Aarohi

# NEWSLETTER

Volume II Issue III | September 2013

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# Rising Above…

## Pindari Camp 11-17 April 2013

The forecast was of heavy rains and a storm. We were out of bed in the early hours of the morning, starting our five hour-long journey to the district headquarters of Bageshwar. From there we changed our vehicles to the more sturdy Mahindra jeeps that would take us over bumpy roads for two and half hours to Loharkeht. Rains arrived and we had a lovely cloud cover on our arduous trek of 10 kms to Dhakuri. After having ascended some 2000m and crossing the pass at Dhakuri Vinayak at 3000m, we were also to witness a magnificent sunset against the backdrop of the towering peak of Maiktoli (6803m).

Our group consisted of three doctors, one dental surgeon, two parameds, two community health managers and seven other volunteers and trekkers. We did systematic medical and dental check-ups of four primary and junior schools in the villages of Khati and Wacham. These are the last villages on route to the beautiful glaciers of Pindari, Kafni and Sunderdhunga. While the lack of basic infrastructure has preserved the pristine beauty of these villages to a large extent, it is also responsible for limited access to health services. Women with complicated pregnancies often die during childbirth, as do young children due to sickness. Old people with cataracts are blinded and those with fractures often land up with badly united bones that leave them crippled for life.

Women still spend five days in dirty cowsheds during menstruation and also deliver babies there. For the first time in the four years of our six-monthly visits, we had a very welcoming and responsive village meeting in Wacham that promises of village participation.

The Chief Medical Officer at Bageshwar, in addition to giving us permission to hold school health

check-ups in the schools, also issued orders for the government appointed village ASHAs (Accredited Social Health Activists), ANMs (Auxiliary Nurse Midwives) and the Pharmacist to be present. We also had representation from the Mamata Samajik Sansthan from Dehradun, our partner in Okhalkanda block for Tuberculosis management under the government RNTCP (Revised National Tuberculosis Control Program).

A total of 200 children were screened, treated for common ailments, dewormed, given calcium supplements and monitored for growth with weight and height recording. An additional 103 patients were treated, of which our Dental Surgeon did 18 dental extractions under the most rudimentary conditions. We walked 75 kms from heights ranging from 3000 feet to 9000 feet above msl. Our trek to the Pindari glacier unfortunately had to be aborted from Dwali as the routes were closed due to heavy snowfall.

Two health supervisory staff will now spend six weeks in Wacham, engaging with the community and seeking means to increase health awareness, to be followed up by a Cataract Camp in the village of Loharkhet.

Our thanks to Sir Dorabji Tata Trust, The Himalaya Drug Company, Aarohi Schweiz and Pankaj Wadhwa for financing the trip and to The Himalaya Drug Company for giving generous quantities of drugs for distribution at the camp.

*I'm sitting in a Coffee Shop half way around the world thinking about the 'night jar' and the 'langoors' and the mist rising up the valley. About the hush of "command central", everyone tap-taping away at their respective devices, making the good work happen (or updating their facebook status, if the internet signal is holding!) I know I've said it before, but it was such an exquisite pleasure spending time in Satoli getting to know y'all and a bit of India in the process.*

**Jebney Lewis**, an artist and educator from the US.

# Project Work this Summer at Bal Sansar

We had the good fortune this summer of having Jebney volunteer with us for three weeks. His forte lies in doing participatory projects that prompt and encourage young people to look at culture and history through the lens of creative art-making. These projects are highly site-specific, and they evolve along with the talents and interests of the young people working on the project.

In a span of 5 short weeks, Jeb was able to complete two projects with the seventh and eighth graders from Aarohi Bal Sansar. The first project was to build an archive of Kumoani sayings, aphorisms, and proverbs that students gathered from village parents, friends, and elders and then used to make some exceptional and very dramatic theater. In the second project, the traditional Bakhli housing system in Peora and Kumati villages was investigated, looking at how this local architecture connected to topics of math, science, social studies, geography, agriculture, history, and art. The exploration involved multiple field trips, the making of a short film, a bevy of reports, and a scale model of the Bakhli, built from reclaimed fruit packing crates.

These projects required a lot of innovation and flexibility from all involved. In spite of a lot of logistics and not an insignificant language barrier, the outcomes were pretty fantastic, and everyone had such a good time together! Jebney thinks " that these kinds of experiences, coupled with a rigorous and effective foundational curriculum, will prepare the young people of the area to creatively respond to the challenge of taking rural Uttarakhand into a productive and dynamic future".

# 21 years...

Belated Happy Birthday Aarohi for the 17th of August. 21 years have passed since we started this journey... To celebrate (coincidentally), we added another milestone in the history of village Satoli by doing the first Laparoscopic Cholecystectomy and thru cashless treatment supported by the government insurance scheme, RSBY (Rashtriya Swasthya Bima Yojana for Below Poverty Line individuals). The day was long and a grueling 12 hours in the OT and ward with 5 major surgical procedures. Thank you Col Pant for bringing us the Laparoscope, Dr Choubey for donating it, Dr Neeraj for operating it, Dr Purnima for helping with Anesthesia, Dr Prashant for sonography and Surendra from Apollo Delhi, Prakash, Sushila and Savitri for amazing assistance and to Dr Tanmay, Dr Puneet, Mariam, Zahra, Jagdish, Puran, Pradeep, Chandrashekhar, Yashpal, Bimla for their help in the OPD, ward and in keeping the systems going. We missed the birthday celebrations but the message was `Lage Raho Munna Bhai'

Thanks to the Himalaya Drug Company, our current partners for clinical services in Satoli, Sir Dorabji Tata Trust for putting our hospital on the Satoli map and being a solid support for many years, to Aarohi Schweiz for their invaluable financial backing and to Dr Robert Graf of Aarohi Schweiz who has meticulously helped to put in critical equipment in place.

Thanks also to hundreds of our friends and volunteers who have contributed their time and money and emotion to help bring better health to the people of rural Kumaon. We are proud to say that our patients are treated with dignity and love...just the way every human being deserves to be treated.

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# Livelihood Program: New Horizons

Through its community health project 'Aarogya', Aarohi has been working in the remote Okhalkanda Block for past four years. In these years the team has managed to mobilize the community around issues of health and sanitation; garnering support and trust of the community. Initiating a livelihoods program in the area was the next logical step towards a more intergraded development in the region.

Owing to wild animals which destroy much of the fruits and vegetables constituting major cash crop in the region and the changing climate, farmers are looking for alternatives to existing cropping pattern. Creating alternate cropping pattern which will reduce household vulnerability to threats (wild animals, untimely rain, water scarcity) and will enhance household assets and contribute to its income seems to be the solution.

According to current state policies cultivation of herbs is considered to be of great significance in safeguarding of biodiversity and contribution to rural livelihoods in Uttarakhand. It is hoped that cultivated herb will provide an alternative source of supply to the market, thereby reducing the indiscriminate collection of these plants from the wild besides providing additional source of income for the rural mountain communities.

This is especially important as 80% of Uttarakhand's working population depends on agriculture, but poor land quality and the small size of landholdings lead to low rural incomes. Half of the farming households own less than two acres, and only 5% own more than five acres. Farming is mainly subsistence-oriented.

Most of the herbs are easy to grow. Many are drought-tolerant, do not need very fertile soil and are naturally resistant to insects and diseases. With technical inputs farmers from the region can eas-

ily grow medicinal herbs. Considering the growing demand for herbs, untapped and ready markets and potential for income generation for the rural poor, cultivating herbs can go a long way in maximizing benefits for the farmers, without compromising upon the rich herbal biodiversity of the state of Uttarakhand.

To this effect one acre of land is currently being developed as mother nursery to create mother plants to be distributed to farmers in the region. Currently Peppermint, Marjoram, Sage, Geranium, Rosemary, Mint have been propagated on this land and the crops have taken well to climatic conditions of this region, with 80%– 90%germination. Efforts are on to create farmer's groups to grow herbs and set up a primary processing unit. This year in June, Aarohi harvested its first crop of Geranium, Peppermint and Basil. The challenge of course is to create strong market linkages.

# Anita's story

Khansyu, 22 Nov 2012

With bedraggled hair, she is half lying on the narrow path in the market place in Khansyu, screaming her guts out. Her clothes, her hair, her body and her mind are a mess. I presume she is having a frank psychotic breakdown. People around are either carrying on with their work or looking on with quizzical disinterest. As we come a bit closer, through her mad ramblings, come words that are repeatedly saying that her husband has thrashed her. There is a swelling around her left eye that shows evidence of blood collecting below the skin and forming a telltale bruise that can only speak of violence.

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Anita's story is fairly common, at least in Khansyu. Khansyu is a small town in the very underdeveloped block of Okhalkanda in Nainital District, Uttarakhand. Government infrastructure like roads, electricity and telephone connections have not reached many villages. Access to good education and healthcare is poor. Most people are subsistence farmers and have a tough time eking their existence from their land. Illicit and government approved liquor is readily available and widely used by men who get drunk and indulge in routine wife-beating.

We took Anita to our training center and realized that this was a regular feature in her 4-year old marriage. Her innocent 3-year old son in tattered clothes and bare feet in this cold winter morning, hung on to her mother's saree as she slowly calmed down. As she settled down and we got the village head to intervene, there was a barrage of choice abuses that rained down our ears from her drunken husband, who literally looked like the devil had possessed him. He promised to kill his wife as soon as he could and also said that he was willing to die himself. He was beyond reason and our only recourse was to protect Anita from him and call the local Patwari, the village revenue official who also has police powers.

A one-hour wait made us realize that the Patwari, based half an hour's jour-

ney away from us, was not going to come. Anita, was keen to file a FIR and we all drove the to the Patwari's office in the village of Karayal.

Stage II of drama: Patwari is deep in paper work and on urging finally lifts his head from his papers and lashes out at Anita `is this what you have been taught?', `you want to get your husband to jail?' `have you no sense?.....at which point intervention was called for and I had to let off my steam to ask the Patwari to at least investigate the case. It took some anger and cajoling to finally get the Patwari to move from his chair and the jing bang crowd drove back to Khansyu.

We were lucky to catch Anita's husband, Shobhan who was put in the car, driven to the Patwari chowki, given a sound thrashing and put in the lock-up.

One might think that justice has been meted out but this is the beginning of another story. Will Shobhan go to jail, as the Patwari has promised, or will he be let out? What will he do once he gets back home? Anita has little support from her parents as they are really poor and live in a `jhopdi' beside the railway tracks in the Terai region. She has another beautiful child who is a year old and her constant refrain was `who will feed my children?' After the drama at the Patwari chowki was over, Anita wanted her husband out and said that she would like to get back to staying with him.

What choices do the Anitas in our world have, with no educational back-up, no financial reserves, no support from their families or their community, violent and drunken husbands and the responsibility of bringing up children? They have but one recourse – to go back to their husbands, who will ensure that `bread is brought to the table', and will continue to use and abuse their wives. Women will continue to tolerate such husbands, will break out into manic and hysterical states every once in a while until the end of life or until one or the other cracks up.

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And what of the children? What of their innocence? What sort of adults will they make? What citizens of their community will they grow up to be?

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And yes, I forgot to mention. Anita is all of twenty years old.

# FROM AAROHI'S KITCHEN

## Dubke Recipe

This pahari preparation is made with dal paste and dal pakoras.
The type of dal may be Gehat/Bhatt

## Summary

**Cuisine:** Kumaouni
**Course:** Side Dish
**Feel:** Smooth
**Method:** Simmered
**Dish:** Vegetarian Curry

## Ingredients

| | |
|---|---|
| **Gehat/Bhatt** | 1 1/2 Cup (24 tbs) |
| **Cumin seeds** | 1/2 Teaspoon |
| **Jambu** | 1/2 Teaspoon |
| **Mustard seeds** | 1/2 Teaspoon |
| **Turmeric powder** | 1/2 Teaspoon |
| **Red chilies** | 2 Medium |
| **Tomato** | 1 Medium |
| **Ghee** | 1 Teaspoon |
| **Oil** | 1 Tablespoon |
| **Coriander leaves** | 1 Bunch (100 gm) |
| **Salt** | To taste |

## Directions

1. Soak dal for 2-3 hours, then grind to a fine paste.

2. Take half the paste of dal and mix ½ tsp cumin seeds and salt to taste. Now make balls with this dough and deep fry them. Allow to cool, and then soak these pakodas in water.

3. Heat ghee in a kadai and add jambu, cumin seeds, mustard seeds and red chillies. When the spices splutter, add the remaining dal paste and fry, stirring continuously.

4. Then slowly add water, mixing along, and then add turmeric powder and salt. Allow to boil and then cook on low flame for 20 minutes, stirring occasionally.

5. Finally add pakoras and simmer for few minutes.

6. Garnish with chopped coriander leaves and serve hot.

VOLUNTEER STORY

# Noelle Cornelio

*I am a Levine Scholar at the University of North Carolina at Charlotte. This scholarship enables me to spend a summer internship abroad and I chose to work at Aarohi because of the opportunity to contribute to the rural health program. In general, medicine tends to be focused on treatment of chronic diseases, whereas prevention may have a far greater impact. Education about basic nutrition, sanitation, and prevention of infections could dramatically lower childhood mortality. Therefore I wanted to be involved in teaching young children about nutrition, hygiene, and simple ways to prevent infection and also to observe and assist doctors at the rural hospital and health camps at Aarohi.*

*To prepare for my trip, I assembled a portfolio of posters related to various health and hygiene topics. In addition, at Aarohi, I created artistic and colorful health posters about nutrition, antenatal care, importance of hand washing, and healthy habits. The Aarohi staff helped with Hindi inscriptions! These posters will be used by the Aarohi team to teach at health camps and in schools. I also developed health lesson plans for primary school students and assisted in measuring the height and weight of local school children.*

*At Aarohi, I had the opportunity to observe surgeries and help with manual ventilation, observe primary care and antenatal checkups, and attend health worker and midwife training. For me, it was an eye-opening experience. The care delivered by Aarohi surgeons dramatically altered the lives of patients and it was impressive to see truly transformative medicine and its impact on patients.*

*When I arrived at Aarohi, I had some qualms about communicating in Hindi, a language I do not speak. However, the language barriers quickly dissolved – children have a unique ability to communicate and they soon made me feel right at home! The Aarohi staff and volunteers also helped me a lot. I wish to say a great big thank you to Aarohi for this opportunity, to the children for their enthusiasm, to the educators and the health team for their advice and insights, and to the volunteers for their friendship and laughter. It is an understatement to call this summer memorable. My outlook on the impact of medicine has changed dramatically and I hope my small contribution to Aarohi has an impact on health education in this area.*

*Noelle Cornelio*

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# WANT TO GET INVOLVED?

Become a supporter by making a donation towards our work, or an Aarohi member & spread word about our life changing community based work in Kumaon, encouraging your friends & family to engage with us & pledge their support.

You can now Give Online! Aarohi has partnered with Global Giving to offer an easy and efficient way to accept donations online.

Visit **http://www.globalgiving.org** and search for Aarohi!"

# JOIN HANDS

We welcome doctors, teachers, managers, designers, musicians, theatre persons, IT professionals or anyone with a desire to share his or her skills to volunteer with us. Aarohi encourages creative ideas and provides a unique opportunity to experience a different way of living and working.

All contributions to Aarohi are eligible for Income Tax Exemption under section 80G of the IT Act.

Aarohi

Aarohi is a voluntary organisation founded in 1992. It is registered under the Societies Registration Act, 1860. It is also registered u/s 80 G and 12 A of the IT Act and under the FCRA.

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