IMPROVED NUTRITION FOR IMPROVED HEALTH

preventive approach to health the most basic and practical approach. If a child is suffering from malnutrition, his/her immune system is unable to do its job. Thousands of children all over Kolkata and Howrah have weak immune systems due to malnutrition, and the great majority of the 650 children the mobile health clinic is serving fall into this category.

In May, we asked a nutrition expert to join us for a few days to visit the slum schools. He confirmed that these children were in need of nutrients they simply weren't getting. This along with the fact that these children aren't getting enough food led us to look more carefully at nutrition and its relationship to health. Together with the nutrition expert, we've put together a basic nutrition component of the mobile clinic work which will serve a number of purposes.

- The children will receive more food to eat thus boosting their immune systems.
- Æ They will receive nutrients they need to permit healthy growth.
- Æ Food will be given to the children in the morning before school, thus providing an incentive for them to get to school on time.
- Æ The food will make the children more alert during the school day and increase their learning capacity.
- Æ With strengthened immune systems, fewer children will need to be hospitalized.
- Æ The food purchase will provide a small contribution to local farmers and to shopkeepers in these slum areas.

Local distributors will be hired to deliver food to the non-formal schools each school day. The food will consist of a boiled egg, a banana (or seasonal fruit) and a fortified biscuit. (The biscuit will be specially ordered and enriched with micronutrients prescribed by our nutrition expert.) Our hope is that this will do the trick, but we have not ruled out the idea that additional nutritional supplements may be required for some children.

This nutrition component is estimated to cost an additional \$1,200 per month. We are in the process of meeting with some international and local food agencies in efforts to elicit their assistance if possible. And depending on the success of this year's fundraising, we may be able to match their assistance.



Nurse explaining to mothers how to give medicines to their children

Please feel free to share this newsletter with friends and family. We would love to enlarge our comunity of Friends of the Mobile Health Clinic. We would also be so happy to hear from you with questions, concerns, suggestions, comments or reflections. Please make them known to us through our US office.

Contributions can be made anytime by making your check out to "THE SALESIAN MISSION" (for tax deduction purposes) and sent to our US office at the address provided below. If you are a new contributor please let us know how you heard about us.

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MOBILE CLINIC NEWS NEWSLETTER OF ASHALAYAM MOBILE HEALTH CLINIC

ABOUT THE MOBILE HEALTH CLINIC

he Ashalayam Mobile Health Clinic is a project set up to reach some of the poorest children in and around Kolkata with quality healthcare. This healthcare is quite comprehensive, and includes monthly checkups, free medicines, follow-up treatment, referrals, and hospitalization when necessary. Beyond that, however, the Ashalayam Mobile Health Clinic is devoted to the complete rehabilitation of each and every child we encounter. The children are invited to take part in all of the child-oriented programs and activities provided by Don Bosco Ashalayam. (To see a list of these programs please see the Ashalayam website www.ashalayam.org.)



Our Brand New Ambulance



Children awaiting medical treatment

WE WILL MISS YOU

n July 15th, 2002 my grandfather, Aaron P. Levinson passed away. This is noteworthy because the mobile health clinic wouldn't have been possible without his encouragement, his advice, and his support. Grandpa was a compassionate man who never forgot those who were less fortunate than himself. Throughout his life he was recognized for his involvement in American Civil Rights, and for his efforts towards world peace. In September of last year, I went to him with a proposal for this mobile health clinic, and he said something to me that was very wise. He said, "Noah, many people will say this project is just a drop in the bucket. But that's what's so great about it. You're not out to change the world, but to make a big difference in the lives of some terribly underprivileged children who, as a result of your efforts, will become very happy and healthy children. Don't ever think so big that you lose sight of, and contact with, those sick children." He then told me that he loved this project and would do everything he could do to help. Dear Grandpa, thanks so much for all that you did—you did more than you'll ever know. Your legacy will live on in so many ways, including in this project.

COMPLEMENTARY EDUCATIONAL AND HEALTH SERVICES FOR STREET CHILDREN

S ince beginning the mobile clinic project, it's become clear that in Kolkata and her twin city of Howrah, an array of organizations exists to provide services for underprivileged children. These services include educational programs, medical services, employment opportunities, and vocational training. On the outskirts of the cities, however, such services are very sparse.

Two years ago, Ashalayam opened 13 non-formal

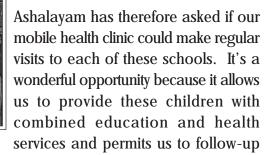
schools for street children around the railway stations in these outlying areas. The establishment of these schools is a wonderful step forward, and a means of addressing the underlying poverty faced by these children. These schools are providing important skills to these children, and, for some, will be a bridge to formal educational facilities.

the past year, Ashalayam has started three new schools, and phased out of three older ones. The reason for the

closures is the success Ashalayam has had in placing the majority of the attending children into formal schools. Nearly 80% of the children in the three former schools are now in formal schools. This success gives us considerable hope for comparable results in the other schools. Overall, Ashalayam hopes to cover all the railroad slum areas of suburban Kolkata and Howrah, helping children escape, through educational opportunity, from the vicious cycle of poverty.

It has become overwhelmingly clear, however, that the street children attending these non-formal schools are suffering from an absence of medical care and from malnutrition. The children have

been particularly vulnerable to contagious childhood illnesses, ironically turning these schools into breeding grounds for disease – which lead, in turn, to decreased school attendance.



systematically on their health and nutritional status.

So far, this linkage has been a great success. Many thanks to Kollol Chaudhury, Coordinator of the Ashalayam Non-Formal Education program.

STAFFING AND RESPONSIBILITY

ne of the most satisfying aspects of this project has been the development of an Indian team with both the commitment and capability to carry this project forward. This will also permit me to move back and forth between Kolkata and the U.S. over the next few years as the project becomes institutionalized – and as I finish up my undergraduate education at Marlboro College and move toward medical school. (I've been pleased that Marlboro has been so supportive of this work, and will allow me to spend considerable time in India even as I complete my studies - which will, importantly, provide me with an understanding of the larger international development context for the work my colleagues and I are doing.)

The Indian team is as excited about this project as I am, and we will be in daily contact even when I am in the U.S. I am proud to introduce them to you.

OUR DOCTOR

Dr. Samir Kumar Naskar, MBBS University of Calcutta Medical College.



OUR COORDINATOR

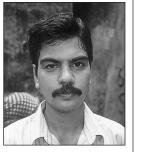
Ms. Shelley Chatterjee, M.A. from Rabindra Bharati University and Diploma in Social Welfare from Calcutta University.



OUR DRIVER

Mr. Ashok Mondal

Ashok formerly worked with Children's Aid, Calcutta, and brings to our clinic 12 years of experience working with children. Ashok not only drives, but also takes charge of weighing and measuring each child.



We don't yet have a fulltime nurse / pharmacist. She/he will be introduced to you in the next issue.

A FEW STORIES

S alma Khatun is a 9-year-old girl who lives on Park Street in Kolkata. She spends her days limping around the street begging for money. Salma heard about the Ashalayam Mobile Health Clinic and came to our center based at Park Street. She was examined by Dr. Kumar Naskar who diagnosed her with Polio. Salma had gone to doctors before, but was always turned away because she didn't have the money to pay for treatment and medication. The mobile clinic, however, has been able bo place Salma at the Institute of Orthopedic Handicapped where she is receiving braces for her legs and is taking part in an intensive rehabilitation program which will allow her to live more comfortably with her disease. Our hope is that once Salma is finished with her rehabilitation, she will chose to take part in the vocational training center at Ashalayam.

Rabi Rook is a 16-year-old boy who lives in the Kolkata Picnic Garden. He spends his days begging for money on the busy streets of Esplanade. During the last several months he has acquired terrible boils and cysts which cover his lower body. Dr. Kumar Naskar has referred Rabi to a surgeon at Udit Nursing Home in Howrah, and Ms. Chatterjee accompanied him for his surgery. The surgeon drained the infected cysts and hospitalized him. He looks and says he feels like a new person.



Salma Khatun



Rabi Roo

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