Dear Friends of Calcutta Kids,

Have we made a difference? And where do we go from here? These are the questions Calcutta Kids has been asking itself now nearly two years into our three year trial of the Maternal and Young Child Health Initiative. In response to the first question, the evidence already is in – and it is dramatically positive. With your help, Calcutta Kids has made a significant positive difference in the lives of both women and children in our catchment area of Fakir Bagan. On the surface, positive change is apparent in the health seeking behavior of families in Fakir Bagan who are utilizing responsibly the medical services available to them. It also can be seen in the outpouring of community involvement, with large numbers of women now actively participating in Calcutta Kids activities despite the time constraints of their demanding lives.

But the most important accomplishments have to do with the bottom lines. The first is the sharp reductions in maternal mortality during childbirth. With CK's system of identifying potentially difficult and dangerous pregnancy cases in advance, and providing these women with safe facility-based deliveries, far fewer women are dying. Second, the infants being born are much healthier as a result of the pregnancy counseling their moms have been receiving. The best measure of this is birthweight. During the past year, just under 80% of the infants born in Fakir Bagan have had birthweights of at least 2.5 kilograms (WHO's low birthweight cut-off point.) And the average birthweight has increased from a disgraceful 1.8 kilograms at our baseline in late 2005 to 2.8 kilograms in August 2007. To our dedicated field staff – and to the women of Fakir Bagan who have been participating so enthusiastically, we bow our heads.

In response to the second question of where do we go from here, it has become clear that while our efforts to improve the pregnancy process and pregnancy outcomes have been highly successful, our companion goal of keeping these children healthy up to the age of 3 is not yet being met. While all of these children are provided with the medical services they need and while their families well utilize these child-related health services, the children are not consuming adequate food. Accordingly, our challenge at present is to maintain the quality of services for the pregnant women while seriously intensifying services designed to improve the nutritional status of the children, particularly from the age of 4 to 6 months when they need to be introduced to nutrient-dense, easily digestible complementary food while continuing to breastfeed.

I'm pleased to introduce this issue of the Calcutta Kids newsletter which includes the following:

- Two entries from the Calcutta Kids journal;
- "Inspiration Among Us"—this time a profile of Gopal Sonkar, an important member of the Calcutta Kids community;
- An article by Project Coordinator, Sumana Ghosh about Calcutta Kids' efforts beyond counseling and medical treatment;
- An abstract from the Calcutta Kids study on micro health insurance; and
- A note from our director, Noah Levinson, about Calcutta Kids' future involvement in micro health insurance.

Let me convey our deepest gratitude to you, our donors, who make this important work possible. I also wish to thank the Department of Health of the Howrah Municipal Corporation and in particular the District Health Officer who has sanctioned us as a certified provider of the West Bengal immunization program and who has been working with us so cooperatively. And last but not least, I wish to thank the Calcutta Kids Board of Trustees who have worked so tirelessly this past year to acquire the legal documentation necessary for the continued success of our organization.

Sincerely,

Kalyan Kumar Roy.
(Kalyan Kumar Roy)
Managing Trustee, Calcutta Kids

TWO STORIES FROM THE CALCUTTA KIDS JOURNAL

(Names have been changed to ensure confidentiality)

Tanusri, a 25 year old woman and her husband, a tobacco and betel nut vendor, moved to Fakir Bagan less than one year ago. Tanusri came to the Calcutta Kids clinic initially for a pregnancy test. Once her pregnancy was confirmed she was escorted upstairs to see the Calcutta Kids gynecologist. But before reaching the examining room, Tanusri burst into tears, and appeared inconsolable. After much tender affirmation, Tanusri told Project Coordinator Sumana Ghosh that, being thus far childless, her in-laws don't like her and treat her badly—and that she had been pregnant 5 times, all ending in miscarriages. Sumana reassured Tanusri that the Calcutta Kids team was here for her and for the baby, and that we would do everything possible to ensure a healthy pregnancy and a healthy child.

After seeing the gynecologist, it became clear that Tanusri needed a small procedure called a Shirodkar's operation in which a suture is used to close the cervix when the cervix has failed to retain previous pregnancies. After intensive counseling with Tanusri's skeptical husband, he agreed not only to the operation but also to contribute to its cost and to share in payment for the needed medicines.

The operation was a success, and Tanusri visits the clinic biweekly for check-ups. Her husband is now fully supportive, and his sister has come from the village to help with chores and with food preparation so that Tanusri can get both the food and rest she needs. Now eight months into her pregnancy, Tanusri is looking healthy and feeling positive, and we all are eagerly awaiting the child's arrival.

A Calcutta Kids child with grandmother. Photo courtesy of Courtney Anderson

One of the challenges Calcutta Kids sometimes faces is the pregnant woman who comes to us for the first time in her 6th or 7th month of pregnancy seeking antenatal care. This situation occurs when a first-time pregnant woman who has been living elsewhere with her husband's family, returns to her parents' home in Fakir Bagan for the final months of her pregnancy and for her delivery. This is challenging for several reasons: the last trimester of pregnancy is late to begin pregnancy counseling; the women often come to us suffering from untreated conditions, often anemia, which should have been addressed earlier in pregnancy; and it's late to begin the counseling we do with the families of the pregnant woman on the support they need to be providing, on preparations for the delivery, and on the importance of initiating savings for the child.

Durga was one such woman who came to us late in pregnancy. We were encouraging to her, and promised to provide full support—antenatal care examinations by the gynecologist, nutrition supplements, invitations to pregnancy support group sessions with other women living in the area, and weekly visits from the community health workers. But her condition was not good, and we were dubious about whether Durga would be able to give birth to a healthy child. She claimed to be 7 months pregnant, was so undernourished that she looked like she might be only 5 or 6 months pregnant, but turned out to be 8+ months pregnant.

Despite our insistence that Durga have a facility-based delivery, we learned two weeks later that Durga had delivered a son at home with the assistance of a traditional birth attendant (TBA). The Calcutta Kids team went immediately to the home, examined Durga, weighed the baby and provided information on the proper care of mother and child. Durga, in fact, was not well. We brought her to the Calcutta Kids clinic where the doctor detected a gross perinea tear. Durga was admitted to the clinic and the tear was repaired. Our inquiries revealed that the TBA had inappropriately applied pressure on the abdomen during Durga's delivery resulting in the tear.

It's fortunate that Durga and her child are now safe. But the incident reveals just how precarious the pregnancy period and delivery can be in the absence of adequate care. It also underlines the importance of the efforts we are making to identify danger cases early, and, at the same time, to upgrade the skills of TBA's for the many births which still take place in the home.

INSPIRATION AMONG US

In each issue of this newsletter, we like to focus on a member of the Calcutta Kids community who brings us particular inspiration. You will remember the stories of Jayshree Hella, a Calcutta Kids community health worker (CHW) whom we came across at one of our health camps and who could communicate medical information so brilliantly to the women of the slum; and the story of Laxmi Gupta, another CHW, whose husband died from an untreated dog bite, and who, despite the obstacles, has been able to raise such a beautiful family.

In this issue, we are focusing on a remarkable young man from the Calcutta Kids catchment area of Fakir Bagan who plays an instrumental role in the success of Calcutta Kids. His name is Gopal Sonkar and he is the secretary of the Fakir Bagan Welfare Society, a 30 member organization with the mission of overseeing the welfare of those who reside in that slum.

"From the very first day of Calcutta Kids' involvement in Fakir Bagan, Gopal was there," says CK Managing Director Kalyan Roy. "He walked with us through the small alleyways of the area and introduced us to the people who most needed our services. He's always there to help solve the problems we encounter. Gopal is our greatest link to the community we serve, and he is a strong ally in our mission to improve the health of the mothers and children of Fakir Bagan."

Though only 24 years old, Gopal has won the respect of the entire community; residents of all ages take him seriously. He is influential, but, at the same time, is very much one of the people. Equally important, Gopal is passionately committed to his community and to improving living conditions of its residents. When asked why he has been so helpful to our organization, he responded by saying "I could see Calcutta Kids is a serious and able organization with good people that can be helpful in our common cause—improving the lives of the people of Fakir Bagan. My favorite thing about Calcutta Kids is that they are always available to us—24 hours a day." Gopal should know: On August 31st 2007, his wife went into labor at 3:30 AM; and he rushed her to the Calcutta Kids clinic for the successful delivery of a precious little girl. (He was, by the way, a model husband during his wife's pregnancy taking an active role in ensuring that his wife received enough rest, consumed enough food, and followed the ante-natal counseling advice of the Calcutta Kids CHWs.)

Gopal's commitment to improving the lives of his friends and family emerged, interestingly, from the moving story of his own life. When Gopal was just 1 year old, he was diagnosed with polio and, as a result, walks with a severe limp in his left leg. While growing up, however, he was never treated any differently because of his disability. The love and respect he received from his neighbors in his youth made a deep impression on Gopal. Today, in addition to serving as secretary of the Fakir Bagan Welfare Society and being a valuable partner to Calcutta Kids – and in addition to being a loving husband, a caring father, and a pillar of the community, Gopal works at the family meat shop and runs a telephone call station.

We are so pleased to be associated with Gopal and we are inspired by his strength and his deep commitment.

BEYOND COUNSELLING AND MEDICAL TREATMENT

By Sumana Ghosh, Calcutta Kids Project Coordinator

Community meetings and events are becoming an integral part of the Maternal and Young Child Health Initiative in Fakir Bagan. These community meetings not only provide a safe space for female residents to discuss health issues with female health professionals, but equally important, provide a forum for social interaction among women of this slum. For nearly two years, Calcutta Kids has been working with the pregnant women and mothers of children under the age of three. The relationships between the Calcutta Kids workers and these women have flourished in part because of these community events. Due to the heavy rains during the 2007 monsoon, a number of community meetings had to be cancelled. The response from community members when the meetings resumed was invariably, "We've been missing the meetings. They give us a place to feel free." How wonderful that such gatherings, in addition to providing valuable counseling, can be so nourishing and empowering for these women!

Community Health Worker-led community meeting

Calcutta Kids Community Picnic

Each community meeting focuses on a specific health issue, i.e. diarrheal diseases, worm infestation, acute respiratory infection, skin diseases, infant and child care, self care, contraceptive use and mana- gement, or hygiene practices. At the beginning of each meeting, women present their own experiences and understandings of these problems. Health workers then work from these experiences and perceptions, seeking to provide the women with a more complete understanding of the causality of particular illnesses and, in turn, the best way to prevent and treat them. Quiz sessions often follow to determine whether the women have understood the messages, and to

Calcutta Kids Community Picnic

permit clarifi-cation where necessary. Most important, however, is watching these women putting this counseling into practice, learning for themselves that it works, and then passing on the wisdom to friends and neighbors. In cases where women have trouble putting the counseling into practice, or have trouble convincing a mother-in-law, health workers can help identify the constraints and assist these women in overcoming them. Those women who have been most successful in utilizing the messages often find themselves leading subsequent meetings.

Calcutta Kids event is the family picnic. The most recent one was held in mid-June and was organized by Jayshree, one of our community health workers who did valuable preparatory work in organizing the moms to bring particular food items. Families look forward eagerly to this opportunity to picnic with their friends and children. On June 15th when the families arrived, Gopal (see "Inspiration Among Us" in this newsletter) already had prepared the area and had all the necessary utensils in place. Durga came with 250 grams of potatoes, Lamoni brought 500 grams of dahl and 500 grams of rice, Sita contributed soybeans, and a dozen other mothers arrived with their assigned food items. All of the women participated in cutting the vegetables, soaking the rice and dal in water and cooking the food. Meanwhile the health workers briefed them on the nutritional value of foods being prepared, on hygienic cooking methods, and on easy ways to increase the digestibility and nutrient density of foods prepared for young children. Afterwards we all enjoyed the picnic together, and began planning the next one.

Calcutta Kids Community Picnic

Bypassing The Moneylenders: A Micro Health Insurance Viability Assessment in a Kolkata Slum

By Noah Levinson

ABSTRACT

Introduction and Background

Slum dwellers in Kolkata India, as with the urban poor in many parts of the developing world, live in continuous fear that borrowing from money lenders at high interest rates to finance medical care in cases of injury or illness will deplete them of their resources and further exacerbate their present poverty. Models exist, however, in India and elsewhere to protect such individuals and families with micro health insurance. This feasibility study explores the demand side of a potential micro health insurance plan for a slum on the outskirts of Kolkata, looking particularly at levels of interest and willingness to pay.

Hypothesis

That a critical mass of interest in and ability to pay for micro health insurance exists among slum dwellers in the study area.

Methods

The study used a cross-sectional, observational and descriptive model and employs both quantitative (a survey of 101 household heads) and qualitative (a series of focus group discussions with participants disaggregated by gender and experience) methods to assess demand for health insurance. A unidirectional bidding methodology was used in the survey to determine the maximum payment interested families would be willing to make for health insurance. Bivariate analysis then was used to compare the characteristics of those households interested and not interested in the insurance.

Results

The study found that 74.3% of respondents had been forced to deal with medical costs within the preceding 3 months, and that half had borrowed money to cover these costs (mean amount borrowed Rs. 9470) at interest rates averaging 5% per month, and with collateral usually required. The qualitative data revealed the severity of the economic, physical and emotional costs of this existing "system" of health care financing. Of respondents, 72.9% had not earlier been familiar with the concept of health insurance. After explanations were provided, 76.8% of respondents indicated a willingness to purchase micro health insurance, with 84.2% of these willing to pay Rs. 365 per person per year (averaging 6% of household income) for coverage providing up to Rs. 36,500 worth of medical benefits. Comparing the characteristics of interested and non-interested families, the study found that interested households were significantly more likely to have had a previous association with the NGO likely to be associated with the insurance scheme (p=0.035).

Our dedicated staff working in the rain

Discussion

The results confirm the study hypothesis that a critical mass of study area households are interested in and willing to pay for micro health insurance. In fact the level of payments respondents are willing to pay are higher than those reported from comparable studies, and higher than may be necessary for adequate levels of insurance, this likely associated with the negative experience of efforts to finance medical costs in the past. Importantly, trust in the provider also appears to be a primary determinant of a household's willingness to participate.

MESSAGE FROM NOAH

Dear Friends,

In our last newsletter, I wrote about my graduate study research which focused on the demand side of micro health insurance for the inhabitants of Fakir Bagan. The study is now complete and I'm happy to report our findings in the form of an abstract which can be found on the opposite page.

Micro insurance is becoming a hot development issue in India, and is emerging as a partial solution to the health inequities which plague this country. Calcutta Kids is interested in participating actively in the micro health insurance conversation and determining whether this is something that can benefit the poor people with whom we work. Having found that demand for such insurance is strong in areas where we work, we've now put together a task force which will focus on the supply side of micro health insurance and then systematically analyze this information to see if Calcutta Kids can implement such a program.

The taskforce is headed by Srivatsa Marthi, a recent economics graduate from the University of Toronto—and originally from Chennai, and myself. For the next year, Srivatsa and I will be carefully assessing micro health insurance programs presently underway in India, and seek to identify the model best suited for Calcutta Kids. At the same time, we'll be meeting with insurance providers. Indian law now includes a requirement that 20% of insurance company beneficiaries have incomes below the officially determined poverty line.

When asked about why micro health insurance now, Srivatsa answered "One reason we have a chance to accomplish our goal is that the climate at present is so positive. Microfinance is very much in the new, partly, of course, because of the recent Nobel Prize given to Dr. Yunus of Grameen Bank. Although most of the attention thus far has focused on credit, a broader set of financial services are beginning to be offered. I believe the private sector is taking the whole idea of microfinance far more seriously than it did 10 years ago. Furthermore, in light of the recent economic boom in India, there is more and more discussion of the necessity of using a portion of this growth to fight poverty and inequity. The Prime Minister of India, Manmohan Singh, in his recent speech commemorating the 60th anniversary of Indian independence, talked about exactly this, called for increased spending in 'social sectors', and spoke explicitly about health insurance."

So why Calcutta Kids? Our commitment to these children and to their families makes it difficult for us to watch from the sidelines as family after family is devastated by their efforts to pay for medial care resulting from serious illness or accidents—or, even more serious, to try and survive without such care. We want to do what we can to help these families extricate themselves from the vicious cycles of poverty in which they find themselves, and meanwhile to assure that their children survive—and escape the lifetime consequences of poor childhood health and malnutrition.

I have found it so gratifying to see what we've been able to accomplish first with the street children, now with pregnancy outcomes and, hopefully soon, with infant and young child nutrition. The organization is, thanks to all of you, well-staffed and filled with optimism. And now we're excited about exploring, together with Srivatsa, this possible role in micro health insurance which has so much potential to improve the lives of these families.

With kindest regards and blessings to you all.

Noah Levinson

(Noah Levinson)
Director, Calcutta Kids.

WE'VE MOVED! PLEASE NOTE OUR NEW U.S. ADDRESS.

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ABOUT CALCUTTA KIDS

Calcutta Kids is an organization committed to the empowerment of the poorest children and expecting mothers in the underserved slums in and around Kolkata India, by increasing their access to health and nutrition services, providing health information, and encouraging positive health-changing behaviors. Calcutta Kids' primary objective is to initiate community-based programs that advance the promotion and delivery of good health care, medical advocacy, and health education.

Donations to Calcutta Kids are exempted from taxes

- under section 80G (5)(VI) of the Income Tax Act 1961 in India; and
- under section 501c3 of the Internal Revenue Service, U.S.A.

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