - 2.3 Village anthropometric and Hb measurement* ..... 5
  - 2.4 NutriMix* ..... 5
  - 2.5 Iron therapy*..... 6
  - 2.6 Family planning awareness* ..... 6
  - 2.7 Food packet distribution* ..... 7
  - 2.8 Kitchen Gardens*..... 7
  - 2.9 Permaculture* ..... 9
  - 2.10 Cloth distribution* ..... 10
- 3. Activities in the St. Mary’s Child and Mother Health Care Centre**..... 11
  - 3.1 Malnourished children* ..... 11
  - 3.2 Outdoor patients*..... 12
  - 3.3 Preventive New born Check-Up* ..... 12
  - 3.4 Indoor patients* ..... 13
  - 3.5 Laboratory and X-ray*..... 13
- 4. Trustees** ..... 15

## Shining Eyes India

(Registration Under Section 60 And Rule 69)

Head office: Subhaspally, Post Office Santiniketan,

Pin Code 731235, District Birbhum, West Bengal

Phone: 9832232813



shining  
eyes

i n d i a

### ANNUAL REPORT 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022

#### 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.

Since 2013 The Trust providing medical help to Poor Villagers in the rural areas around Bolpur. Preventive medical care programs for children and mothers spread to the surrounding villages, moreover she initiated nutrition programs. Teaching sessions were hosted to raise awareness about hygiene or health aspects.

In 2011 the St. Mary's Child and Mother Health Care Centre was constructed as bottleneck between rural and urban site, where poor villager feel accepted and secured. The charitable hospital has been established in collaboration with the Berhampore Teresian Carmelite Society. Since July 2016 the St. Mary Child & Mother Health Care Centre is run by Shining Eyes India.

The children hospital offers preventive checkups for newborns and pregnant women, supplementary food for malnourished children, as well as diagnostic and treatment for anemic, infectious, neurological, or TB suspected individuals. Patients in severe condition are referred to specialized health facilities but in accompaniment and continuous monitoring by staff members in order to track the process in treatment until full recovery.

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 undernutrition and anemia, along with the provision of health awareness are most important fields to work on, in order to strengthen child health at the earliest stage possible.





Today Shining Eyes India embraces three main pillars of action:

- **Health** - to provide medical diagnostic, treatment and follow-up care to the poor villagers
- **Nutrition** - to raise awareness for the importance of balanced nutrition in order to break the intergenerational cycle 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, like the construction of community washing houses and tube wells and by income generating activities.

This holistic network embraced by Shining eyes India tries to encounter the intergenerational vicious circle of malnutrition.

Nowadays the Trust Shining Eyes India is active in 12 villages around Bolpur:

1. Ghosaldanga
2. Bishnubati (Santal, Hindu)
3. Baganpara
4. Monedanga
5. Panchabanpur
6. Bautijol
7. Bekajol
8. Kulbuni
9. Doltikuri
10. Tatpandi
11. Patharkata
12. Bonerpukurdanga (Khechurdanga)

The following activities have been taken place from Apr '21 to Mar '22. Due to the Covid-pandemic and a lockdown between May and August, we adapted our work at Shining Eyes.

We distributed food packages, masks and soap and conducted awareness-sessions about the Covid-infection. Furthermore, we focused on village visits and helped with the transportation of sick women and children from the villages to the St. Mary's Health Care Centre.

## **2. Village Activities**

### *2.1 Health workers*

Shining Eyes India works with a health worker team of 12 health workers. In every village around the hospital a health worker is responsible for the screening of vulnerable patients in the villages. If they find sick children, they refer them to the hospital and organize their transport. In severe cases the children get picked up by our ambulance car to bring them to St. Mary's or to another bigger hospital, if they need special treatment. When the children get back home, the health workers are responsible for follow-up care in the village, including the monitoring of prescribed medication for example by the DOTS center for TB patients, application of iron drops for anemic children and for assuring the compliance of pregnancy check-ups. Furthermore, the health workers perform awareness counselling on malnutrition, food preparation, hygiene and family planning and provide social assistance on household level.

Every Wednesday the health workers come to the hospital to meet with our social worker team, where they report about the house-visits, sick children in the villages and receive training on malnutrition, anemia, hygiene, prevention of Corona infection and the recognition of emergency signs in children.



### *2.2 Medical Check-ups in the villages*

In addition to the continuous outlook for sick children from the health workers, we conduct medical check-ups in the villages, guided by the Trustee(pediatrician) Dr. Monika Golembiewski and other voluntary doctors joining the program for short-term assignments. Due to these check-ups children with sicknesses like heart defects, tuberculosis, neurological sicknesses or handicapped children get diagnosed and we guide them into the government schemes to receive the benefits and surgeries they are entitled to. Furthermore, we identify anemic and malnourished children and can include them in our program for iron therapy and supplementary feeding. Pregnant women are recorded as well and receive regular prenatal care supplements by the government program (Asa-worker). Besides raising awareness, the



medical village check-ups seek to identify all emergency patients that need immediate treatment.



### *2.3 Village anthropometric and Hb measurement*

During our village visits for anthropometric and Hb measurement we measure the length/ height, weight, MUAC and Hb-level of every child under two years. Like that malnourished and anemic children can be identified and brought to St. Mary's. Depending on the measurements, the children become part of our supplementary feeding program and receive the supplementary feeding, NutriMix, and or iron therapy.



### *2.4 NutriMix*

In our 12 villages NutriMix is distributed to 116 children. NutriMix is a roasted instant mix of lentils and wheat with added milk powder, sugar and oil. All children under two years of age and children older than two years with a wasting score of -3 and -4 are receiving the Mix on a weekly basis. The families are trained in preparation of the NutriMix and are advised to add fruits and vegetables from their kitchen gardens to the porridge.



### *2.5 Iron therapy*

Because of the high percentage of children with anemia, we provide iron supplementation with Glycifer. Every child under two years of age receives the iron therapy, as well as children with Hb below 10 g/dl, when they are older than 2 years. Involved in the Glycifer-program are 156 children. Comparing the Hb-measurements from the Check-Ups from September 2020 and September 2021 we are able to see the effects of adding the iron supplement to the children's diet. In Sep' 20 81.1% of the children were categorized as moderate or severe anemic, whereas in Sep' 21 only 20.4% of the children suffered from moderate or severe anemia.

### *2.6 Family planning awareness*

One of our central awareness topics is family planning, where women are shown contraceptive methods and learn about the female body, menstruation and pregnancy. In March our social and health workers had volunteer Nurse Martina as a helping hand again, who enthusiastically presented the female cycle and methods for family planning in the villages with a model and well understandable pictures for visualization. In between, yoga exercises were practiced in order to be able to absorb everything that was learned. Through her motivating and empathetic manner, significantly more women came to our cervical cancer screening.

The alternative methods for pregnancy prevention were gladly used. Even the menstrual cups were well received.





### *2.7 Food packet distribution*

The situation in the villages was still critical due to the impact of the Covid-pandemic. Some lost their income source and were about to suffer from hunger. During the countrywide lockdown we distributed food packages with rice, vegetables like beans and carrots, eggs and lentils to bring diversity to the diet and to enrich it with sources of important nutrients like protein, vitamins and minerals.



In total we provided food packages to children, pregnant women and people handicapped or in need of help. Additionally, we also handed out soap and facemasks.



### *2.8 Kitchen Gardens*

Besides medical help and distribution of goods, we advise the families to grow their own vegetables in a kitchen garden for a sustainable solution to fight malnutrition. Our gardener Nilu guides and assists the families during the installation and further cultivation of their gardens. He distributes the seeds for the different cultivation periods and supervises the harvest. If the social worker during the house visit recognizes some difficulties with the garden, she reports it to the gardener, who helps the family take care of it. Because of the kitchen gardens the families can afford to enrich their meals with vegetables containing important vitamins and minerals for the malnourished children. Especially during the pandemic and associated lock-downs, the source of vegetables from the own gardens was very useful.

Amaranthus for example, a green leafy vegetable rich in iron was present in every season. The other plants harvested were for example beans, carrots, beetroot and other green leafy vegetables like spinach. Thanks to assuring good fences around the gardens, better watering than before and regular mentoring through our gardener Nilu, more families started a kitchen garden and took profit of their harvest. In June 2021 167 of the families under our program had a kitchen garden, whereas in March 2022 we counted 255 families growing their own food in their garden.

| ID No. | Village name | June, July 2021<br>monsoon season |   | November, December 2021<br>winter season |   | February, March 2022<br>summer season |   |
|--------|--------------|-----------------------------------|---|--|---|---------------------------------------|---|
|        |              | Total KG                          | Kind of seeds   | Total KG                                 | Kind of seeds   | Total KG                              | Kind of seeds   |
| 1      | Bisnubati    | 12                                | Pui, Lau,<br>Ladyfinger,<br>Borboti,<br>Sesame,<br>Kolmishak,<br>Amaranth,<br>Maze, Lufa,<br>Pumpkin,<br>Cucumber | 23                                       | Palon, Punka,<br>Coriander, Peas,<br>Amaranthus,<br>Beetroot,<br>Carrots,<br>Sesame, Beans,<br>Radish, Tomato,<br>Cabbage,<br>Brinjel, Chilli,<br>Olkopi,<br>Coliflower | 23                                    | Pumpkin, Ladyfinger,<br>Bitter gourd, Bottle<br>gourd, Broad beans,<br>Luffa, Long bean, Corn,<br>Water spinach,<br>Amaranth, Cucumber,<br>Malbar spinach, Brinjal,<br>Chilli, Tomato |
| 2      | Ghosaldanga  | 16                                |   | 32                                       |   | 32                                    |   |
| 3      | Bautijol     | 21                                |   | 26                                       |   | 26                                    |   |
| 4      | Panchabanpur | 12                                |   | 11                                       |   | 11                                    |   |
| 5      | Khejurdanga  | 14                                |   | 13                                       |   | 13                                    |   |
| 6      | Baganpara    | 8                                 |   | 15                                       |   | 15                                    |   |
| 7      | Monedanga    | 12                                |   | 17                                       |   | 17                                    |   |
| 8      | Becajol      | 16                                |   | 23                                       |   | 23                                    |   |
| 9      | Pathorghata  | 16                                |   | 29                                       |   | 29                                    |   |
| 10     | Dholtikuri   | 17                                |   | 27                                       |   | 27                                    |   |
| 11     | Tantbandhi   | 13                                |   | 25                                       |   | 25                                    |   |
| 12     | Kulbuni      | 10                                |   | 14                                       |   | 14                                    |   |
|        |              | 167                               |   | 255                                      |   | 255                                   |   |





## 2.9 Permaculture

Caroline one volunteer give some training about permaculture to our kitchen garden staff Nilu Murmu with our 12 village Health Worker. If we help our earth to heal itself instead of exploiting it, then humans can only recover as well.

Nilu, and together they captivated all the village helpers. Soil samples from kitchen gardens and cultivated areas were analyzed with all senses, and the different structures were noted.



Earth is not a dead substance, but a living unit of innumerable organisms. Like our skin is protected by a sunshade, the earth's surface must be protected by leaves or straw to harbor life. Only a living earth surface is a healthy one. Permaculture strives to define profit differently. The focus is not solely on human profit, but equally on giving back to the animal and earth communities. Biodiversity and native species must be protected. Commercialized agriculture exploits fertile soils and leaves fallow land, permaculture starts with barren soils and brings the land back into natural balance. Any land can be fertile, it just must not be abandoned, just as only humans given attention, can develop their potential. Only self-regulating (regenerative) systems can be stable in the long term. The idea of permaculture developed in the 70s by David Holmgren and Bill Mollison, as a counter-movement to the Green Revolution of the 60s. We now want to incorporate more permaculture principles in our kitchen gardens, as well as in the unused borders of our rice fields. For example, in the future, marigolds can act as natural pest repellents for our vegetable gardens while supporting bee colonies; mixed cropping and seasonal crop rotation offer increased stability against insect infestations and improve soil fertility; and nitrogen fixers are to be planted more consciously. In addition to educating villagers about compost options, mounded beds and other natural form crops may also find their way in over time. At the very least, we were able to set a spark and sow mindfulness.



Furthermore, bioenzymes were prepared from lime waste for washing. Bioenzymes are a product of anaerobic bacteria and are produced from vegetable or fruit peels by fermentation. The Indian soap nut "Rita" can be used as soap similar to our native chestnut. Bioenzymes obtained from banana or papaya peels can be used as a natural pesticide in dilution 1:50. Bioenzymes extracted from ginger and lime grass make a tasty vinegar that can be used as a salad dressing and helps intestinal health. The principle is simple: always prepare the ratio 1 (molasses):3 (organic material) :10 (water) and wait 90 days with regular ventilation. The second approach works already in 30 days. Waste can thus regain full utility - "from waste to wealth".



### 2.10 Cloth distribution

Throughout the year we handed out clothes to children in special need. In December Kamalika Datta from the registry office visited us with a donation for clothes for the children at our hospital.



At the beginning of January, we distributed clothes in 10 villages to children between one and five years. Especially during the colder winter months, warm clothes and blankets are needed and we brought them to the villages for the families in need.





### 3. Activities in the St. Mary's Child and Mother Health Care Centre

Our team at the hospital offers its services six days a week in order to provide medical treatment for vulnerable people from the villages, especially women and children. At the reception patients are welcomed and guided through anthropometric measurement, nutrition and health education and medical treatment by local or voluntary doctors. Adivasi people often face difficulties in approaching medical services by themselves, they get more easily lost or rejected when being referred to a more distanced health facility as not knowing how to make appointments or deal with bureaucratic barriers. Thus, 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, do follow up checks, when they return home and provide the needed medicines.

#### *3.1 Malnourished children*

We admitted malnourished children with wasting z-scores of -3/ -4 for our rehabilitation and therapy program. During the program, the children receive five nutritious meals per day and the mothers get schooled about important topics preventing and fighting malnutrition. The teaching sessions conducted by our nurses include information about valuable nutritious food at low cost, the intergenerational cycle about poverty and malnutrition, hygiene and the recognition of emergency signs in sick children.

Another important topic is the mother-child interaction and the responsive feeding and stimulation of the child during the meals. The mothers are trained to sit next to their child, keep eye contact and motivate the child to eat. Children suffering from malnutrition or anemia may have reduced appetite and need someone to feed them actively. Because of the high workload of the mothers, they sometimes don't make time to eat patiently with their children. We advise them to offer at least five meals per day, including three cooked warm meals. Only the regular serving of meals can improve the nutrition and health status of the children and help them regain strength and appetite.

After some weeks of supplementary feeding and/or iron therapy, the mothers predominantly reported a change in their children's' behavior, being more active, showing more appetite and less infections.





### 3.2 Outdoor patients

This year we had 3699 outdoor patients at St. Mary's. 2642 children and 1057 adults came to our health care center for medical advice and treatment. Due to the Covid-19-pandemic the patient numbers from Apr' 20 to March' 21 were very low with 1570 patients visiting us throughout the year and having to focus more on village visits and the distribution of food packages, masks and soap.

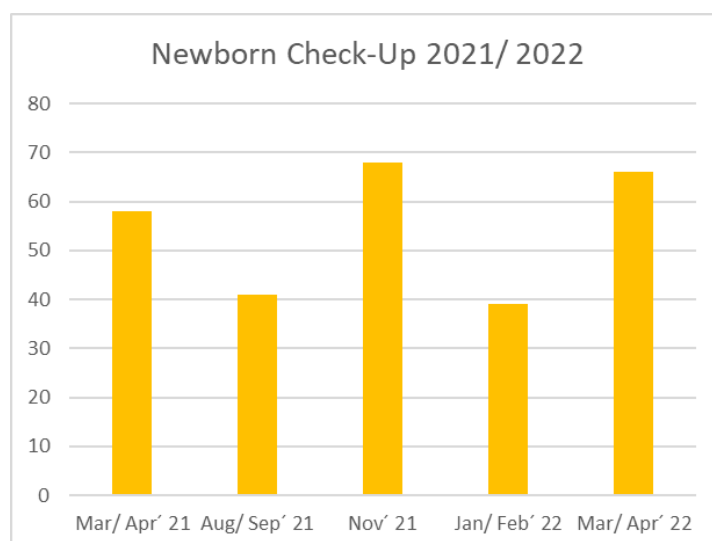
During this year the situation got under better control and the people regained confidence to travel to the health care center, as you can see in the higher number of attended patients.

Additionally, we picked up children, who had to come to the hospital and weren't able to travel by bus, with our ambulance car to bring them to the doctor.

### 3.3 Preventive New born Check-Up

This year we invited all new born children up to 6 month of age village-wise to our Newborn check-up at St. Mary's. The program was launched in September 2018 in order to achieve an improvement of the provision of health care for Adivasis in West Bengal. The check-up is inspired by the German U-examination system, foremost U2-U6. Thereby sicknesses, malnutrition, anemia or chronic sicknesses and heart defects can be detected at an early stage and the children can receive proper treatment and care on time. The mothers themselves gain knowledge about important topics like breastfeeding, appropriate complementary feeding, hygiene, family planning and how to recognize sicknesses in children.

In the five Newborn check-ups that took place between Mar/Apr' 21 and Mar/Apr' 22 we checked 272 children.



The program is well received from the Santal mothers. They are glad about the possibility to do a health check-up free of cost for their children. Thanks to the awareness for sicknesses the mothers are taught at their visit at the hospital during the check-up, they are more likely to come to the health care center later on, when the children get sick. The importance of healthy development becomes more clearly to them and they know, that it is important for a better

attendance at school later on as well, which can help their children out of the intergenerational cycle of malnutrition and poverty.

*3.4 Indoor patients*

The St. Mary’s Child and Mother Health Care Centre has 10 beds to admit patients who need acute medical treatment, supplementary feeding or are waiting for referral to other health facilities. This year we treated 241 children and 22 adults as indoor patients. In comparison to the numbers of 20/21, where due to Covid-19 only 110 children and 21 adults came, a remarkable incline in patients can be observed.

From Apr´ 21 to Mar´ 22 we had 36 malnourished children for our nutrition program as indoor patients. Furthermore, other sicknesses like tuberculosis and heart problems were treated indoors. Throughout the year four children and two adults had to go under heart surgery.



*3.5 Laboratory and X-ray*

The St. Mary’s Child and Mother Health Care Center offers laboratory diagnostics only for indoor patients free of cost and diagnostic x-rays for OPD and IPD patients. Between April 2021 and May 2022 a total of 1536 test were performed.

| <b>Lab and X-Ray report 2021/22</b> | <b>Total number of lab test</b> | <b>X-rays</b> | <b>Total tests per month</b> |
|-------------------------------------|---------------------------------|---------------|------------------------------|
| April                               | 45                              | 37            | 82                           |
| May                                 | 35                              | 39            | 74                           |
| June                                | 48                              | 48            | 96                           |
| July                                | 62                              | 72            | 134                          |
| August                              | 87                              | 65            | 152                          |
| September                           | 112                             | 42            | 154                          |
| October                             | 47                              | 29            | 76                           |
| November                            | 142                             | 52            | 194                          |
| December                            | 42                              | 22            | 64                           |
| January                             | 56                              | 35            | 91                           |
| February                            | 119                             | 78            | 197                          |
| March                               | 148                             | 74            | 222                          |
| <b>Total 2021/22</b>                | <b>943</b>                      | <b>593</b>    | <b>1536</b>                  |

### **Ultra-Sonography (USG)**

Once a week Dr.Sandipan Sankar Guha does general ultra-sonography checks for children, adults and pregnant women. Last year's patients were 72 pregnant women and 72 other patients which adds up to 144 USG-patients in total. Especially for prenatal care, an important segment of Shining Eyes India, USGs are very important to check on the unborn children's health, but without detecting the gender.

### **EEG patients**

During the year between April 2021 and March 2022 32 EEGs were performed.

### **ECHO and ECG**

The cardiologist Dr. Nurul Islam assists us quarterly to screen the children suspected for heart-problems. All children we find in the villages with heart murmur and further needed diagnostics are brought to the St. Mary Health Care Center for an ECHO. Some children need further investigation and surgery, which are conducted at the World Health Hospital in Durgapur, supervised by Dr. Nurul. This year four children and two adult patients received heart surgeries by the Government Health Scheme Swasthya



### **Gynecological screenings**

This year our gynecologist Dr. Utpal Ghosh attended 616 patients. 193 were pregnant women and 423 other patients for example for family planning methods and cancer screenings, like the PAP-smear test, of which 30 were done throughout the year. Furthermore, he organizes gynecological and surgical interventions in other hospitals for example in case of hernia, anal stenose etc.

### **Ligation**

Besides awareness programs about family planning including the methods of hormone pills, the hormone coil (IUD) and condoms, we assisted 42 women to get a ligation by Dr. Utpal Ghosh in a health facility nearby. This program is especially offered to women, who already have three children and who are sure of their decision to not want any more.



### **Tuberculosis (TB) screening and diagnostic**

During the village visits we are screening for tuberculosis-suspected patients, who suffer from cough over a long-period of time or have enlarged lymph nodes. The goal is to diagnose them in time and bring them to the DOTS program. This year we diagnosed 11 TB-patients and had six cases of suspected TB. Because of the pandemic it was even more difficult to look out for suspected patients, because people with a cough predominantly stayed in their houses, being afraid of stigmatization for an infection with Covid-19.

Children are found especially with extra-pulmonary TB, like bone TB. We refer them to the Health Centre for diagnosis, 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). Newly registered TB patients, who are included in the DOTS program, are provided awareness trainings and additional supplement food by us. Furthermore, our social workers make house visit of the TB patients to motivate them to continuous treatment.

### **Cancer patients**

During the year we helped six cancer patients getting treatment including chemo therapy and surgery at the Hope Hospital in Kolkata.

## **4. Trustees**

The following list presents the Trustees and their designations:

|   | <b>Name</b>                   | <b>Designation</b> | <b>Profession</b>    |
|---|-------------------------------|--------------------|----------------------|
| 1 | Prof. Dr. Swapan Mukhopadhyay | President          | Medical practitioner |
| 2 | Debashis Roy Chowdhuri        | Secretary          | Service              |
| 3 | Satyanarayan Roy              | Treasurer/Settler  | Social worker        |
| 4 | Dr. Monika Golembiewski       | Trustee            | Medical practitioner |

Only Satyanarayan Roy is working on a daily basis and getting a honorium from SEI, all other members are working on a voluntary basis. The overall goal of this charitable trust is to provide medical care and guidance to the needy children and mothers in the rural area. This includes curative measures with follow-up and village health checkups as well as preventive programs to improve nutrition and hygiene. The trust works for the poor and tribal families surrounding Bolpur at Birbhum District.

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

**PAN:AAMTS6887R**

**80 G Reg. No:18/08/CIT/BWN/2013- 14 / 2208 (w.e.f 28-11-2013)**

**Contact**

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

Email: [shiningeyesindia2013@gmail.com](mailto:shiningeyesindia2013@gmail.com)

Homepage Website : <https://shiningeyesindia.in>