



CALCUTTA KIDS

Fall 2011, Issue 9



Committed to the health & empowerment of the women and young children of Fakir Bagan

Dear Friends of Calcutta Kids,
Greetings from Kolkata.

It's been a truly sensational year at Calcutta Kids, and as Thanksgiving is just around the corner, I'd like to use this introduction as an opportunity to share some of what I'm most grateful for this past year.

In honor of her late father, Wasyli, Calcutta Kids' dear friend Milena Kotys successfully raised more than \$50,000 over the past three years for a CK endowment, which has been invested in India (at 10% per year). This endowment will ensure the continuation, in perpetuity, of our weekly health camp, providing hundreds of women and children with access to high quality medical checkups and medicines each month. Vital to this success has been the generosity of Ginny and Ravi Akhoury who hosted fundraisers at their beautiful home in New Jersey.



Milena and Noah at a spring fundraiser at the Akhoury home

We have successfully completed the World Bank funded phase of the newly launched Calcutta Kids Diarrhea Treatment Center, which has provided often life-saving diarrhea treatment to more than 400 patients in the past seven months. *See page 2*

Our wonderfully dedicated and committed Calcutta Kids Indian team has grown to more than 30 on-the-ground

workers including a female doctor – a much-needed source of comfort for our female beneficiaries. We've also been lucky to have had some terrific international folks on the ground with us who have given large chunks of time to CK.

An inspiring collaboration between Calcutta Kids and the Seattle-based Jolkona Foundation has expanded, offering a fun, user-friendly, and cost-effective means of online fundraising for Calcutta Kids. This new platform allows us to bypass the hefty user-fees associated with online giving through PayPal; allows our friends and donors to initiate online fundraising campaigns for Calcutta Kids in lieu of birthday/wedding/holiday gifts; and invites donors to see proof of impact for their online contributions. Much more on this in our solicitation letter coming at the end of this year.

We've created a new home within the Calcutta Kids catchment area – a 2000 square foot community center within the slum of Fakir Bagan. This is a first step in promoting a community driven campaign to encourage a healthy environment for women and children. *See page 3*

Our in-house database is proving invaluable regarding our commitment to monitoring and evaluation and our long-term goal of objective-based management. *See page 3*

Calcutta Kids has become an organization that is willing to try new things, evaluates them carefully and systematically, and, even when painful, acts responsibly [*Continued on Page 4...*]

378 Treatments – 6% Antibiotics

On March 15th 2011, we opened the Calcutta Kids Diarrhea Treatment Center! Our primary purpose in establishing the CKDTC has been to address an important gap in our child nutrition program, where we have seen the nutritional status of so many children compromised by bouts of diarrheal infection.



A mother administers ORS

We have learned from our colleagues doing similar work in Bangladesh that oral rehydration solution (ORS) is a better treatment for children suffering from diarrheal disease than using IV saline, anti-diarrheals and antibiotics, the typical treatment regimen for those families in our coverage area. Further, we know that prevention of diarrhea, along with early detection and proper treatment, will save children

from becoming undernourished from diarrheal complications. Prevention of diarrhea and early detection are promoted through a Behavior Change Communication (BCC) campaign.

From the opening in March through the end of September, we treated 378 young children (under age three), 27 children between three and ten years old, and 27 adults. Of the 432 total visits, 97% were successfully treated.

Among treated children, only 23 (6%) were prescribed antibiotics, which in each case were necessary as the children had symptoms of dysentery. The remaining children received ORS, zinc and if necessary, multi-vitamins.



Health workers in the DTC facility

Our Community Health Workers (CHWs) were initially skeptical, but after observing the effects of ORS, they have become very supportive. In the words of one of our CHWs (from Hindi) “There was one child, Manoj, who came to the CKDTC and was miserable, inconsolable, screaming, crying and exhausting

himself. He promptly pooped on the floor and then started the ORS treatment, which continued for about two hours. After an hour, he was this super cute kid that was smiling and playing with toys and interacting with all the people around. It was an amazing transformation.”



Our excellent Community Health Workers

Funding for the establishment of the CKDTC came from an 18-month grant from the World Bank, which ended in May 2011. Continued funding for these

activities and outreach has come from you, our donors. We could not operate this innovative center without your help and support!



Vital Statistics

MYCHI

- 411 active mother-child pairs
- 55 currently pregnant women
- 73 babies born

Growth Monitoring and Promotion (GMP)

- 354 children weighed during the most recent GMP
 - o 71% normal
 - o 23% moderate malnutrition
 - o 6% severe malnutrition

Immunizations

- 1428 immunizations for 308 individual children

Health Camp

- 525 health camp visits and medications for children under 3

CKDTC Visits: 432

- 378 children under the age of 3
- 27 children between 3 and 10
- 27 adults

Data from March through September 2011

Flip-Charts, Training and a Community Center – Oh MY(CHI)!

The Maternal and Young Child Health Initiative (MYCHI) staff has been working diligently over the past nine months to make our programs even more effective. Danya and Sumana, our program coordinator and manager, have been revising the maternal health initiative to reflect changes in international guidelines and to employ the lessons we have learned over the past six years. The revised initiative focuses on essential interventions such as routine antenatal and postnatal care, birth preparedness, facility delivery, and early referral systems. We now have two excellent portable flip charts that are culturally appropriate pictures accompanying the messages to help our health workers in the counseling of families about best practices and the early detection of problems.

In May we had an in-depth training on the new maternal health initiative with all of our community health workers and other MYCHI staff. The training gave us a much-needed opportunity to explain why each type of data is collected, to provide refresher information on pregnancy, delivery and the first few months of life, and to talk through specific problems that have arisen

in our community. These sessions provided valuable opportunities for team building, and to have fun together!



We are currently working to revise the child health initiative, and to tackle the pervasive issue of malnutrition amongst children in Fakir Bagan.

During the past six months, we worked with a small sample of severely malnourished children to find out with precision the causes of their malnutrition. We found that many of these children were suffering from anemia, a high worm load, several micronutrient deficiencies and stress in the home, all of which hinder the absorption of nutrients and, in turn, affect mental and physical development. We now can use this information to inform our protocols as we redesign the child health initiative.

We are very excited about the new community center, located in Fakir Bagan itself, which will be opening in December – a safe, clean and attractive site where we can hold our regular

activities such as GMP and health camps, community meetings, and gatherings of small support groups – a space for women and children to come together comfortably for support and information.

Data-driven Solutions

Calcutta Kids is committed to the collection and use of data in order to provide beneficiaries with the most effective care possible. We continue to work toward becoming an organization that not only collects the data we need, but that uses the data we collect.

Particularly notable is our use of data relating to immunizations. In earlier years, the name of each child and the immunization he or she received was simply recorded in a notebook. One of our volunteers spent an entire three weeks sorting out the immunization history and requirements for each child. We now have a protocol followed during each immunization session including the recording of information directly into the database. Then, each week, we are able to print out an accurate list of children that are due for immunizations. This list takes into account the age of each child and the previous immunization history, to assure that no child is getting an immunization before he or she is ready, that immunizations include all required doses, and that immunizations are given at the appropriate age for each child. No one falls through the cracks!

A second good example is the database used at the Calcutta Kids Diarrhea Treatment Center, which helps with the tracking of individual patient data and center level indicators and statistics, and supports the delivery of clinical patient care. The CKDTC database automatically calculates the level of dehydration of each patient based on WHO guidelines, weight-for-age z-score (a measure of underweight). And the database alerts staff when a patient is in need of a check-up or when other actions need to be taken.

Low cost health insurance: too high a cost

One of the basic tenets of Calcutta Kids is that we are willing to be innovative and take responsible risks, making sure to carefully monitor and evaluate everything that we do.

When these innovations work, we scale them up, but when a program or project doesn't prove cost-effective or in the best interest of the families we serve, we have a responsibility to discontinue it.

One such case is our micro health insurance program, which we are ending after many months of careful consideration. Although the initiative proved inadequately effective, we were able to assist hundreds of families in managing the fees associated with healthcare; and we also worked with some wonderful colleagues who have since turned into friends at the International Labour Organization (ILO), the United India Insurance Company (UIIC) and the Center for Insurance and Risk Management (CIRM).

While many of our Calcutta Kids beneficiaries purchased and benefited from the insurance program, many more did not. We discovered, sadly, that most of the families who purchased the insurance were economically better off than most of the desperately poor slum dwellers; they would have purchased health insurance anyway, and simply found Calcutta Kids' product less expensive than what's available on the market.

Another unfortunate discovery was that the micro health insurance program threatened to compromise the trust which the community has had for Calcutta Kids and which we cherish. The reasons for this are twofold: first, that the door-to-door sales by Calcutta Kids health workers led some beneficiaries to think that Calcutta Kids was now trying to make money from the community; and second, because what had originally been a cashless product had, without our permission, become a reimbursement product with claims often taking more than 3 months to settle.

Ultimately, it became clear that Calcutta Kids is neither an insurance company nor an insurance agent and is simply not in a position to run such an operation single handedly. We had hoped that we could use our comparative advantage as a trusted presence in the slum to educate about, promote, and sell inexpensive health insurance to slum dwellers and then rely on partners—expert organizations in the field of insurance—to manage the office work, including claims. However, those partners were unable to change their systems (created as part of a for-profit industry) to address adequately the needs of the poor. The difficulties we faced with regard to claims management, oversight, and partner cooperation—with the costs heavily outweighing the benefits, simply made it impossible for us to continue running this program.

Calcutta Kids is committed to the proposition that every experience of an organization like ours, positive or negative,

needs to be shared with the larger development community. Accordingly, we are most pleased that CIRM, a research group in Chennai, is carrying out an in-depth study of our program and the challenges that made it inadvisable for us to continue its operation. The publication and dissemination of this work will certainly enable other groups to learn from our experience, and, in turn, move forward this important area of international public health.

[Letter from the director, continued from Page 1...]

if it becomes clear that a program is not fulfilling its intended goals and objectives—the case with our Micro Health Insurance experiment. CK also has contributed an important piece of research documenting lessons learned through our efforts to provide health insurance to the poor. *See article on this page*

Two solid partnerships have emerged ensuring excellent international interns/volunteers for Calcutta Kids. One of these is with George Washington University, which has been sending us stellar public health students for summer internships over the last 3 years. The other is with the American India Foundation through the William J Clinton Fellowship for Service. This year, Calcutta Kids has the pleasure of working with Margy Elliott, a recent graduate of the Mailman School of Public Health at Columbia University with a focus on health promotion. These partnerships are immensely helpful to Calcutta Kids, but they also allow CK to be part of molding the next generation of international public health practitioners—a huge responsibility and quite an honor.

And if all this isn't enough in the gratitude department, Calcutta Kids is being featured in the ultimate public health textbook for undergraduates: *Global Health 101, Second Edition* by Richard Skolnik.

There is so much for which to be thankful. I simply couldn't be more pleased with the way things are going here at Calcutta Kids. We've got a great mission; a solid team; some terrific partnerships; and projects which are making a dramatic impact on the lives of thousands of needy women and children.

Thank you for all you do to make our work possible, we could not do it without you.

With kindest regards,



Noah Levinson

Co Founder and Director