



# CALCUTTA KIDS

FALL 2006



Dear Friends of Calcutta Kids,

On 17<sup>th</sup> November 2006 Calcutta Kids celebrated its one year anniversary as an independent organization. It's a great privilege to have been with Calcutta Kids since its beginning. I'm proud to report that the activities of Calcutta Kids are going very smoothly with high morale among the staff, and with the best possible coordination taking place under the guidance of our director Noah Levinson and the board of directors.

Let me say a few words about the work being done to improve pregnancy outcomes in the slum areas – this above and beyond the ongoing and vitally important health care being provided to street children. In just one year, Calcutta Kids has trained community health workers who now regularly visit hundreds of families providing pregnancy counseling and promoting family behavioral change. The behavioral change is targeted not only at pregnant women but also at their husbands and mothers-in-law to ensure support and care from the entire family. As a result, pregnancy-related practices in the slum area of Fakir Bagan are changing rapidly—pregnant women are eating more food and more frequently, are accessing antenatal care more regularly, and the deliveries are much safer than they were previously. In fact, our preliminary analysis indicates a dramatic improvement in the birth weights of infants now being born in Fakir Bagan. (This news is exciting indeed – low birth weight has long been a major contributing factor in India to child mortality and to malnutrition among the survivors. We are carefully examining this data, seeking to identify the primary contributory factors, and will be providing more information shortly.)

The great strength of Calcutta Kids lies in its willingness to learn from the community it serves. This was evident from a group of people who came from the slum one morning to tell their story. They said, “the Calcutta Kids workers come to our homes to talk and listen on all subjects: how to prevent disease, how to deal with existing health problems, and how

to improve our lives. We take their advice because they know and understand our problems and because our babies are being born healthy and happy.”

Because of some initial resistance from the community, this work at first was challenging. Not unexpectedly, some people in the community were, at first, a bit suspicious about the motivation of Calcutta Kids. Those suspicions evaporated quickly. “Now everything seems so easy, but when we started working it was very difficult” said a Calcutta Kids community health worker. “The older women in the area did not want to hear from us, and sometimes even threw us out of their homes. But now they see the changes taking place before their eyes and have now fully accepted Calcutta Kids and the work we do.”

So this has been a fantastic first year. We were so saddened by the loss of baby Neha Goswami, written about in the Calcutta Kids journal. But we have remained steadfast in our work, and we look to the future, as always, with courage, hope and determination. The dedication of the Calcutta Kids staff is something I wish you all could see. They have been working so hard and so creatively to tackle the problems that we face. I am proud of their dedication and achievements.

Included in this newsletter are

- ◆ Two entries from the Calcutta Kids journal;
- ◆ A profile of one of our community health workers, Mrs. Laxmi Gupta;
- ◆ Some wonderful pictures taken by Calcutta Kids co-founder, Sohrab Noshirvani and an update on the mobile health clinic; and
- ◆ A note from our director, Noah Levinson about micro health insurance.

Sincerely,

*Kalyan Kumar Roy.*  
Kalyan Kr. Roy  
Managing Trustee, Calcutta Kids

## TWO STORIES FROM THE CALCUTTA KIDS JOURNAL

We were first introduced to Sabitri Prajapati when she came to the Calcutta Kids health camp in early January 2006 (just two months after Calcutta Kids began its initiative in Fakir Bagan.) Sabitri was six months into her first pregnancy and was suffering terribly from jaundice. For the next few months, Calcutta Kids provided pregnancy counseling and medical attention to Sabitri, and on 4<sup>th</sup> April she gave birth to a baby boy. While Sabitri had been offered a facility-based delivery through Calcutta Kids, she declined preferring the traditional home delivery. After the birth, Sabitri's husband came to Calcutta Kids to inform us about the delivery. The community health workers accompanied the husband back to the house with a scale to weigh the newborn. The birthweight of the child was very low – 1.6kg's (the minimal "normal" birth weight is 2.5 kg's). Sabitri and baby Karan were advised by the CHW's to report to the Calcutta Kids clinic whereupon both mother and child were immediately admitted.

Because of Sabitri's history of jaundice during pregnancy, Dr. Roy ordered a bilirubin test from which it was determined that Karan also was suffering from severe jaundice. Karan underwent phototherapy for eight days, and after a full recovery, both mother and child were discharged from the clinic.

Continuous growth monitoring and counseling sessions were organized for Sabitri who practiced exclusive breast feeding for the following 6 months.

At birth on 4<sup>th</sup> April Karan weighed 1.6kg's; in May, he weighed 2.5kg's; in June he weighed 4.0kg's; in July he weighed 5.2kg's; in August he weighed 5.6kg's; in September he weighed 6 kg's thus putting him at a normal weight for a child of his age. (See photo below)



Calcutta Kids first came into contact with Neha Goswami when she was two and a half years old--just one month before she died. Neha's mother had brought her to the Calcutta Kids health camp with complaints of loose motion and cough and cold.

Dr. Roy quickly discovered that Neha was suffering from pneumonia and protein energy malnutrition and, because of the severity of her condition, advised admission to a nearby children's hospital. The Calcutta Kids staff worked with Neha's family to arrange the hospital admission and financed the costs of the necessary laboratory tests and medicines.

A few days later, the CHWs saw Neha and her mother outside of their house. Neha's mother told them that there had been no improvement in Neha's condition at the hospital, and that the family had discontinued the treatment. When asked about a discharge certificate, the mother just shrugged. Neha had been neglected in the hospital...and the family had simply walked out.

The CHW's told Neha's parents to quickly bring Neha to the Calcutta Kids clinic, and a specialist was called for an examination. That specialist recommended a blood transfusion after which Neha was again hospitalized, but this time under our careful watch. Neha seemed to be out of danger and was discharged with special nutrition counseling provided by our staff to Neha's parents. Sadly her parents, troubled in other ways, did not follow this counsel and, four days later, Neha died in her sleep.

May she rest in peace.

## INSPIRATION AMONG US

Laxmi Gupta's favorite subject in primary school was Indian history where she discovered her hero, Rani Lakshmbai. Rani Lakshmbai was an freedom fighter in the Indian independence movement and was the force behind the inclusion of women's voices in that struggle. The spirit of Rani Lakshmbai lives on in Laxmi—something evident in her life—and in her work with Calcutta Kids.

Laxmi was the first community health worker (CHW) recruited by Calcutta Kids. She holds a special place in our hearts because of her warm maternal tendencies always evident in our office, and because of her absolute devotion and commitment to the Calcutta Kids mission.

But Laxmi also is loved and respected because of her perseverance at everything she does—even against the greatest odds. And it is here that the spirit of Rani Lakshmbai is most evident.

Laxmi married Ramesh Gupta, a medicine seller from Jharkand, when she was 18. For three years husband and wife lived happily and had a beautiful daughter, Rajeshwari (photo beside with Laxmi). The couple was very close, and Laxmi often worked beside her husband, learning from him about pharmaceuticals and sales.

A year later, as Ramesh was walking home from work, he saw another young girl being attacked by a dog. Ramesh rushed to the rescue and freed the child from the dog. In the process, however, both the child and Ramesh were bitten.

Ramesh ran with the little girl in his arms to the nearest hospital and watched as the doctor bandaged up the girl and gave her a rabies shot. Ramesh neglected to get a rabies shot for himself. One month later, Ramesh died of rabies.

Laxmi and her daughter Rajeshwari were now left alone, and for the past 11 years, Laxmi has worked tirelessly to

provide her daughter with a good childhood. For some time she worked as a medicine seller, then as a teacher - and now she is with us as a CHW. Laxmi tells us that she loves her work with Calcutta Kids, and that every day she returns home with a sense of accomplishment. "The work of Calcutta Kids is making such a difference in Fakir Bagan," she says.

Mothers in Fakir Bagan are devoted and grateful to Laxmi,



and call her '*Didi*' (older sister). Laxmi, in turn, is insistent in her counseling of pregnant woman, determined to help these women have healthy pregnancies and give birth to healthy children. "They take me seriously, because I know about being a mother", she tells us. "Pregnancy is such an important and joyful time in the life of a woman. And every day, as I spend time with these women and counsel them, I am a part of their joy."

Just as Rani Lakshmbai has inspired Laxmi, Laxmi, in turn, has been an inspiration to the mothers of Fakir Bagan whose lives are touched by her kindness and by her devotion to them. All of us at Calcutta Kids feel blessed to be working with Laxmi.

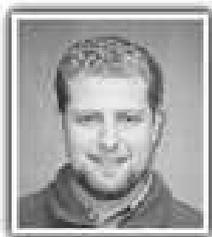
## UPDATE ON OUR WORK WITH THE STREET CHILDREN

The Ashalayam Mobile Health Clinic (MHC) continues successfully, providing monthly medical treatment to more than 1,000 street children through the non-formal education program facilitated by Don Bosco Ashalayam. The work of the Mobile Health Clinic is becoming more and more self-sufficient by the day, and the Calcutta Kids involvement is most visible in its provision of tertiary care for special cases, program development and monitoring and evaluation. The self-sufficiency the MHC has achieved is indeed a significant accomplishment, and Calcutta Kids applauds the efforts and dedication of Fr. Mathew George and Shelley Chatterjee in their work with MHC.



Photographs by co-founder of Calcutta Kids, Sohrab Noshirvani during his visit to India in June 2006

## MESSAGE FROM NOAH



Dear Friends,

After an intense nine months of studying in Bangladesh, I am back in Kolkata for CK work – and to finish up my Master of Public Health degree. This last portion of the MPH work involves an independent field

study I will be doing in the Calcutta Kids catchment area. The study already has generated a good deal of interest. Let me tell you about it.

### *Background*

While India glows in the international recognition of its booming economy and rising middle class, the country continues to suffer from many of the same health problems it has faced since its independence in 1947 and, indeed, earlier under British rule. Health financing for the poor is one such problem: more than 40% of hospitalized Indians have to borrow money or sell assets to cover their medical expenses; one fourth of hospitalized Indians were not characterized as “poor” when they entered the hospital but became so as a consequence of hospital expenses which drained their resources. Hospitalized Indians, in fact, spend an average of 58 percent of their total annual expenditures on this health care. So, not surprisingly, those *above* the poverty line – who can afford these expenses – are twice as likely to get hospital care although their medical needs are less serious.

Almost immediately after the inception of its maternal and child health program in 2005, CK was approached by groups in Fakir Bagan requesting expansion of our program so as to provide the same services for all needy persons in the community – not simply mothers and children. Micro health insurance, which has been successful on a small scale in other parts of the world, just *may* prove to be a mechanism through which this crying need can be addressed.

For the purposes of this study micro health insurance is defined as a form of insurance which offers limited protection at low cost to poor sections of the population. Micro insurance schemes are often linked to NGO’s whose mission puts them in direct contact with the target groups. These NGO’s may, but do not necessarily, act as the insurance provider. In many cases, the risks associated

with the insurance business are transferred to a professional insurer.

This proposed feasibility study will involve a situational analysis of Fakir Bagan with regards to the potential viability of a health insurance scheme facilitated by Calcutta Kids. The study also will add to the presently sparse existing literature available on the implications of medical needs, attitudes on risk, and willingness and ability to pay for such insurance.

### *General Objectives*

- To assess the feasibility and viability of a medical micro health insurance scheme introduced by Calcutta Kids to its catchment area of Fakir Bagan.
- To gain insights on the medical needs, attitudes to risk, and ability and willingness to pay for medical insurance among an urban slum population.

### *Specific Objectives to assess such feasibility by:*

- Gaining insights into the target population’s understandings and perceptions of health insurance.
- Assessing the level of fear associated with catastrophic healthcare costs.
- Examining the factors involved in a household decision-making process of whether or not to participate in a health insurance scheme.
- Assessing the amount of money the population can afford for annual health insurance premiums and then, using information from existing insurance organizations, assessing the amount of protection that can be provided.

It’s a fantastic opportunity to be doing this study which has real relevance to the work and mission of Calcutta Kids and also to be involving the terrific CK staff in this research. I’m looking forward to sharing my results with you in the next newsletter.

With kindest regards and blessings to you all,

A handwritten signature in cursive script that reads "Noah Levinson".

Noah Levinson  
*Director, Calcutta Kids*



## ABOUT CALCUTTA KIDS

Calcutta Kids is a not-for-profit organization; a recognized 501c3 under the United States Internal Revenue Service, committed to the healthcare needs of the poorest children in and around Kolkata India. This healthcare is comprehensive and includes monthly checkups, free medicines, follow-up treatment, referrals, and hospitalization when necessary. Calcutta Kids is devoted to the complete rehabilitation of each and every child we encounter and acts as a resource to help these children find vocational training, education, proper nutrition and lodging when necessary. Additionally, Calcutta Kids has created the Maternal and Young Child Health Initiative, designed to improve health knowledge, increase access to healthcare for pregnant women, and provide health services to new mothers and their children up to 24 months in specific slum areas.

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